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EDITED BY

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M.P. FOR THE METROPOLITAN DISTRICT OF FINSBURY.

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THE MEDICAL SESSION, 1844-5.

UNIVERSITIES — COLLEGES — SOCIETY OF APOTHECARIES — HOSPITALS — INFIRMARIES — SCHOOLS — MEDICAL DEPARTMENTS OF THE ARMY, NAVY, AND EAST INDIA COMPANY, &c. &c.

Regulations of Medical Examining Boards in the United Kingdom.

UNIVERSITY OF LONDON.

ABSTRACT OF REGULATIONS FOR THE DEGREE OF BACHELOR OF MEDICINE — DATED JUNE 20, 1844.

Candidates are required—

To have been engaged four years in professional studies at one or more of the institutions or schools recognised by the university.

To have spent one year, at least, of the four, in recognised institutions or schools in the United Kingdom.

To pass two examinations.

For the FIRST EXAMINATION, which takes place once a-year, and commences on the first Monday in July, the candidate is required to produce certificates—

Of having completed his nineteenth year.

Of having taken a degree in arts in the university, or in a university the degrees granted by which are recognised by the senate of the university, or of having passed the matriculation examination.

Of having studied two years at one or more of the medical institutions or schools recognised by the university, subsequently to having taken a degree in arts, or passed the matriculation examination.

Of having attended a course of lectures on each of four of the subjects in the following list:—

Descriptive and surgical anatomy, general anatomy and physiology, comparative anatomy, pathological anatomy, chemistry, botany, materia medica and pharmacy, general pathology, general therapeutics, forensic medicine, hygiene, midwifery, and diseases peculiar to women and infants, surgery, medicine.

Of having dissected during nine months.

Of having attended a course of practical chemistry.

Of having attended to practical pharmacy during a time sufficient for acquiring a practical knowledge in the preparation of medicines.

The fee for the examination is £5, which is returned in case of failure.

Candidates to be examined in the following subjects:—

Anatomy and physiology, chemistry, botany, materia medica, and pharmacy, by written answers.

Chemistry, materia medica and pharmacy, by *viva voce* and demonstrations from specimens.

Anatomy and physiology, by *viva voce*, and demonstrations from preparations, and from the recent subject.

The SECOND EXAMINATION takes place once a-year, and commences on the third Monday in July.

No candidate is admitted to this examination within two academical years of the time of his passing the first examination, nor unless he produce certificates—

Of having passed the first examination.

Of having, subsequently to passing the first examination, attended a course of lectures on each of two of the subjects comprehended in the list, and for which the candidate had not presented certificates at the first examination.

Of having, subsequently to passing the first examination, dissected during six months.

Of having conducted at least six labours.

Of having attended the medical and surgical practice of a recognised hospital, or hospitals, during twelve months, and lectures on clinical surgery and clinical medicine.

Of having, subsequently to the completion of his attendance on surgical and medical hospital practice, attended to practical medicine in a recognised hospital, infirmary, or dispensary, during six months.

The fee for this examination £5.

Candidates to be examined in the following subjects:—

Physiology, general pathology, general therapeutics, hygiene, surgery, medicine, midwifery, forensic medicine, in the first week of their examination, by written answers, and in the second, by viva voce.

ROYAL COLLEGE OF PHYSICIANS OF LONDON,

Trafalgar Square.

REGULATIONS.

Every candidate for a diploma in medicine must produce satisfactory evidence—

1. Of having completed the twenty-sixth year of his age;
2. Of unimpeached moral character; and,
3. Of having devoted himself for five years, at least, to the study of medicine.

The course of study thus ordered by the college comprises—

Anatomy and physiology, the theory and practice of physic, forensic medicine, chemistry, materia medica, botany, natural history, and the principles of midwifery and surgery.

Each candidate must have attended, for three entire years, the physicians' practice of some general hospital in Great Britain or Ireland, containing at least one hundred beds, and having a regular establishment of physicians and surgeons.

Candidates who have been educated abroad, must shew that, in addition to the full course of study already specified, they have diligently attended the physicians' practice in some general hospital in this country for at least twelve months.

Candidates of the age of forty years, who have already been engaged in practice, but have not passed through the complete course of study above described, may be admitted to examination upon presenting to the censors' board such testimonials of character, general and professional, as shall be satisfactory to the college.

The first examination is in anatomy and physiology, comprising a knowledge of such propositions in any of the physical sciences as refer to the structure and functions of the human body.

The second examination includes all that relates to the causes and symptoms of diseases and whatever portions of the collateral sciences appertain thereto.

The third examination relates to the treatment of diseases, including a scientific knowledge of all the means used for that purpose.

The three examinations are held at separate meetings of the censors' board. The *viva voce* part of each is carried on in Latin, except when the board deems it expedient to put questions in English, and permits answers to be returned in the same language.

The college is desirous that all those who receive its diploma should have a competent knowledge of Greek, but it does not consider this indispensable, if the other qualifications of the candidate prove satisfactory; a familiar knowledge of Latin is, however, indispensable. At the commencement, therefore, of each oral examination, the candidate is called on to translate, *viva voce*, into Latin, a passage from Hippocrates, Galen, or Aretæus; or, if he decline this, he is, at any rate, expected to construe into English a portion of the works of Celsus, or Sydenham, or some other Latin medical author.

In connexion with the oral examinations, the candidate is required, on three separate days, to give written answers, in English, to questions on the different subjects enumerated above, and to translate, in writing, passages from Greek or Latin books relating to medicine.

Those who are approved at all these examinations will receive the following diploma under the common seal of the college :—

"Sciant omnes, Nos., A. B. Præsidentem Collegii Medicorum Londinensis, unâ cum consensû sociorum ejusdem, auctoritate nobis a Domino Rege et parliamento commissâ, examinâsse et approbâsse ornatissimum virum, T. S. et ei concessisse liberam facultatem et licentiam tam docendi quam exercendi scientiam et artem medicam, eidemque summis honoribus et titulis et privilegiis, quæcunque hic vel alibi medicis concedi solent, intra auctoritatis nostræ limites frui dedisse. In cujus rei fidem et testimonium, adjectis Censorum et Registrarii chirographis, sigillum nostrum commune præsentibus apponi fecimus, datis ex ædibus collegii die mensis anno Domini millesimo octingentesimo ——"

(Signed) ——— } Censores.
——— }
——— }
——— }
——— Registrarius.

ROYAL COLLEGE OF SURGEONS OF ENGLAND,

Lincoln's Inn Fields.

REGULATIONS—DATED AUGUST 15, 1843.

I. Candidates for membership will be required, in addition to a certificate of being not less than twenty-one years of age, to bring proof—

1. Of having been engaged in the acquirement of professional knowledge four years; during which period they must have studied practical pharmacy for six months, and have attended one year on the practice of physic, and three years on the practice of surgery, at a recognised hospital or hospitals in the United Kingdom;* three months being allowed for a vacation in each year.
2. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions of not less than six months each.
3. Of having attended two courses of lectures on the principles and practice of surgery, delivered in two distinct periods or seasons, each course comprising not less than 70 lectures,—and one course of not fewer than 70 lectures on the practice of physic—chemistry—materia medica—and midwifery, with practical instruction.

II. Members and licentiates in surgery of any legally constituted college of surgeons in the United Kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, with proofs of being twenty-one years of age, and having been occupied four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally constituted college or university requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school of the university where they shall have graduated, or at a recognised school or schools in the United Kingdom.

IV. Certificates will not be recognised from any hospital, unless the surgeons thereto be members of one of the legally-constituted colleges of surgeons in the United Kingdom; nor from any school of anatomy, physiology, or midwifery, unless the respective teachers be members of some legally-constituted college of physicians or surgeons in the United Kingdom; nor from any school of surgery, unless the respective teachers be members of some legally-constituted college of surgeons in the United Kingdom.

V. Certificates will not be received on more than one branch of science from one and the same lecturer; but anatomy and physiology, demonstrations and dissections, will be respectively considered as one branch of science.

VI. Certificates will not be received from candidates for the diploma who have studied in London, unless they shall have registered their tickets at the college, as required by the regulations, during the last ten days of January, April, and October, in each year; nor from candidates who have studied elsewhere, unless their names regularly appear in the registers transmitted from their respective schools.

BY-LAWS AND ORDINANCES RELATING TO THE FELLOWSHIP.

Candidates for the fellowship must each produce testimony—

That he is twenty-five years of age.

That he is (if found qualified upon his examination) a fit and proper person to be admitted to the fellowship, and the certificate of which shall be signed by three fellows.

That he has attained a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

That he has been engaged for six years in the acquirement of professional knowledge in recognised hospitals or schools of surgery and medicine within the United Kingdom of Great Britain and Ireland, or in foreign countries; and that three of such years at least have been passed in one or more of such recognised hospitals or schools in London.

That he has attended the surgical practice of a recognised hospital or hospitals during four years, and the medical practice of a recognised hospital or hospitals for one year.

That he has studied anatomy and physiology by attendance on lectures and demonstrations and by dissections, during three winter sessions of not less than six months each, at one or more recognised school or schools.

That he has attended lectures on the theory and practice of medicine, and on clinical medicine, and also on the theory and practice of surgery, and on clinical surgery, during two sessions of six months each, at one or more recognised school or schools.

That he has attended one course of lectures on each of the following subjects—viz., chemistry, materia medica, midwifery, medical jurisprudence, and comparative anatomy, at one or more recognised school or schools. And, that he has served the office of house surgeon or dresser in a recognised hospital in the United Kingdom. Every such candidate (except in the cases and instances hereinafter provided for to the contrary) shall also present for examination clinical reports, with observations of six or more surgical cases taken by himself at a recognised hospital, or recognised hospitals within the United Kingdom, with sufficient certificates of their authenticity and genuineness, and shall leave such reports at the college.

But to any candidate, who shall have taken the degree of Bachelor of Arts in an English university, it shall be sufficient to produce evidence that he has been engaged for five years in the acquirement of professional knowledge in recognised hospitals and schools of surgery and medicine within the United Kingdom, or in foreign countries, and that three of such years have been passed in one or more of the recognised hospitals and schools of London: and it shall not be necessary for any such candidate to produce any certificate of his having acquired a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

Any person who shall have been a member of the college on the fourteenth day of September, one thousand eight hundred and forty-four, shall, after the expiration of eight years from the date of his diploma, also be entitled to be admitted to the examination for the fellowship upon the production of a certificate, signed by three fellows, that he has been eight years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified.

Any person who shall have become a member of the college after the said fourteenth day of September, one thousand eight hundred and forty-four, shall, after the expiration of twelve years from the date of the diploma, also be entitled to be admitted to the examination for the fellowship upon the production of a certificate signed by three fellows that he has been for twelve years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified; and also, if he have not taken the degree of Bachelor of Arts in an English university, on producing certificates that he has a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

The examination for the fellowship shall be held three times in the year, at or within such periods as the council shall from time to time determine.

Each candidate shall be examined on two days, either successive or at such an interval as the court of examiners may appoint.

The subjects of the first day's examination shall be anatomy and physiology; those of the second, pathology, therapeutics, & surgery.

The time allowed for examination each day shall be from ten o'clock in the forenoon until five o'clock in the afternoon.

The examinations shall be conducted in the following manner:—Each candidate shall, upon going in for examination, have delivered to him a written or printed copy of such questions as shall have been previously determined upon by the court of examiners, and to which questions he shall give written answers, and which answers shall be considered by the court of examiners.

The court may, however, if they should think fit, interrogate any candidate on any matters connected with the questions or answers. In the anatomical examination, the candidate shall also perform dissections and operations on the dead body in the presence of the court of examiners, or of such members thereof as may be deputed by the court to superintend the same. Candidates whose qualification shall be found insufficient shall not be allowed to present themselves a second time until after the expiration of one year from their first examination. The court of examiners shall report in writing to the council, the names of such persons as they shall have found upon examination to be qualified for the fellowship.

Every member of the college, prior to his admission as a fellow, shall pay the sum of ten guineas over and besides all charges for stamps.

Every person not being previously a member of the college, shall, prior to his admission as a fellow, pay the sum of thirty guineas over and besides all charges for stamps.

The diploma of a fellow shall be in the form following, or in such other form as the council may from time to time direct:—

"Know all men, by these presents, that Mr. A. B., of C., is hereby admitted a fellow of the Royal College of Surgeons of England. Dated this day of , in the year of our Lord 18 .
No. ."

Besides the common seal of the college being affixed to the diploma of every fellow, the same shall be signed by the president and vice-presidents.

When more than one member of the college shall be admitted

* By a resolution of the Council, on the 7th of November, 1839, no provincial hospital will in future be recognised by this college, which contains fewer than one hundred patients, and no metropolitan hospital which contains fewer than one hundred and fifty patients.

to the fellowship at the same time, the diplomas shall be granted and numbered according to the priority of the dates of their respective diplomas as members; and should a person not previously a member be admitted a fellow at the same time as a member or members, the diploma or diplomas of the latter shall take the precedence.

The following are the hospitals and schools of surgery and medicine from which certificates of the professional education of candidates for the fellowship will be received by the college, for the year commencing the 1st of August last:—

HOSPITALS IN ENGLAND.

LONDON:—St. Bartholomew's; St. Thomas's; Westminster; Guy's; St. George's; London; Middlesex; University-college; Charing-cross; King's-college.

PROVINCIAL:—Bath United Hospital; Bedford general Infirmary; Birmingham general Infirmary; Queen's Hospital, Birmingham; Bristol Infirmary; Addenbrook's Hospital, Cambridge; Derbyshire general Infirmary; Devon and Exeter Hospital; Gloucester Infirmary; Hull Infirmary; Kent and Canterbury Hospital; Leeds general Infirmary; Leicester Infirmary; Liverpool Infirmary; Liverpool Northern Hospital; Manchester Royal Infirmary; Newcastle-upon-Tyne Infirmary; Norfolk and Norwich Hospital; Northampton general Infirmary; Nottingham general Hospital; Radcliffe Infirmary, Oxford; Salisbury general Infirmary; Salop Infirmary; Sheffield general Infirmary; Stafford County general Infirmary; Sussex County Hospital; Winchester County Hospital; Worcester Infirmary; York County Hospital.

SCHOOLS IN ENGLAND.

LONDON:—St. Bartholomew's; St. Thomas's; Westminster; Guy's; St. George's; London; Middlesex; University-college; King's-college; Charing-cross; Aldersgate-street; Grosvenor-place; Kinnerton-street; Charlotte-street.

PROVINCIAL:—Royal School of Medicine and Surgery, Birmingham; Old Park Medical School, Bristol; Hull and East Riding School of Medicine; Leeds School of Medicine; Liverpool Royal Institution; Royal School of Medicine and Surgery, Manchester; Newcastle-upon-Tyne School of Medicine and Surgery; Sheffield Medical Institution; York School of Medicine.

HOSPITALS IN IRELAND.

DUBLIN:—Richmond; Dr. Steeven's; City of Dublin; Mercers'; Meath; Jervis-street; St. Vincent's.

PROVINCIAL:—Belfast Hospital; North and South Infirmaries, Cork; Limerick County Infirmary.

SCHOOLS IN IRELAND.

DUBLIN:—Royal College of Surgeons; Trinity-college; Apothecaries'-hall; Richmond; Dublin School of Medicine; Original School of Medicine, Peter-street; Park-street School of Medicine.

PROVINCIAL:—Belfast Royal Institution; South Mall School of Medicine, Cork.

The several schools recognised by the Royal College of Surgeons of Ireland.

HOSPITALS IN SCOTLAND.

EDINBURGH:—Edinburgh Royal Infirmary.

PROVINCIAL:—Glasgow Royal Infirmary; Aberdeen Royal Infirmary.

SCHOOLS IN SCOTLAND.

EDINBURGH:—University.

PROVINCIAL:—University, Glasgow; King's-college, Aberdeen; Marischal-college and University, Aberdeen.

The several schools recognised by the Royal College of Surgeons of Edinburgh.

IN FOREIGN COUNTRIES.

The several hospitals and schools in the following cities—viz., Paris; Montpellier; Strasburg; Berlin; Vienna; Heidelberg; Bonn; Göttingen; Leyden; Pavia; New York; Philadelphia.

COLLEGIAL TRIENNIAL PRIZE OF FIFTY GUINEAS.

The subject for this prize is, "The Anatomy of the Fibres of the Cerebrum, Cerebellum, and Spinal Cord in the Human Subject; together with the Origins of the Cerebral, Spinal, and Sympathetic Nerves: specially illustrated by the Anatomy of the same parts in the Lower Vertebrate Animals."

Candidates to be members of the college, not of the council.

The dissertations to be in English, and to be distinguished by a motto or device, accompanied by a sealed paper, containing the name and residence of the author, and having on the outside a motto or device, corresponding with that on the dissertations.

The dissertations to be addressed to the secretary, and delivered at the college before Christmas Day, 1845.

The manuscript prize essay, with every accompanying drawing and preparation, will become the property of the college; the other dissertations, and their corresponding sealed papers, will be returned, upon authenticated application, within the period of three years; after which period, the papers containing the names of the respective authors will be burned, unopened, and the manuscripts will become the property of the college.

JACKSONIAN PRIZES OF TWENTY GUINEAS EACH.

There are two prize subjects for the year 1844—viz., Injuries and Diseases of the Scalp, and the Anatomical Structure and Diseases of the Larger Blood-vessels.

Candidates to be members of the college, not of the council.

The dissertations (in English, and distinguished in the manner above described) to be addressed to the secretary, and delivered at the college before Christmas Day, 1844.

The prize subject for 1845 is that of Tumours of the Uterus and its appendages, their structure, pathology, and treatment. Dissertations to be delivered at the college before Christmas day, 1845.

(The manuscript prize dissertations &c. will become the property of the college, and the same conditions will be pursued with regard to the rest, as above described.)

APOTHECARIES' HALL,

Union Street, Blackfriars.

ABSTRACT OF REGULATIONS—DATED AUGUST, 1843.

The examiners at this institution require candidates for examination for a certificate of qualification to practise as an apothecary, to produce testimonials—

1. Of having served an apprenticeship of not less than five years to an apothecary.
2. Of having attained the full age of twenty-one years.
3. Of good moral conduct.
4. And of having passed a course of medical study in conformity with the regulations of the court.

Students whose attendance on lectures has commenced on or after the 1st of October, 1835, must produce certificates of having attended, during three winter and two summer sessions, lectures in the following order, and medical practice from the commencement of the second to the termination of the third winter session.

(The winter medical session is to be understood as commencing on the 1st of October, and terminating in the middle of April, with a recess of fourteen days at Christmas; the summer session as commencing on the 1st of May, and ending on the 31st of July.)

FIRST WINTER SESSION.

Chemistry, (at least 100 lectures.)
Anatomy and physiology.
Anatomical demonstrations.
Materia medica and therapeutics, (100 lectures.)

FIRST SUMMER SESSION.

Botany and vegetable physiology, (50 lectures,) to be attended either before or after the first winter session.

SECOND WINTER SESSION.

Anatomy and physiology.
Anatomical demonstrations.
Dissections.
Principles and practice of medicine, (in all 100 lectures.)
Midwifery, (at least 60 lectures.)
Medical practice of an hospital.

SECOND SUMMER SESSION.

Forensic medicine, (50 lectures.)
Midwifery, with attendance on cases.
Medical practice of an hospital.

THIRD WINTER SESSION.

Midwifery, with cases, if two courses have not already been attended.
Medical practice of an hospital or dispensary.
Dissections.
Principles and practice of medicine.

The student must attend the medical practice of a recognised hospital from the commencement of the second winter to the termination of the second summer session, and from that time to the end of the third winter session, at an hospital or recognised dispensary. In connexion with the hospital attendance a course of clinical lectures and instruction in morbid anatomy are required. Midwifery after the first winter session. Practical midwifery at any time after the conclusion of the first course of midwifery lectures.

The number of lectures on anatomy and physiology, and of anatomical demonstrations, must be in conformity with the regulations of the Royal College of Surgeons of England.

The lectures required in each course must be given on separate days. An examination of an hour's duration will be deemed equivalent to a lecture.

Students must bring testimonials of instruction in practical chemistry, and of having dissected the whole of the human body once at least.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the lectures and medical practice are attended in the prescribed order and in the required sessions.

REGISTRATION.

A book is kept at the hall of the society for the registration of the names of students and of the lectures, hospitals, &c., they attend.

All students in London are required to appear personally and to register the several classes for which they have taken tickets; and those only will be considered to have complied with the regulations of the court whose names and classes in the register correspond with the testimonials of the teachers.

The book will be open for registration of tickets in October and May, and for registration of certificates of having *duly attended* such lectures or medical practice, in April and August. Due notice of the days and hours of registration given from time to time.

PRELIMINARY EXAMINATION.

Students may undergo their Latin examination at any time after their first registration, except during August and September. A book is opened at the hall for the names of gentlemen desirous of undergoing this examination, to which twenty will be admitted on each successive Saturday, provided there are as many names on the list; when less, no examination will take place. Candidates must attend at half-past three o'clock, and those who fail to pass this examination satisfactorily will not be re-admitted until they appear for their general examination.

EXAMINATION.

The examination of the candidate consists in translating portions of the first four books of Celsus de Medicinâ, and of the first twenty-three chapters of Gregory's Conspectus Medicinæ Theoreticæ; in physicians' prescriptions and the Pharmacopœia Londinensis; chemistry; materia medica and therapeutics; botany; anatomy and physiology; the principles and practice of medicine, including the pregnant and puerperal states, and the diseases of children.

By act of parliament, no rejected candidate can be re-examined *until the expiration of six months* from his former examination.

ORDER OF ATTENDANCE ON LECTURES, ETC., FOR THE OBSERVANCE OF THOSE WHO INTEND TO PASS BOTH THE HALL AND THE COLLEGE.

The following scheme indicates the "order of study" to be observed in complying at one and the same time with the regulations of both the Apothecaries' Society and the College of Surgeons.

FIRST WINTER SESSION.

Chemistry.
Anatomy.
Physiology.
Anatomical demonstrations in the dissecting-rooms.
Materia medica and therapeutics.*
Principles and practice of surgery.
Surgical practice of an hospital.

FIRST SUMMER SESSION.

Botany.
Surgical practice of an hospital.

SECOND WINTER SESSION.

Anatomy.
Physiology.
Anatomical demonstrations in the dissecting-rooms.
Dissections.
Midwifery and diseases of women and children.*
Principles and practice of medicine.
Principles and practice of surgery.
Medical and surgical practice of an hospital.

SECOND SUMMER SESSION.

Botany, if not attended during the first summer session.
Forensic medicine.
Practical midwifery.
Medical and surgical practice of an hospital.

THIRD WINTER SESSION.

Dissections.
Midwifery and diseases of women and children.
Principles and practice of medicine.
Medical and surgical practice of an hospital or medical dispensary.

* In our list of schools, the words "materia medica" are designed to indicate also *therapeutics*; and the word "midwifery" is intended to include *diseases of women and children*.

UNIVERSITY OF EDINBURGH.

STATUTES RELATIVE TO THE DEGREE OF M.D.

I. No one is admitted to the examinations for the degree of Doctor of Medicine who has not been engaged in medical study for four years, during at least six months of each, either in the university of Edinburgh, or in some other university where the degree of M.D. is given; unless, in addition to three anni medici in an university, he has attended, during six winter months, the medical and surgical practice of a general hospital, with at least eighty patients, and during the same period a course of practical anatomy.

II. No one shall be admitted to the examinations for the degree of Doctor who has not given sufficient evidence,—

1. That he has studied, once at least, each of the following departments of medical science, under professors of medicine in this or in some other university, as already defined—viz., Anatomy; chemistry; materia medica and pharmacy; institutes of medicine; practice of medicine; surgery; midwifery and the diseases peculiar to women and children; general pathology; practical anatomy, (unless it has been attended in the year of extra academical study allowed by sect. I.) during courses of six months each.
   Clinical medicine, that is, the treatment of patients in a public hospital under a professor of medicine, by whom lectures on the cases are given, during courses of six months, or two courses of three months each.
   Clinical surgery; medical jurisprudence; botany; and natural history, including zoology, during courses of at least three months each.
2. That in each year of his academical studies in medicine, he has attended two of the six months' courses of lectures above specified, or one of these and two of the three months' courses.
3. That besides the course of clinical medicine already prescribed he has attended, for six months of another year, the medical or surgical practice of a general hospital, either at Edinburgh or elsewhere, accommodating eighty patients.
4. That he has attended, for at least six months, by apprenticeship or otherwise, the art of compounding and dispensing drugs at the laboratory of an hospital, dispensary, member of a surgical college or faculty, licentiate of the London or Dublin Society of Apothecaries, or a professional chemist or druggist.
5. That he has attended, for at least six months, by apprenticeship or otherwise, the out-practice of an hospital, or the practice of a dispensary, or that of a physician, surgeon, or member of the London or Dublin Society of Apothecaries.

III. No one shall obtain the degree of Doctor who has not studied, in the manner already prescribed, for one year previous to his graduation, in the University of Edinburgh.

IV. Every candidate for the degree in medicine must deliver, before the 24th of March, of the year in which he proposes to graduate, to the dean of the faculty of medicine,

First. A declaration, in his own hand-writing, that he is twenty-one years of age, or will be so before the day of graduation; and that he will not be then under articles of apprenticeship to any surgeon or other master.

Secondly. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates.

Thirdly. A medical dissertation, composed by himself, in Latin or English; to be perused by a professor, and subject to his approval.

V. Before a candidate be examined in medicine, the medical faculty shall ascertain, by examination, that he possesses a competent knowledge of Latin.

VI. If the faculty be satisfied of this, they shall proceed to examine him, either *vivâ voce*, or in writing; *first*, on anatomy, chemistry, botany, institutes of medicine, and *natural history*, bearing chiefly on zoology; and *secondly*, on materia medica, pathology, practice of medicine, surgery, midwifery, and medical jurisprudence.

VII. Students may be admitted to an examination on the first division of these subjects, at the end of the third year of their studies.

VIII. If any one, at these examinations, be found unqualified for the degree, he must study for another year two of the subjects prescribed in section II., under professors of medicine, in this or some other university, as above defined, before being admitted to another examination.

IX. Should he be approved of, he will be allowed, but not required, to print his thesis; and, if printed, forty copies of it must be delivered before the 25th day of July, to the dean of the medical faculty.

X. If the candidate have satisfied the medical faculty, the dean shall lay the proceedings before the senatus academicus, by whose authority the candidate shall be summoned, on the 31st of July, to defend his thesis; and, finally, if the senate think fit, he shall be admitted, on the first lawful day of August, to the degree of Doctor.

XI. The senatus academicus, on the day here appointed, shall assemble at ten o'clock, A.M., for the purpose of conferring the degree; and no candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his degree for that year.

XII. Candidates for graduation shall be required to produce evidence of their having conformed to those regulations which were in force at the time they commenced their medical studies in an university.

Candidates who commenced their university studies before 1825, will be exempted from the fourth year of attendance, (sect. I.) from the additional hospital attendance, (sect. II., art. 3) from the necessity of a year's study in Edinburgh, (sect. III.) and from any attendance on clinical surgery, medical jurisprudence, natural history, military surgery, practical anatomy, pathology, and surgery dissection and anatomy.

Those who commenced between 1825 and 1831 will be exempted from attendance on general pathology, and also on surgery distinct from anatomy.

Those who commenced between 1825 and 1833 will be required to attend only two of the following classes — viz., clinical surgery, medical jurisprudence, natural history, military surgery, practical anatomy.

And those who commenced before 1833 will be exempted from the attendance specified in sect II., arts. 4 and 5.

N.B.—The attendance on midwifery in an university (sect. II., art. 1) is required of all candidates.

UNIVERSITY OF GLASGOW.

REGULATIONS regarding Degrees in Medicine and Surgery, to candidates entering the university in, or subsequent to, 1839-40:—

MEDICINE.

Every candidate for a medical degree must lodge with the clerk of senate—

I. A certificate of moral character, by two respectable persons, with evidence of having attained the age of twenty-one.

II. Evidence of having attended, for four years, an university in which medicine is regularly taught, or medical lectures delivered in London or Dublin; and at least one year of the four must be spent at the University of Glasgow. In each year he must have attended at least two courses of lectures of six months' duration, but if he shall spend one year only at the University of Glasgow, then he must attend three courses of lectures delivered there, two of them at least being of six months' duration.

III. Certificates of having attended one or more courses of lectures on the following subjects, each course, except forensic medicine and botany, being of six months' duration; if of less extent, then two courses shall be deemed equivalent to one of six months:—Anatomy and physiology, chemistry, the theory or institutes of medicine, practice of medicine, materia medica and pharmacy, midwifery, surgery, forensic medicine, and botany,* not less than three months each; anatomical dissections, six months; and two years' practice of a general hospital, containing eighty beds, and in which the student must spend at least one-half of his period attending in the physicians' wards.

Neither hospital attendance nor anatomical dissections shall be considered as equivalent to a course of lectures.

IV. Each candidate must lodge with the clerk of senate, with the above certificates, a schedule of his course of study, properly filled up; together with an English essay on some medical subject, chosen by himself, two months before the time of graduation; that is, on or before the 1st of March, or the 10th of June, yearly, otherwise he cannot be admitted for examination till the following term. All tickets of attendance lodged by candidates must be certified, not excepting those of the current session; but the certified botanical tickets of the current session shall not be received until the 1st of April.

V. No student can be entered in any medical class later than the 1st of December, without special permission of the senate. And it is strictly required of every candidate for graduation that he produce evidence of his name having been enrolled in the library book, on or before that day, as well as an express certificate of his regular attendance, by each professor on whose lectures he attends. In order, farther, to ensure attendance, all students must inscribe their names, once a fortnight, in a register kept for the purpose, stating the lectures &c. which they attend.

VI. Every candidate shall prove that he has a competent knowledge of Latin, and shall undergo full examinations on all the subjects included in the curriculum.

* No course of botany attended previously to 1839-40 is received, unless it shall have been delivered in an university.

SURGERY.

I. The regulations respecting certificates of age and moral character are the same as those under the head of degrees in medicine.

II. Candidates for the degree of Master of Surgery shall produce evidence that they have attended medical lectures in one or other of the universities or schools already specified, for four years, during which they must have attended one or more courses on the following subjects; the extent of each course, with the exception of forensic medicine, being six months, or the equivalent two courses of a shorter duration. The candidate must have attended not less than three courses of medical lectures in the University of Glasgow. In each year of his study he shall have attended at least two or more courses of lectures, of six months' duration, on anatomy, surgery, chemistry, theory or institutes of medicine, practice of medicine, midwifery, materia medica and pharmacy, forensic medicine, anatomical dissections, six months; and two years' practice of a general hospital, in which the student must attend one-half of the prescribed period in the surgical wards, and the other half in the medical.

III. The regulations as to lodging certificates of attendance, with an essay, in English, and as to the candidate's knowledge of Latin, are the same as under the head of medical degrees, only the essay is to be on a surgical subject.

The days of graduation are the last Wednesday of April, and the first Wednesday of August.

Fee to library &c. for the degree of M.D.	£15	0	0
Duty on stamp for ditto - - - - - - -	10	3	0
	25	3	0
Fee for the degree of Chirurgiæ Magister -	10	10	0

N.B. Candidates for degrees, who attended classes in the University of Glasgow previously to 1839-40, admitted to examination, according to the regulations which existed at the time when they began to study medicine.

APOTHECARIES' HALL, DUBLIN.

BY-LAWS AND REGULATIONS REGARDING MEDICAL EDUCATION.

Every candidate must undergo two separate examinations, one for "the certificate of apprentice," the other for "the licence to practise." No candidate seeking to be examined for the certificate to be apprenticed to an apothecary will be admitted to such examination until he has attained the age of fifteen years.

The examination will consist in translating and parsing the following books—viz., The works of Sallust, the first six books of the Æneid of Virgil, the Satires and Epistles of Horace, the Greek Testament, the Dialogues of Lucian, and the first four books of Homer's Iliad; the first six books of Telemachus, or the History of Charles the Twelfth (in French); the first two books of Euclid; and algebra—to simple equations.

Every candidate "for the licence to practise" as an apothecary must lay before the court the following documents:—

1. "The certificate of apprentice" obtained from the court.

2. His indenture of apprenticeship, enrolled according to act of parliament, with a certificate, signed by the licentiate to whom he has been indented, that he is a good moral character, and has fulfilled the period of apprenticeship required by the act.

3. Certificates, duly signed, that he has diligently attended at least one course of lectures on each of the following subjects delivered at the school of the Apothecaries' Hall, or at some other school of medicine recognised by the court.

The order of study here laid down is recommended for the guidance of students.

Chemistry, anatomy and physiology,—during six months each.

Practical chemistry, botany,—three months.

Materia medica, demonstrations and dissections, theory and practice of medicine, surgery, midwifery, and the diseases of women and children,—six months.

Forensic medicine,—three months.

Also a certificate of twelve months' attendance on the entire practice of a medico-chirurgical hospital recognised by the court, containing at least fifty beds, and where clinical instruction is regularly given.

The examination for the licence to practise as an apothecary will be as follows:—

In translating and explaining the processes in the British pharmacopœias and extemporaneous prescriptions, chemistry and general physics, materia medica and therapeutics, natural history and medical botany, anatomy and physiology, medicine, midwifery, and toxicology.

According to the act a rejected candidate cannot be re-admitted for examination until the expiration of six months.

ARMY MEDICAL SERVICE.

REGULATIONS—DATED FEBRUARY, 1840.

Candidates for the medical department of the army are required to produce the diploma of either of the Colleges of Surgeons of London, Edinburgh, or Dublin, and the following testimonials:—Eighteen months' attendance at an hospital where the average number of in-patients is not less than one hundred; twenty-four months' anatomy; twelve months' practical anatomy; twelve months' surgery, or (what is preferred) six months' surgery and six months' military surgery; eight months' clinical surgery, a complete course of two or three lectures during the week; twelve months' practice of physic, or six months' practice of physic and six of general pathology; eight months' clinical lectures on ditto, the same as required in surgery; twelve months' chemistry; six months' practical chemistry; three months' botany; four months' materia medica; three months' practical pharmacy or apprenticeship; five months' natural history; five months' midwifery; five months' natural philosophy.

2nd. The candidates must be unmarried, and not beyond twenty-six nor under twenty-one years of age.

3rd. Candidates who have had an university education, and have the degree of A.B. or A.M. as well as that of M.D., will be preferred; but a liberal education and a competent knowledge of Greek and Latin are indispensably requisite in every candidate.

4th. The greater the attainments of the candidates in various branches of science, in addition to competent professional knowledge, the more eligible will they subsequently be deemed for promotion in the service; for selections to fill vacancies will be guided more by reference to such acquirements than to mere seniority.

5th. The rank of physician to the forces, or assistant-inspector of hospitals, requires that the individual should be a fellow or licentiate of the Royal College of Physicians of London, or a graduate of the University of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, Aberdeen, London, or of the Faculty of Medicine of Glasgow.

6th. Although the British schools are specified, candidates who have received regular education in approved foreign universities or schools will be admitted to examination.

7th. With the exception of practice of physic and clinical medicine by one teacher, candidates must have attended separate lecturers for each branch of science.

8th. Before promotion from the rank of assistant-surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a board of medical officers.

9th. Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at the office at least one week before the candidate appears for examination, and likewise certificates of moral conduct and character, one of them by a clergyman, and that of the parochial minister, is desirable. Baptismal certificates are required at the same time; if the parish register cannot be resorted to, an affidavit from one of the parents, or some person who can attest the fact, will be accepted.

10th. The certificate of the teacher of practical anatomy must state the number of subjects or parts dissected by the pupil.

11th. Certificates of lectures and attendance must be from physicians or surgeons of the recognised colleges of physicians and surgeons in the United Kingdom, or of foreign universities.

Note.—All communications to be forwarded, "unsealed," under cover, to "The Right Honourable the Secretary at War," with the words "Army Medical Department" at the corner.

Army Medical Department, Feb. 1840.

NAVAL MEDICAL SERVICE.

REGULATIONS—DATED APRIL 1ST, 1844.

A candidate for admission as an assistant-surgeon in the royal navy, must produce a certificate from the Royal College of Surgeons of London, Edinburgh, or Dublin, of his fitness for that office; and for admission as a surgeon shall produce a diploma or certificate from one of the said royal colleges, founded on an examination, to be passed subsequently to his appointment of assistant-surgeon, as to the candidate's fitness for the situation of surgeon in the navy; and in every case the candidate producing such certificate or diploma shall undergo a further examination before the *director-general of the medical department of the navy*, touching his qualifications in all the necessary branches and points of medicine and surgery for each of the steps in the naval medical service. Previously to the admission of assistant-surgeons into the navy, it is also required that they produce proof of a classical education and a competent knowledge of Latin; and,

That they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or been engaged six months in practical pharmacy.

That their age be not less than twenty, nor more than twenty-four years; and that they are unmarried.

That they have actually attended an hospital in London, Edinburgh, Dublin, Glasgow, or Aberdeen, for two years subsequently to the age of eighteen, in which the average number of patients is not less than 150.

That they have been engaged in actual dissections of the human body twelve months; the certificate of which must state the number of subjects or parts dissected by the candidate.

That they have attended lectures &c. on the following subjects, at established schools of eminence, by physicians or surgeons of the recognised colleges of physicians and surgeons in the United Kingdom, for periods not less than hereunder stated; observing, however, that such lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the lectures on anatomy, surgery, and medicine, be not attended during three distinct winter sessions of six months each:—

Anatomy, eighteen months; or general anatomy, twelve months, and comparative anatomy, six months.

Surgery, eighteen months; or general surgery, twelve months, and military surgery, six months.

Theory of medicine, six months; practice of medicine, twelve months;* (or eighteen months, if given in conjunction.)

Clinical lectures at an hospital as above, twelve months; on the practice of medicine, six months; on the practice of surgery, six months.

Chemistry, six months; or lectures on chemistry, three months, and practical chemistry, three months.

Materia medica, six months.

Midwifery, six months; accompanied by certificates stating the number of midwifery cases personally attended.

Botany, six months; or general botany, three months, and medical botany, three months.

In addition to the tickets for the lectures, certificates must be produced from the professors &c. by whom the lectures were given, stating the periods (in months) *actually* attended by the candidates. The time, also, of actual attendance at an hospital or infirmary must be certified; and the tickets as well as certificates of attendance, age, moral character, &c., must be produced by the candidate immediately on his being desired to appear for examination.

A favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, or London; or who, by possessing a knowledge of diseases of the eye, medical jurisprudence, natural history, natural philosophy, &c., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

No assistant-surgeon can be promoted to the rank of surgeon until he shall have served three years in the former capacity, one year of which must be in a ship actually employed at sea; and no one can be admitted to an examination for surgeon unless he be a member of one of the above-named royal colleges.

* Six months' lectures on pathology, if given at an university where there may be a professorship on that branch of science, will be admitted in lieu of six months' lectures on the practice of medicine.

EAST INDIA MEDICAL SERVICE.

REGULATIONS.

AGE.—The assistant-surgeon must not be under twenty-two years, in proof of which he must produce an extract from the register of the parish in which he was born, or his own declaration and other certificates, agreeably to forms to be obtained in the office for cadets and assistant-surgeons, military department, East India House.

QUALIFICATION IN SURGERY.—The assistant-surgeon, upon receiving a nomination, will be furnished with a letter to the court of examiners of the Royal College of Surgeons, to be examined in surgery, and their certificate will be deemed a satisfactory testimonial of his qualification; but should the assistant-surgeon be previously in possession of a diploma from the Royal College of Surgeons of London, or of the colleges of surgeons of Dublin or Edinburgh, or of the college and university of Glasgow, or of the faculty of physicians and surgeons of Glasgow, either of them will be deemed satisfactory as to his knowledge of surgery, without any further examination. He is also required to produce a certificate from the cupper of a public hospital in London of having acquired, and being capable of practising with proper dexterity, the art of cupping.

QUALIFICATION IN PHYSIC.—The assistant-surgeon will also be required to pass an examination by the company's examining physician in the practice of physic, in which examination will be included as much anatomy and physiology as is necessary for understanding the causes and treatment of internal diseases, as well as the art of prescribing and compounding medicines; and he will be required to produce satisfactory proof of his having attended at least two courses of lectures on the practice of physic; and, above all, a certificate of having attended diligently the practice of the physicians at some general *hospital* in London for six months; or at some general hospital in the country (within the United Kingdom) for six months, provided such provincial hospital contain at least, on an average, one hundred in-patients, and have attached to it a regular establishment of physicians as well as surgeons. No attendance on the practice of a physician at any *dispensary* will be admitted.

The assistant-surgeon is required, as a condition to his appointment, to subscribe to the Military or Medical Retiring Fund at his respective presidency, and also to the Military Orphan Society, if appointed to Bengal; and actually proceed under orders for embarkation within three months from the date of being passed and sworn before the committee for passing military appointments; he will then be furnished with an order to obtain the certificate of his appointment, for which he will pay a fee of £5 in the secretary's office.

GENERAL CAUTIONS.—Notice is hereby given, that should it be discovered at any time that this appointment has been obtained by purchase, or agreement to pay any consideration whatsoever, either directly or indirectly, when the appointment is completed, the assistant-surgeon will not only be dismissed, and rendered ineligible to hold any situation in the East India Company's Service, but all the parties concerned in procuring the appointment will subject themselves to a criminal prosecution for a misdemeanour; and the court of directors of the East India Company do hereby declare, that they will prosecute any person or persons who shall hereafter be detected in such illicit traffic.

If an assistant-surgeon produces a false certificate, or the dates are found to have been altered for the purpose of making him appear to be of a proper age, he is rendered ineligible to hold any situation in the company's service.

Metropolitan and Provincial Hospitals and Medical Schools.

LONDON HOSPITAL,

WHITECHAPEL-ROAD.

Surgeons—Mr. Andrews, Mr. John Scott, Mr. Luke.
Assistant-Surgeons—Mr. Hamilton, Mr. Adams, Mr. Curling.
Physicians—Dr. Billing, Dr. Gordon, Dr. Cobb.
Assistant-Physicians—Dr. A. Frampton, Dr. Little, Dr. Pereira.

TERMS OF HOSPITAL PRACTICE.

SURGICAL PRACTICE.			MEDICAL PRACTICE.		
Visiting pupil - - -	£21	0	Eighteen months - -	£10	10
One year as dressing pupil	31	10	Perpetual - - - -	21	0
Six months, ditto - -	21	0	Apothecaries' fee - -	1	1
Library - - - - -	1	1			

Three Dresserships are given to pupils of the Anatomical class, each pupil being previously required to dress the out-patients for one year.

The London Hospital contains 320 beds, of which 100 are devoted to medical and 220 to surgical cases. 3840 persons were treated as in-patients, and 12605 as out-patients, during last year, and during the same period, 5666 accidents were admitted.

Clinical Lectures, by Dr. Gordon, Mr. Scott, and Mr. Luke.

LONDON HOSPITAL SCHOOL.

Anatomy and Physiology: Mr. Adams, daily, (except Saturday,) at half-past two. One session, £6 6*s.*; unlimited, £10 10*s.*
Anatomical Demonstrations and Dissections: Mr. Adams and Mr. Critchett, daily, at a quarter-past eleven. One session, £6 6*s.*; unlimited, £10 10*s.*
Chemistry: Dr. Pereira and Dr. Letheby, Monday, Wednesday, and Friday, at ten. One session, £7 7*s.*; unlimited, £7 7*s.*
Materia Medica: Dr. Pereira, Tuesday, Thursday, and Saturday, at half-past three. One session, £4 4*s.*; unlimited, £5 5*s.*
Medicine: Dr. Cobb and Dr. Little, Monday, Tuesday, Thursday, and Friday, at half-past eight, A.M. One session, £4 4*s.*; unlimited, £7 7*s.*
Midwifery, &c.: Dr. F. H. Ramsbotham, Tuesday, Thursday, and Saturday, at ten. One session, £4 4*s.*; unlimited, £6 6*s.*
Surgery: Mr. Luke and Mr. Curling, Monday, Wednesday, and Friday, at a quarter to four. One session, £3 3*s.*; unlimited, £5 5*s.*
Botany: Mr. Quekett, daily, at half-past three, in the summer. One course, £3 3*s.*; unlimited, £4 4*s.*
Forensic Medicine: Dr. F. H. Ramsbotham and Dr. A. Frampton, daily, at half-past two, in the summer. One course, £3 3*s.*; unlimited, £4 4*s.*
Mr. Craigie will lecture on the Anatomy of the Teeth and Dental Surgery.
Mr. Ward will assist Mr. Critchett in the dissecting room.
Clinical Lectures during the session.
General fee for attendance on all the above lectures, qualifying for examination at the Royal College of Surgeons and Apothecaries' Hall, £50.
A course of Comparative Anatomy and Physiology will be delivered during the summer session.

GUY'S HOSPITAL,

SOUTHWARK.

Surgeons—Mr. Key, Mr. Morgan, and Mr. B. Cooper.
Assistant-Surgeons—Mr. Callaway and Mr. Edward Cock.
Consulting Physician—Dr. Bright.
Physicians—Dr. Addison, Dr. Babington, and Dr. Barlow.
Assistant-Physicians—Dr. Hughes, Dr. G. O. Rees, and Dr. Golding Bird.

SURGICAL PRACTICE.

Six months - - - -	£20	0	Surgeons' dresser, 6 mos. £32	12
Three years - - - -	26	6	Ditto, one year - - -	51	2

MEDICAL PRACTICE.

Eighteen months - -	£15	15	Perpetual - - - - -	£24	4

Surgeons' out-patients, on Thursdays, at eleven; Physicians' out-patients, on Fridays, at eleven; the Physicians' clinical wards will open the first week in November for clinical lectures &c.
The Eye Infirmary is attended by Mr. Morgan and Mr. France, on Mondays and Fridays, at half-past ten. A Lying-in Charity is attached to the hospital; and a ward in the hospital is appropriated to Female Diseases.

GUY'S HOSPITAL SCHOOL.

Anatomy, Descriptive and Surgical, with Physiology: Mr. Cock and Mr. Hilton, daily, at two. One session, £5 5*s.*; two or more sessions, £10 10*s.*
Practical Anatomy: Mr. John Birkett and Mr. Alfred Poland, daily, at half-past eleven. One session, £5 5*s.*; two or more sessions, £10 10*s.*
Anatomical Demonstrations: Mr. Birkett and Mr. Poland, daily.
Pathological Anatomy: Mr. T. W. King and Mr. Hilton, Saturday, at half-past eleven. One or more sessions, £3 3*s.*
Chemistry: Mr. Aikin and Mr. Taylor, Tuesday, Thursday, and Saturday, at ten. One session, £6 6*s.*; two or more sessions, £8 8*s.* Practical Chemistry: £2 2*s.* the course.
Materia Medica: Dr. Addison and Dr. Golding Bird, Tuesday, Thursday, and Saturday, at half-past three. One or more sessions, £4 4*s.*

Medicine: Dr. Addison and Dr. Babington, Monday, Wednesday, and Friday, at half-past three. One session, £4 4s.; two sessions, £6 6s.; unlimited, £8 8s.
Midwifery: Dr. Ashwell, Dr. Lever, and Dr. Oldham, Tuesday, Wednesday, Thursday, and Friday, at nine A.M. One course of three months, £3 3s.; two courses, £5 5s.; unlimited, £6 6s.
Natural Philosophy: Dr. Gull, Monday, at seven P.M. One or more sessions, £2 2s.
Surgery (including Ophthalmic Surgery): Mr. Morgan and Mr. B. Cooper, Monday, Wednesday, and Friday, at eight P.M. One session, £3 3s.; two or more sessions, £5 5s.
Teeth (Structure and Diseases of): Mr. T. Bell. One session, £2 2s.
Botany: Mr. C. Johnson and Dr. G. Bird, daily, at half-past eleven, in the summer. One or more sessions, £3 3s.
Medical Jurisprudence: Mr. A. Taylor, daily, at ten, in the summer. One session, £3 3s.; two or more sessions, £4 4s.
Practical Toxicology, £1 1s.
The Lectures on the Teeth are free to the Anatomical pupils.
Demonstrations on Morbid Anatomy, daily, at half-past twelve.
Lectures will be given on Comparative Anatomy.
Microscopical Anatomy, one morning weekly, by the Demonstrators; and Lectures on Moral Philosophy by the chaplain, the Rev. F. D. Maurice.
Dr. Gull examines pupils preparing for examination, or to graduate at the universities.
N.B.—The medical session for 1844-45, at this school, commences October 1st.

ST. THOMAS'S HOSPITAL,

SOUTHWARK.

Surgeons—Mr. Green, Mr. South, and Mr. Mackmurdo.
Assistant-Surgeons—Mr. Solly, Mr. B. Travers, and Mr. F. Le Gros Clark.
Physicians—Dr. Williams, Dr. Burton, and Dr. Barker.
Assistant-Physicians—Dr. Leeson, Dr. Goolden, and Dr. Risdon Bennett.

SURGICAL PRACTICE.		MEDICAL PRACTICE.	
Nine months - - -	£20 0	Eighteen months - -	£15 15
Three years or more -	26 6	Two years or more -	24 3
Dresser, six months -	15 15		

TIMES OF ATTENDANCE OF THE MEDICAL OFFICERS.

Mr. Green, Wednesday and Saturday.
Mr. South, Tuesday and Friday.
Mr. Mackmurdo, Monday and Thursday.
Dr. Williams, Monday and Thursday.
Dr. Burton, Tuesday and Friday.
Dr. Barker, Wednesday and Saturday.
All at twelve o'clock.

Dr. Leeson, Dr. Goolden, and Dr. Bennett see men out-patients Thursdays, and women on Fridays, at twelve o'clock; Dr. Cape and Dr. Waller attend diseases of women and children on Friday at twelve o'clock; Mr. Solly, Mr. B. Travers, and Mr. F. Le Gros Clark, see men out-patients on Monday, at nine o'clock, and women, on Wednesday, at the same hour.
Mr. Mackmurdo attends the Ophthalmic ward Monday, and ophthalmic out-patients Thursday, at one o'clock.
Surgical Operations, Saturdays, at one o'clock.
Mr. Saunders performs Dental Surgery Thursdays, at twelve o'clock.
A clinical lecture will be given by one of the physicians, and another by one of the surgeons, at twelve o'clock, one day in every week.
Post-mortem examinations, at one o'clock, by Dr. Munk.

In the spring, a medal and honorary certificate are to be awarded for the best series of clinical medical reports, and others for the best series of clinical surgical reports, of cases from the wards of the hospital, and for the highest proficiency in anatomy and physiology. Two six months' dresserships to the two students who shall have passed the best examination in surgery. Two clinical medical clerkships to the two found most efficient in medicine.

ST. THOMAS'S SCHOOL.

Anatomy, General, and Physiology: Mr. R. D. Grainger, daily, at two. One session, £5 5s.; unlimited, £9 9s.
Anatomy, Descriptive and Surgical: Mr. F. Le Gros Clark, daily, at ten. One session, £4 4s.; unlimited, £9 9s.
Demonstrations; Mr. Dixon and Mr. Trew, daily, from nine till two.
Chemistry (with manipulation): Dr. Leeson, Tuesday, Thursday, and Friday, at eleven. One session, £6 6s.; unlimited, £8 8s.
Materia Medica, &c.; Dr. Risdon Bennett, Tuesday, Thursday, and Friday, at half-past three; unlimited, £4 4s.
Medicine: Dr. Marshall Hall and Dr. Barker, Monday, Wednesday, and Friday, at half-past three. One session, £4 4s.; unlimited, £6 6s.
Midwifery &c.: Dr. Cape and Dr. Waller, Monday, Wednesday, and Friday, at nine. One session, £5 5s.; unlimited, £6 6s.
Surgery: Mr. Green and Mr. B. Travers, Monday, Wednesday, and Saturday, at eleven. One session, £3 3s.; unlimited, £5 5s.
Teeth, Diseases of the, &c.: Mr. Edwin Saunders. One or more courses, £2 2s.
Anatomy, Comparative, and Natural History: Dr. W. B. Carpenter, in the summer. One or more courses, £2 2s.
Anatomy, Pathological: Dr. Barker, in the summer.
Botany: Mr. Hoblyn, in the summer. One session, £3 3s.; unlimited, £4 4s.
Forensic Medicine: Dr. Leeson and Dr. Risdon Bennett, in the summer. One session, £3 3s.; unlimited, £4 4s.
Ophthalmic Surgery: Mr. Mackmurdo, in the summer. One or more courses, £2 2s.
A course of Chemical Manipulation in the laboratory in summer, by Mr. Heisch.
The Exanthemata, by Dr. Gregory; the lectures on Variola &c. illustrated by clinical observations at the Small-pox Hospital.
Pupils attend lying-in cases under the direction of the lecturers on midwifery, and Mr. Woolnough. Beds are appropriated to diseases of the uterus.
Dr. Cape's pupils can attend gratuitously his practice at the Royal Infirmary for Children, Waterloo-bridge-road, and Dr. Waller's, that at the Fore-street Dispensary.
The pupils of the hospital are admitted gratuitously to the lectures on comparative anatomy, &c.
The pupils of the surgery class are admitted gratuitously to the lectures on ophthalmic surgery; and of anatomy, to the lectures on the teeth.
At the nomination of a governor, general fee to the lectures and hospital practice, unlimited, eighty-five guineas.

ST. BARTHOLOMEW'S HOSPITAL,

SMITHFIELD.

Surgeons—Mr. Vincent, Mr. Lawrence, Mr. Stanley.
Assistant-Surgeons—Mr. Lloyd, Mr. Skey, Mr. Wormald.
Physicians—Dr. Hue, Dr. Roupell, Dr. George Burrows.
Assistant-Physicians—Dr. F. J. Farre, Dr. Jeaffreson, Dr. Black.

SURGICAL PRACTICE.		MEDICAL PRACTICE.	
Six months - - - -	£15 15	Nine months - - -	£12 12
Twelve months - - -	21 0	Eighteen months - -	15 15
Three years - - - -	26 5	Unlimited - - - -	31 10
Unlimited - - - -	31 10		

DRESSER { Three months - - £12 12 / Six months - - - 18 18

Clinical lectures during the summer—on Medicine, by Dr. Roupell, every Monday, at twelve; and by Dr. Burrows, every Tuesday, at twelve; on Surgery, by Mr. Lawrence, every Friday, at half-past one; and by Mr. Stanley, every Saturday, at twelve.
Examinations after death, in the Pathological Theatre, at eleven.
Surgical operations, on Saturdays, at one.
Clinical clerks are selected from the most diligent students.

St. Bartholomew's hospital contains 530 beds. The in-patients amount annually to 5000, out-patients and casualties to nearly 34,000.

COLLEGIATE ESTABLISHMENT.—In connexion with the medical school, several houses within the hospital walls have been fitted up for the residence of a certain number of students; their immediate superintendence being with the resident warden, Mr. Paget.

Subscription to the library, for twelve months, £1 1s.; for three years, £1 10s.; for an unlimited period, £2 10s. A reading-room is also open; subscription for three years, 10s.

At the conclusion of each session, examinations for prizes are held in the several classes. The prizes, publicly awarded in May, include the Wix prize, for the best English essay on the Connexion between Revealed Religion and Physical Science; the Bentley prize, for the best report of cases, medical, or surgical, in the hospital during the previous year; and the Collegiate prize, a silver inkstand, to the collegian who gains the highest honours in the classes.

ST. BARTHOLOMEW'S SCHOOL.

Anatomy, Descriptive and Surgical: Mr. Skey, daily, at half-past 2. Half session, £5 5s.; whole session, £7 7s.; unlimited, £10 10s.

Anatomy, General and Morbid, and Physiology: Mr. Paget, daily, at a quarter-past nine. Half session, £5 5s.; whole session, £7 7s.; Unlimited, £10 10s.

Dissections (Superintendence of): Mr. M'Whinnie, and Mr. Ormerod, daily, from half-past ten till half-past two.

Chemistry: Mr. Griffiths, Monday, Wednesday, and Friday, at a quarter-past ten. Half session, £4 4s.; whole session, £6 6s.; unlimited, £8 8s.

Materia Medica: Dr. Roupell, Tuesday, Thursday, and Saturday, at a quarter-past ten. Whole session, £5 5s.; unlimited, £7 7s.

Medicine: Dr. G. Burrows, Monday, Tuesday, Thursday, and Friday, at a quarter to four. Whole session, £5 5s.; unlimited, £7 7s.

Midwifery, &c.: Dr. Rigby, Monday, Wednesday, and Thursday, at six. One course, £4 4s.; unlimited, £6 6s.

Natural Philosophy: Mr. Griffiths, Wednesday, and Friday, at twelve. One course, £1 1s.

Surgery: Mr. Lawrence, Monday, Wednesday, and Thursday, at seven P.M. Whole session, £5 5s.; a second course, £3 3s.; unlimited, £7 7s.

Botany: Dr. Farre, daily, except Saturday, at half-past two, in the summer. One course, £3 3s.; second course, £2 2s.; unlimited, £4 4s.

Comparative Anatomy: Mr. M'Whinnie, Monday, Wednesday, and Friday, at nine, in the summer. One course, £1 1s.

Practical Chemistry: Mr. Griffiths, Tuesday, and Thursday, at nine, in the summer. One course, £3 3s.

Forensic Medicine: Dr. Baly, daily, except Saturday, at eleven, in the summer. One course, £3 3s.; unlimited, £4 4s.

Midwifery: Dr. Rigby, daily, at ten, in the summer.

Natural Philosophy: Mr. Griffiths, Wednesday and Friday, at twelve, in the summer. One course, £1 1s.

Entrance fee to all the lectures required for admission to examination at the Royal Colleges of Physicians and Surgeons, and the Society of Apothecaries, £52 10s.

Unlimited entrance to all the lectures, £63.

ALDERSGATE SCHOOL OF MEDICINE,

ALDERSGATE-STREET, CITY.

Anatomy, General and Morbid, and Physiology: Dr. Goodfellow, and Mr. Carsten Holthouse, daily, except Saturday, at half-past two. One sessional course, £5 5s.; unlimited, £7 7s.

Anatomy, Descriptive and Surgical: Mr. Holthouse, and Mr. E. J. Chance, daily, at half-past two. One sessional course, £5 5s.; unlimited, £7 7s.

Chemistry: Mr. Makins, Tuesday, Thursday, and Saturday, at ten. One sessional course, £5 5s.; unlimited, £7 7s.

Materia Medica: Dr. Garrod, Monday, Wednesday, and Friday, at half-past three. Sessional course, £4 4s.; unlimited, £5 5s.;

Medicine: Dr. Aldis, and Dr. Klein Grant, Monday, Wednesday, and Friday, at half-past four. Sessional course, £5 5s.; unlimited, £6 6s.

Midwifery: Dr. Waller, Tuesday, Wednesday, and Friday, at a quarter to six. Course, £3 3s.; unlimited, £5 5s.

Surgery: Mr. Smee, Monday, Wednesday, and Friday, seven P.M. Course, £3 3s.; unlimited, £5 5s.

Botany: Dr. Brown, Monday, Wednesday, Thursday, and Saturday, in the summer. One course, £2 2s.; unlimited, £3 3s.

Practical Chemistry: Mr. Makins, in the summer. One course, £2 2s.

Forensic Medicine: Mr. Druitt, in the summer. One course, £2 2s.; unlimited, £3 3s.

Midwifery: in the summer. Course, £3 3s.

Comparative Anatomy: Dr. Brown. A gratuitous course will be delivered during the winter session.

The practice of the Central London Ophthalmic Institution is free to pupils of this school.

General fee for all the lectures required by the College of Physicians, the College of Surgeons, and Apothecaries' Hall, (exclusive of practical chemistry,) and for the University of London, £52 10s.

Subscription to the library, 7s. annually.

The offices of honorary demonstrator, physiological prosector, and anatomical prosector, will be given at the time of the general distribution of prizes to pupils of the school who have attained the highest proficiency in the several branches of study, and have entered to all the lectures delivered at this school, or unlimited to physiology and practical anatomy.

KING'S COLLEGE HOSPITAL,

PORTUGAL-STREET, LINCOLN'S-INN.

This hospital is situate in the neighbourhood of the college, and accommodates 120 patients.

Consulting-Surgeon—Mr. Arnott.
Consulting-Physician—Dr. Watson.
Surgeons—Mr. Fergusson and Mr. Partridge.
Assistant-Surgeons—Mr. Simon and Mr. Bowman.
Physicians—Dr. George Budd and Dr. Todd.
Assistant-Physician—Dr. Guy.
Physician for Diseases of Women and Children—Dr. Ferguson.
Physician-Accoucheur, and Assistant-Physician for Diseases of Women and Children—Dr. Arthur Farre.

FEES FOR HOSPITAL PRACTICE.

Perpetual admission to the medical and surgical practice:—
For matriculated students - - - - - - - £31 10
For pupils who are not matriculated pupils - 36 15

MEDICAL PRACTICE.		SURGICAL PRACTICE.	
Three months - - -	£6 6	Three months - - -	£10 10
Six months - - - -	10 10	Six months - - - -	15 15
Twelve or eighteen mos.	15 15	Twelve or twenty one mos.	21 0
Perpetual - - - -	21 0	Perpetual - - - -	26 5

Registration fee, (to the secretary at the hospital,) 10s. 6d.

The physicians and surgeons attend daily at half-past one o'clock P.M. Dr. Arthur Farre attends on Tuesday, Thursday, and Saturday, at half-past eleven.

Clinical lectures on alternate Mondays, Tuesdays, Thursdays, and Fridays, by the physicians and surgeons.

The physician's assistant and clinical clerks, the house-surgeon, and dressers, are selected by examination from among those matriculated students of the college who are pupils of the hospital No fee is paid for these appointments.

KING'S COLLEGE MEDICAL SCHOOL,

SOMERSET HOUSE, STRAND.

Anatomy, Descriptive and Surgical: Mr. Partridge, daily, at nine. Whole session, £8 8s.; unlimited, £9 9s.

Physiology, General and Morbid Anatomy: Dr. Todd, Monday, Wednesday, Thursday, and Friday, at half-past twelve. Whole session, £8 8s.; unlimited £9 9s.

Chemistry: Mr. Daniell, daily, (except Saturday,) at three. Whole session, £7 7s.; unlimited, £10 10s.

Materia Medica: Dr. J. F. Royle, Monday, Tuesday, Thursday, and Friday, at a quarter-past ten. Whole session, £5 5s.; unlimited, £7 7s.

Practice of Medicine: Dr. Budd, Monday, Tuesday, Thursday, and Saturday, at four. Whole session, £5 5s.; unlimited, £7 7s.

Midwifery, &c.: Dr. A. Farre, Monday, Wednesday, and Friday, at five. Whole session, £4 4s.; unlimited, £6 6s.

Surgery: Mr. Fergusson, Tuesday, Thursday, and Saturday, at five. Whole session, £4 4s.; unlimited, £6 6s.

Botany: Mr. Forbes, Tuesday, Wednesday, Thursday, and Saturday, at nine, in the summer. Whole session, £3 3s.; unlimited, £4 4s.

Chemical Manipulation: Dr. Miller, Monday, Wednesday, and Friday, from half-past eleven to half-past one, in the summer. Whole session, £5 5s.

Comparative Anatomy: Mr. Rymer Jones, Monday, Wednesday, and Thursday, in the summer, at three. Whole session, £3 3s.; unlimited, £4 4s.

Forensic Medicine: Dr. Guy, daily, (except Saturday,) at ten, in the summer. Whole session, £3 3s.; unlimited, £4 4s.

The courses which students are required to attend by the College of Surgeons and the Apothecaries' regulations, may be attended at King's College, for £57 15s.; or by students nominated by proprietors, for £53 10s. The matriculation fee is £1 1s.; the library fee, £1 1s.

Three scholarships, of £40 a-year each, for three years, for matriculated students; the Leathes prizes of books, and the Warneford prizes of models and books for matriculated students shewing the greatest proficiency in religious knowledge, have been established in King's College.

The distinction of "Medical Associate of King's College" is

conferred on students having completed four years of study, and being approved of by the Principal at the recommendation of the Medical Professors.

Students are of two kinds, *matriculated* and *occasional*. *Matriculated* students wear the college cap and gown, and are required to attend the college chapel on week-days as well as Sundays.

Rooms have been provided, for a limited number of students, in the college, where there is also a dining-hall for those who may desire to avail themselves of it.

A resident tutor, Dr. G. Johnson, assists junior and other students.

UNIVERSITY COLLEGE HOSPITAL,

UPPER GOWER-STREET, BEDFORD-SQUARE.

Surgeons—Mr. Cooper, Mr. Liston, and Mr. Quain.
Assistant-Surgeon—Mr. Morton.
Physicians—Dr. C. J. B. Williams, Dr. Thomson, Dr. Taylor, and Dr. Walshe.
Obstetric Physician—Dr. Murphy.
Dental Surgeon—Mr. Durance George.

ADMISSION TO THE PRACTICE AND CLINICAL LECTURES.

Students who have already entered in the medical faculty of the college, to three courses of six months' duration, (two courses of three months' duration being considered equivalent to one of six months,) also pupils who have attended a course of lectures of a recognised school of medicine, and one years' practice in a recognised hospital, pay,

For perpetual admission to the medical and surgical practice	£26 5
One year to the physicians' and surgeons' practice	21 0
One year physicians' or surgeons' practice, separately	15 15
Six months to the physicians' and surgeons' practice	15 15
Six months' physicians' or surgeon's practice, separately	10 10

Pupils other than above specified, pay,

For perpetual admission to the medical and surgical practice	£36 15
One year physicians' and surgeons' practice	30 0
One year physicians' or surgeons' practice, separately	22 0
Six months' physicians' and surgeons' practice	22 0
Six months' physicians' or surgeons' practice, separately	15 0

Fee to house-physician, 10*s.*; office fee, 5*s.*

The physicians' and surgeons' visits are made daily, at one and two o'clock.

Each of the physicians visits his patients three times a-week.

Clinical lectures in medicine are given four times a-week; and surgical clinical lectures by Mr. Liston and Mr. Quain.

House-surgeons, physicians'-clerks, and surgeons'-dressers, are selected from students of the college, without additional payments; preference being given to those who have attained the highest honours in the medical classes.

Out-patients are seen by Dr. Walshe and Mr. Morton, aided by Dr. Hogg, hospital-assistant, and Dr. Richard Quain, house-physician to the hospital.

Fellowes' clinical medals, one gold and one silver, are awarded at the end of each of the two college terms, winter and summer, to the pupils who shall have most distinguished themselves by reports and observations on the medical cases in the hospital.

UNIVERSITY COLLEGE MEDICAL SCHOOL.

Anatomy and Physiology: Dr. Sharpey, daily, at ten. Whole term, £6; perpetual, £9.
Anatomy, Descriptive and Surgical: Mr. Quain, daily, at twelve. Whole term, £6; perpetual £9.
Anatomy, Comparative: Dr. Grant, daily, (except Saturday,) at one. Whole term, £4.
Zoology, from February to May: Dr. Grant, daily, (except Saturday,) at one. Whole term, £3; perpetual, together with Comparative Anatomy £9.
Botany, in April and May: Dr. Lindley, Tuesday, Thursday, and Saturday, at eight A.M. Whole course, junior class, £2; senior class, £3; perpetual, to the classes, £6.
Chemistry: Dr. Graham, daily, at eleven. Whole term, £6; perpetual, £9.
Geology, in February &c.: Mr. Webster, Monday, Wednesday, and Friday. Whole term, £3.
Materia Medica: Dr. A. T. Thomson, daily, (except Saturday,) at three. Whole term, £6; perpetual, £9.
Medicine, Practice of: Dr. C. J. B. Williams, daily, except Saturday,) at nine. Whole term, £5; perpetual, £8.
Midwifery: Dr. Murphy, Monday, Tuesday, Wednesday, and Thursday, at four. Winter term, £4 10*s.*; summer term, £3; perpetual, £6 10*s.*
Natural philosophy; Mr. Brooke, Tuesday, Thursday, and Saturday, at nine. Whole term, £4.
Surgery: Mr. Cooper and Mr. Liston, Monday, Tuesday, Wednesday, and Thursday, at seven and five. Whole term, £4 10*s.*; perpetual, £6. (Operations of surgery, at 8 A.M.)
Dental Surgery: Mr. J. D. George, Tuesday and Thursday, at six, in November and December. Fee, £1 1*s.*
Anatomy, Comparative, and Zoology (elementary course): Dr. Grant, in the summer.
Anatomy, Pathological: Dr. Walshe, in the summer.
Botany (senior class): Dr. Lindley, in the summer.
Chemistry, Practical: Dr. Graham, in the summer.
Midwifery: Dr. Murphy, in the summer.

Particulars of these lectures to be announced before the close of the winter term.

In the dissecting-rooms the pupils will be directed in their studies during several hours, daily, by Mr. Ellis and Mr. Potter, under the superintendence of Mr. Quain and Dr. Sharpey.

Attendance on Dr. Grant's courses of comparative anatomy and zoology, at this college, is recognised by the Army Medical Board as equivalent to the course of natural history required as a qualification for army surgeons.

The payments stated above for each class are made by students nominated by proprietors; 5*s.* additional for every pound, until this extra payment amounts to £4 10*s.*, are paid by those not nominated.

A college fee of 10*s.* for one class, and £1 for two or more classes, is paid by each student every session; where, however, the course is of short duration, this fee is diminished. The matriculation fee of £2 relieves the student, during the whole course of his study, from the college fee.

CHARLOTTE-STREET SCHOOL OF MEDICINE,

15, CHARLOTTE-STREET, BLOOMSBURY.

Anatomy and Physiology: Mr. Dermott, daily, at three. One session, £5 5*s.*; perpetual, £7. Anatomical Demonstrations and Dissections: Mr. Dermott, daily, at ten. (Perpetual to the anatomical and surgical lectures, demonstrations and dissections, collectively, for £10 10*s.*)
Chemistry: Dr. J. Scoffern, Tuesday, Thursday, and Saturday, at nine. Practical Chemistry. Drs. Scoffern and Ryan. One session, £4 4*s.*; perpetual, £5.
Materia Medica: Dr. J. Ryan, Monday, Wednesday, and Friday, at nine. One session, £3 3*s.*; perpetual, £4.
Medicine: Dr. Aldis, Monday, Wednesday, and Friday, at four. One session, £3 3*s.*; perpetual, £5.
Midwifery, &c.: Dr. Tyler Smith, Tuesday, Thursday, and Saturday, at four. One session, £3 3*s.*; perpetual £5 5*s.*
Surgery: Mr. Dermott, Monday, Wednesday, and Friday, at seven P.M. One session, £3 3*s.*; perpetual, £4.
Botany: Mr. Clarke, Tuesday, Wednesday, Thursday, and Saturday, at nine, in the summer. One course, £2 2*s.*; perpetual, £3.
Medical Jurisprudence: Dr. Scoffern and Mr. H. P. Hinde, Monday, Wednesday, and Friday, at six, in the summer. One course, £2 2*s.*; perpetual, £3.
Private courses of Microscopic Anatomy, and of Practical Anatomy and Surgery, in the summer, by Mr. Dermott.
Morbid Anatomy, by Dr. Aldis and Mr. Dermott.

For all the lectures required by the Royal College of Surgeons, Apothecaries' Hall, Army and Navy Boards, &c., £31 10*s.*; and Mr. Dermott offers "Hospital practice, both surgical and medical, for one, two, or three years, (which will also qualify for the London College of Physicians,) together with the whole of the above lectures, for the sum of £55."

MIDDLESEX HOSPITAL,

CHARLES-STREET, TOTTENHAM-COURT-ROAD.

Surgeons—Mr. Arnott, Mr. Tuson, and Mr. Shaw.
Assistant-Surgeon—Mr. Campbell De Morgan.
Physicians—Dr. Francis Hawkins, Dr. Wilson, and Dr. Crawford.
Physician-Accoucheur—Dr. Ashburner.

SURGICAL PRACTICE.		MEDICAL PRACTICE.	
Three months	£10 10	Three months	£6 6
Six months	15 15	Six months	10 10
Twelve months	21 0	Eighteen months	15 15
Dresser, six months	21 0	Perpetual	22 1
Ditto, twelve months	31 10	Fee to apothecary, £1 1*s.*	

Perpetual pupils of Middlesex Hospital School are admitted to attend the medical practice of the hospital during eighteen months for £12 12s.

TIMES OF VISITS OF THE MEDICAL OFFICERS.

Mr. Arnott, Monday and Thursday.
Mr. Tuson, Tuesday and Friday.
Mr. Shaw, Wednesday and Saturday.
Dr. Hawkins, Tuesday, Thursday, and Saturday.
Drs. Wilson and Crawford, Monday, Wednesday, and Friday.
Each physician and surgeon at a quarter-past twelve.
Dr. Ashburner attends on Wednesdays and Saturdays, at eleven.

Clinical Lectures in medicine will be given by Dr. Crawford, and in surgery by the surgeons of the hospital. Ophthalmic surgery, on Monday, Wednesday, and Friday, at two P.M. Dental surgery, on Monday, Wednesday, and Friday, at ten A.M. The house-surgeon is elected from the dressers, according to seniority. Pupils act as physicians' clinical clerks gratuitously.

MIDDLESEX HOSPITAL SCHOOL.

Anatomy and Physiology: Mr. Tuson and Mr. Erasmus Wilson, daily, at two. Half session, £3 3s.; whole session, £5 5s.; perpetual, £9 9s.

Anatomy, Demonstrative and Practical: Mr. Tuson, Mr. Erasmus Wilson, and Mr. Rowdon, daily, at eleven. Half session, £3 3s.; whole session, £5 5s.; perpetual, £9 9s.; or to one course in each of the above classes entered at once, £8 8s. Mr. Rowdon attends in the dissecting-room.

Chemistry: Dr. Fownes, Monday, Wednesday, and Friday, at ten. Whole session, £5 5s.; perpetual, £6 6s. (Examinations in Chemistry at three o'clock on Wednesdays.)

Materia Medica, &c.: Dr. M. Crawford, Monday, Tuesday, Thursday, and Saturday, at nine. Half session, £3 3s.; perpetual, £5 5s.

Medicine, Practice of: Dr. F. Hawkins, Monday, Wednesday, Thursday, and Friday, at three. Half session, £3 3s.; whole session, £4 4s.; perpetual, £6 6s.

Midwifery: Mr. North, Tuesday, Thursday, and Saturday, at ten. Whole session, £3 3s.; perpetual, £5 5s.

Surgery: Mr. Arnott and Mr. Shaw, Monday, Wednesday, and Friday, at four P.M. Whole session, £3 3s.; perpetual, £5 5s.

Botany: Mr. Rogers, daily, at eleven, in the summer. One course, £2 2s.; perpetual, £3 3s.

Medical Jurisprudence: Mr. Campbell De Morgan, daily, at ten, in the summer. One session, £3 3s.; perpetual, £4 4s.

Perpetual admission to both the anatomical classes, £16 16s.; to all the lectures, £45.

At the close of the winter session two prizes, of £15 and £10 respectively, the gifts of W. Tooke, Esq., will be awarded for general proficiency; and a theological prize to such students as may be desirous of competing for it.

CHARING-CROSS HOSPITAL,

NEAR CHARING-CROSS.

Surgeons—Mr. Hancock and Mr. Avery.
Physicians—Dr. Shearman, Dr. Golding, and Dr. Chowne.

SURGICAL PRACTICE.		MEDICAL PRACTICE.	
Six months - - - -	£10 10	Six months - - - -	£10 10
Full period required -	15 15	Full period required -	15 15

For the full period to both medical and surgical practice, £26 5s.

The physicians and surgeons visit the wards daily, (Sundays excepted,) between twelve and two.

The cases in the out-patients' department are seen and prescribed for at the hospital, daily, (Sundays excepted,) between twelve and one.

Medical and surgical clinical lectures given weekly.

An election to an exhibition of £15 per annum, for two years, will take place at the end of the winter session.

CHARING-CROSS HOSPITAL SCHOOL.

Anatomy, General, and Physiology: Mr. T. Wharton Jones, daily, (except Saturday,) at three. One session, £5 5s.; two sessions, £7 7s.; unlimited, £8 8s.

Anatomy, Descriptive and Surgical: Mr. Hird, daily, (except Saturday,) at ten. One session, £5 5s.; two sessions, £7 7s.; unlimited, £8 8s.

Anatomical Demonstrations and Dissections: Mr. Hird and Mr. E. Canton, daily.

Chemistry: Dr. P. B. Ayres, Tuesday, Thursday, and Saturday, at nine. One session, £5 5s.; two sessions, £6 6s.; unlimited, £7 7s.

Materia Medica: Dr. Steggall and Dr. Willshire, Monday, Wednesday, and Friday, at nine. One session, £4 4s.; two sessions, £5 5s.; unlimited, £6 6s.

Medicine, Practice of: Dr. Shearman and Dr. Rowland, Tuesday, Wednesday, and Friday, at four. One session, £4 4s. two sessions, £6 6s.; unlimited, £7 7s.

Midwifery, &c.: Dr. Chowne, Monday, Thursday, and Friday, at two. One session, £3 3s.; two sessions, £5 5s.; unlimited, £6 6s.

Surgery: Mr. Hancock, Monday, Wednesday, and Friday, at five. One session, £3 3s.; two sessions, £5 5s.; unlimited, £6 6s.

Botany. Dr. Willshire, Monday, Wednesday, Thursday, and Saturday, at nine, in the summer. One session, £2 2s.; two sessions, £3 3s.; unlimited, £4 4s. (Excursions every Saturday.)

Midwifery: Dr. Chowne, Monday, Tuesday, Thursday, and Friday, at two, in the summer. One session, £3 3s.; two sessions, £5 5s.; unlimited, £6 6s.

Medical Jurisprudence: Dr. Chowne and Dr. Gavin, Monday, Tuesday, Thursday, and Friday, at three. One session, £2 2s.; two sessions, £3 3s. unlimited, £4 4s.

Demonstrations of operative surgery, with applications of bandages, splints, &c., by Mr. Hancock.

General fee for all the lectures required at the Hall and College, £42.

WESTMINSTER HOSPITAL,

BROAD SANCTUARY, NEAR WESTMINSTER ABBEY.

Surgeons—Mr. White, Mr. Lynn, and Mr. Hale Thomson.
Assistant-Surgeon—Mr. Benjamin Phillips.
Consulting-Physician—Dr. Bright.
Physicians—Dr. Hamilton Roe, Dr. Kingston, and Dr. Basham.

MATERNITY CHARITY.

Consulting-Surgeon—Mr. White.
Consulting-Physician—Dr. Bright.
Physicians—Dr. Andrews and Dr. Frederic Bird.

SURGICAL PRACTICE.		MEDICAL PRACTICE.	
		Six months - - -	£10 10 0
Six months - - -	£12 12 0	Twelve - - - -	12 12 0
Twelve - - - -	21 0 0	Eighteen - - - -	15 15 0
Perpetual - - -	31 0 0	Perpetual - - -	21 0 0

Conjoint fee for the medical and surgical practice, twenty-six guineas, for the period of hospital attendance required by the College and Hall.

The physicians and surgeons attend at the hospital from half-past twelve to two o'clock. Operations on Saturdays, at one.

Clinical lectures will be given by all the medical officers of the hospital, and by the physicians of the Maternity Charity.

Appointments of house-surgeon and resident clinical assistant, will be awarded free of expense to perpetual pupils of the hospital and school shewing proficiency at the end of the session.

WESTMINSTER HOSPITAL SCHOOL.

Anatomy and Physiology: Dr. Hunter and Mr. Erichsen, daily, (except Saturday,) at a quarter-past ten. One session, £5 5s.; perpetual, £7 7s.

Anatomy, Descriptive and Surgical, and Demonstrations: Dr. Hunter and Mr. J. W. C. Pennell, daily, (except Saturday,) at half-past eleven. One session, £5 5s.; perpetual, £7 7s.

Chemistry: Mr. H. Lewis, Monday, Wednesday, and Friday, at six. One session, £5 5s.; perpetual, £6 6s.

Materia Medica: Dr. Basham, Monday, Tuesday, Thursday, and Friday, at four. One session, £4 4s.; perpetual, £5 5s.

Medicine. Dr. Hamilton Roe and Dr. Kingston, Monday, Tuesday, Thursday, and Friday, at three. One session, £5 5s.; perpetual, £6 6s.

Midwifery, &c.: Dr. Andrews and Dr. F. Bird, Tuesday, Thursday, and Saturday, at a quarter-past nine. One session, £3 3s.; perpetual, £5 5s.

Physics, Elements of: Mr. Brooke, Wednesday, at seven, P.M. One session, £1 1s.

Surgery: Mr. Phillips, daily, (except Saturday,) at two. One session, £4 4s.; perpetual, £5 5s.

Botany: Dr. Basham and Dr. F. Bird, daily, (except Saturday,) in the summer. One session, £2 2s.; perpetual, £3 3s.

Comparative Anatomy: Dr. Hunter, in the summer.
Forensic Medicine: Dr. F. Bird and Dr. Basham, daily, (except Saturday,) in the summer. One session, £2 2s.; perpetual, £3 3s.
Practical Midwifery: Dr. Andrews, in the summer.

ST GEORGE'S HOSPITAL,

HYDE-PARK CORNER.

Surgeons — Mr. Keate, Mr. Cæsar Hawkins, Mr. Cutler, and Mr. Tatum.
Assistant-Surgeons—Mr. H. J. Johnson and Mr. H. C. Johnson.
Physicians — Dr. Seymour, Dr. J. A. Wilson, Dr. Macleod, and Dr. Nairne.
Assistant-Physician—Dr. Page.

SURGICAL PRACTICE.		MEDICAL PRACTICE.	
Six months - - - -	£15 15	Eighteen months - -	£16 16
Twelve months (or the period required by the college) - - -	21 0	Unlimited - - - - -	25 4
Unlimited - - - -	52 10	Fee to the Apothecary	1 1

The physicians and surgeons attend daily at one o'clock.
Operations on Thursdays, at one o'clock.
Clinical lectures delivered by Drs. Seymour and Nairne, and Messrs. Hawkins and Tatum, of which due notice will be given; and a course of lectures, illustrative of some important parts of surgery, will be delivered gratuitously to the pupils by Sir B. C. Brodie, Bart.
The pupils attending the medical and surgical practice may become, when qualified, clinical clerks to the several physicians and surgeons.
Pupils entering to the surgical practice for twelve months are allowed, in their turn, to dress the patients for three months, and perpetual pupils for six months, without additional fee.
Perpetual pupils are eligible to be assistant house-surgeons for six months, and house-surgeons for twelve months, (without additional fee,) when properly qualified for the office.

ST. GEORGE'S HOSPITAL SCHOOL,

Theatre of St. George's Hospital, and Theatre of Anatomy, Kinnerton-street, Wilton-place, near St. George's Hospital.

Anatomy, General, and Physiology: Mr. Tatum and Mr. H. J. Johnson, daily, at half-past two. One course, £6 6s.; perpetual, £8 8s.
Anatomy, Descriptive and Surgical: Mr. H. C. Johnson, daily, at a quarter to twelve. One course, £6 6s.; perpetual, £8 8s.
Chemistry: Mr. Brande and Mr. Solly, Tuesday, Thursday, and Saturday, at nine. One course, £6 6s.; perpetual, £8 8s.
Materia Medica: Dr. Nairne and Dr. Page, Tuesday, Thursday, and Saturday, at a quarter to eleven. One course, £5 5s.; perpetual, £6 6s.
Medicine: Dr. Macleod, Monday, Wednesday, and Friday, at a quarter to eleven. One session, £5 5s.; perpetual, £6 6s.
Midwifery: Dr. R. Lee, Monday, Wednesday, and Friday, at nine. One session, £3 3s.; perpetual, £5 5s.
Surgery: Mr. Cæsar Hawkins, Monday, Wednesday, Thursday, and Friday, at eight P.M. One session, £4 4s.; perpetual, £6 6s.
Botany: Dr. Dickson, daily, (except Tuesday,) at two, in the summer. One session, £3 3s.; perpetual, £4 4s.
Medical Jurisprudence: Dr. Page, daily, at a quarter-past ten, in the summer. One session, £3 3s.; perpetual, £4 4s.
The anatomical lectures and demonstrations are given at the Anatomical Theatre, in Kinnerton-street; the lectures on chemistry at the Royal Institution, Albemarle-street.
Mr. H. Jones superintends in the dissecting-room from ten till four, daily.

SCHOOL OF ANATOMY AND MEDICINE,

GROSVENOR PLACE, HYDE PARK CORNER,

Adjoining St. George's Hospital.

Anatomy, Physiology, and Surgical Anatomy: Mr. Lane and Dr. W. V. Pettigrew, daily, at half-past two. Complete course, £6 6s.; unlimited, £8 8s.
Anatomy, Descriptive and Practical: Dr. Pettigrew, daily, at half-past ten. Complete course, £6 6s.; unlimited, £8 8s.
Chemistry: Mr. Rodgers, Monday, Wednesday, and Friday, at nine. Complete course, £5 5s.; unlimited, £6 6s.
Materia Medica, &c.: Dr. Lankester, Tuesday, Thursday, and Saturday, at half-past eleven. Complete course, £5 5s.; unlimited, £6 6s.
Medicine: Dr. Goolden, Monday, Wednesday, and Friday, at half-past eleven. Complete course, £5 5s.; unlimited, £6 6s.
Midwifery, &c.: Mr. Bloxam, Monday, Wednesday, and Friday, at half-past three. Complete course, £3 3s.; unlimited, £5 5s.
Surgery: Mr. Lane and Mr. Pilcher, Tuesday, Thursday, and Saturday, at nine. Complete course, £3 3s.; unlimited, £5 5s.
Surgery, Dental; Mr. J. D. George, Tuesday, seven P.M. Complete courses, £1 1s.; unlimited, £2 2s.
Medical Jurisprudence: Mr. Ancell and Mr. Warder, daily, at nine, in the summer. Complete course, £2 2s.; unlimited, £3 3s.
Botany: Dr. Cooke, daily, at half-past two, in the summer. Complete course, £2 2s.; unlimited, £3 3s.
Practical Chemistry: Mr. Rodgers, in the summer.
Aural Surgery: Mr. Pilcher, Monday, Wednesday, and Friday, at a quarter to four, in the summer. Complete course, £1 1s.; unlimited, £2 2s.

An extra course of fifty demonstrations, upon organic and regional anatomy, will be delivered in the dissecting-room. Extra-demonstrations on Tuesday and Friday, at half-past twelve.
General fee to the whole of the courses, £42, of which half may be paid on entrance, and half on commencing the second division of the course.
Pupils of the anatomical or surgical classes are entitled to attend gratuitously the lectures upon dental surgery, aural surgery, and the extra-demonstrations; pupils of the chemical class, to attend gratuitously the lectures on practical chemistry; and pupils of the midwifery class may attend the practice at Queen Adelaide's Lying-in Hospital.

MARYLEBONE INFIRMARY,

NEW-ROAD, ST. MARYLEBONE, (NEAR MARYLEBONE NEW CHURCH.)

The medical practice at this infirmary is fully recognised by the colleges of physicians and surgeons, the three medical boards, the universities of London and Edinburgh, and the Apothecaries' court of examiners.

Physicians — Dr. Clendinning, Dr. Edwin Harrison, and Dr. Mayo.
Physician-Accoucheur—Dr. Robert Lee.
Surgeons—Mr. Stafford and Mr. B. Phillips.
Principal Resident Medical Officer—Dr. R. Boyd.
Assistant House-Surgeons — Mr. Allen, Mr. Whitwell, and Mr. Culpepper.

PHYSICIANS' PRACTICE.

Six months - - -	£5 0	Eighteen months -	£10 0
Twelve months - -	8 0	Unlimited - - - -	15 0

Clinical lectures weekly by Dr. Clendinning and Dr. Mayo.
The number of beds is 330; of in-patients, from 2500 to 3000 yearly; and of out-patients, about 220 daily. Autopsies, from 300 to 350 annually.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,

NEAR THE ROYAL HOSPITAL, CHELSEA.

Consulting-Physicians—Dr. J. Forbes and Dr. Williams.
Physicians—Dr. Hamilton Roe and Dr. Walshe.
Visiting-Physician—Dr. Theophilus Thompson.

Pupils admitted to the practice of the hospital on terms which may be known on application.
The hospital contains at present twenty beds, and has a number of out-patients.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,

KING WILLIAM-STREET, STRAND.

Surgeon—Mr. Guthrie.
Assistant-Surgeons—Mr. Charles G. Guthrie and Mr. Bury Dasent.
House-Surgeon—Mr. H. B. L. Brock.

Pupils attend the practice and lectures for—

One session - - -	£5 5	Unlimited - - - -	10 10
To the lectures alone	£3 3		

Nearly 4000 patients were admitted to treatment in 1843, of whom 152 were received into the hospital.

SCHOOL OF OBSTETRIC MEDICINE, Class-room, 17, Russell-place, Fitzroy-square.—Dr. J. HALL DAVIS, physician to the Royal Maternity Charity, will deliver his usual winter sessional course, on the principles and practice of midwifery, and the diseases of women and children.

This course of lectures is illustrated by a museum of wet and dried preparations, by a series of drawings and diagrams, and by models; as also by an obstetric apparatus, upon which, on days set apart for that purpose, the operations of midwifery are demonstrated by the lecturer and practised by the student himself.

In accordance with the regulations of the examining boards, ample opportunities are afforded to the student, when sufficiently advanced, for attendance upon practical midwifery, with the advantage of the teacher's advice and assistance at the bedside, in all cases of labour, or of illness before or after that process, involving doubt, difficulty, or danger. Days and hours of lecture, Mondays, Wednesdays, and Fridays, six P.M. Fees: Winter session, £3 3s.; unlimited attendance, £5 5s.

Application may be made to Dr. Davis, at the above address, before twelve, or after six P.M. The introductory lecture will be delivered on Wednesday, October 2, at six o'clock P.M.

*** This is an excellent practical school of midwifery, and Dr. HALL DAVIS is a most able instructor. His pupils speak of him in high terms of praise.

ORTHOPŒDIC INSTITUTION, 6, BLOOMSBURY-SQUARE.—The practice of this institution is open to pupils for the study of the treatment of club-foot, and other contractions and distortions of the human frame, on which courses of lectures are delivered. During the last year, 732 out-patients, and 42 in-patients, were received at this institution.

INSTITUTION FOR DISEASES OF THE EAR, 32, Sackville-street.—The practice at this institution is open to medical men, in actual practice, on presenting their cards, and to students, on terms which may be ascertained of Mr. Yearsley, at his residence, 15, Saville-row, Burlington-gardens. Mr. Yearsley's Demonstrations of the Surgery of the Throat, Palate, Nose, and Ear, with clinical remarks, will be continued (at his residence) every alternate Wednesday, at two o'clock in the afternoon, throughout the medical session.

PHARMACEUTICAL SOCIETY.—Winter courses of lectures will be delivered at the establishment of the Pharmaceutical Society, 17, Bloomsbury-square, on Chemistry, by Dr. Fownes, commencing on Wednesday morning, October 4th, at half-past eight o'clock, and continued each succeeding Wednesday and Friday, at the same hour, until the end of March. Terms—£1 1s. to members and associates of the Pharmaceutical Society, and £2 2s. to those not connected with the society. Lectures on Materia Medica, by Dr. Pereira, on Tuesdays and Saturdays, from October to March, inclusive, at half-past eight p.m. Terms the same as for the chemical lectures. Lectures on practical pharmacy, by Mr. Theophilus Redwood, on Thursday mornings, at half-past eight, from October to March inclusive. Terms—10s. 6d. for the course, to members and associates, and £1 1s. to those not connected with the society.

THE ROYAL INSTITUTION, ALBEMARLE-STREET.—Lectures on chemistry are delivered here by Mr. Brande, F.R.S., every Tuesday, Thursday, and Saturday, from October to May, at nine o'clock in the morning. Fee for one session is £6 6s.; or, unlimited, £8 8s. To subscribers to the Royal Institution, £4 4s. the session; or, unlimited, £6 6s.

ROYAL POLYTECHNIC INSTITUTION, 309, REGENT-STREET.—A course of chemical lectures, of two divisions, by Dr. John Ryan, every Tuesday, Thursday, and Saturday, at twelve and at seven P.M. The course will consist of two divisions, the first terminating at the end of January, and the second early in May, 1845.

Single course - - £3 3 | Double course - - £5 0

Laboratory practice for any period not less than three months, at the rate of £52 10s. per annum.

Practical and analytical courses will be given in both mineral and organic chemistry, in which the pupils will engage in a series of experiments; and as soon as the course has sufficiently advanced, examinations will be held once a-week by Dr. Ryan, whose certificates are recognised by the College and Hall. An elementary course of eight lectures on Electricity and Galvanism, will be delivered by Mr. G. H. Bachhoffner, commencing on Tuesday, the 4th of October, and continued every Tuesday and Thursday, at seven o'clock. Fee to the course, for a single pupil, £1 1s.

ROYAL DISPENSARY FOR DISEASES OF THE EAR, DEAN-STREET, SOHO.—Mr. Curtis will commence his autumnal course of lectures on the Anatomy, Physiology, and Pathology of the Ear, on Monday, October 2nd, at seven P.M.

PRIVATE TEACHERS.

MR. LEACH, residing at No. 10, Rathbone-place, Oxford-street, is known to the profession as a respectable and successful teacher of what are termed "Medical Classics." He has had extensive experience in tuition, and has published a "Grammatical Introduction to the Pharmacopœia," which has nearly passed into its third edition, and other works of tuition; and he is able to act the part of a good practical instructor.

Mr. E. E. BARRON gives Private Tuition for the Medical and Surgical Examinations, at 16, St. Thomas's-street East, Borough.

Mr. T. SLIPPER gives Classical Instructions, at 16, St. Thomas's-street East, Borough.

GLASGOW UNIVERSITY.

FACULTY OF MEDICINE.

The winter session 1844-45 will open on Monday, November 4, when the following courses will be commenced:—

Surgery: Dr. Burns, nine A.M.
Chemistry: Dr. T. Thomson, ten A.M.
Practical Chemistry: Dr. R. D. Thomson, eleven A.M.
Botany: Dr. Balfour, (to open Nov. 18th,) eleven A.M.
Practice of Physic: Dr. W. Thomson, twelve, noon.
Anatomy: Dr. Jeffray, jun., for Dr. Jeffray, one P.M.
Medical Jurisprudence: Dr. Rainy, one P.M.
Materia Medica: Dr. J. Couper, four P.M.
Anatomical Demonstrations: Dr. Marshall, five P.M.
Midwifery: Dr. Pagan, six P.M.
Institutes of Medicine: Dr. A. Buchanan, seven P.M.
Eye, (Waltonian lectures:) Dr. Mackenzie, eight P.M.

Fee for each course, except practical chemistry and anatomical demonstrations, £3 3s., and lectures on the eye, £2 2s.

Practical anatomy, under Dr. Marshall. Rooms open from ten till four o'clock. Fee, including demonstrations, £2 2s.

Lectures on practical chemistry, by Dr. R. D. Thomson, £3 3s. Laboratory fee, £6 6s. for the winter, and £3 3s. for the summer session.

HOSPITAL PRACTICE IN GLASGOW.

University Lying-in Hospital, at twelve, noon: fee, £1 1s., for six months.

Eye Infirmary, at one P.M., £2 2s. for six months; or to those attending, or who have attended, the eye course, £1 1s.

Royal Infirmary, at two P.M., £7 7s. for two years, and clinical lectures on the medical and surgical cases, four times weekly.

In the University Lying-in Hospital the number of patients annually admitted is 800; in the Eye Infirmary, about 900. In the Royal Infirmary, the number of patients treated averages nearly 5000 yearly, besides out-patients treated at the dispensary.

Fee to library and reading-room, 7s.

The Royal Botanic Garden is open to the students of botany; and a course of lectures on that branch, with botanical excursions, is delivered during the summer.

N. B.—"No student shall be entered in any medical class later than the 1st of December, without the special permission of the senate. And it shall be strictly required of every candidate for graduation that he produce evidence of his name having been enrolled in the library book, on or before that day, with an express certificate of his regular attendance by each professor on whose lectures he attends." Extracted from the "Regulations regarding Degrees in Medicine and Surgery," copies of which may be obtained on application, personally, or by post, to the Bedellus at the college.

THE QUEEN'S HOSPITAL,

BATH ROW, BIRMINGHAM.

Honorary Physicians—Dr. Edward Johnstone, Dr. John K. Booth.
Physicians—Dr. John Birt Davies, Dr. John Percy, and Dr. J. B. Melson.
Honorary Surgeon—Mr. Edward T. Cox.
Surgeons—Mr. William Sands Cox, Mr. George B. Knowles, and Mr. Langston Parker.

The physicians and surgeons attend daily, at nine o'clock in the morning.

FEES FOR HOSPITAL PRACTICE AND CLINICAL LECTURES.

Perpetual admission to medical and surgical practice for composition students - - - - - - - - -	£26	5	0
Students who have not compounded - - - - - -	31	10	0

MEDICAL PRACTICE.				SURGICAL PRACTICE.			
Six months - - -	£5	5		Six months - - -	£10	10	
Twelve months - -	10	10		Twelve months - -	16	16	
Perpetual - - - -	12	12		Perpetual - - -	21	5	

Every student pays, in addition, 10*s.* to the hospital apothecary, and 5*s.* to the secretary.

A midwifery department will be added for the benefit of poor lying-in married women, who, on the production of a home-patient's ticket, are to be attended at their own homes.

The respective offices of house students, physicians' clerks, and surgeons' dressers, will be filled up by the medical officers from the students of the Queen's Hospital, after public examination, and the production of testimonials of good conduct.

QUEEN'S COLLEGE, BIRMINGHAM.

Session 1844-5, *commencing on the 7th of October*, 1844.

Anatomy, General and Surgical: Professor Cox, F.R.S. &c.

Anatomy, Descriptive, and Physiology: Professor Parker, daily, at eight A.M. Single course, £5 5*s.*; unlimited, £9 9*s.*

Anatomy, Practical, with Dissections: Mr. David Bolton, daily, at eleven. Single course of demonstrations, £3 3*s.*; unlimited, £6 6*s.*

Materia Medica and Therapeutics: Professor Johnstone, M.D., and Professor Knowles, Monday, Tuesday, Thursday, and Friday, at three. Single course, £4 4*s.*; unlimited, £6 6*s.*

Chemistry: Professor Tilley, daily, at one. Single course, £4 4*s.*; unlimited, £7 7*s.*

Organic Chemistry: Professor Percy, M.D.

Physic, Principles and Practice of: Professor Eccles, M.D., Tuesday, Thursday, and Friday, at four. Single course, £4 4*s.*; unlimited, £7 7*s.*

Principles and Practice of Surgery: Professor Cox, Monday and Saturday, at six. Single course, £3 3*s.*; unlimited, £6 6*s.*

Ophthalmic Surgery: Professor Middlemore.

Midwifery, and Diseases of Women and Children: Professor Ingleby, M.D., and Professor Berry, at six. Single course, £3 3*s.*; unlimited, £6 6*s.*

Forensic Medicine: Professor Davies, daily, at eight A.M. Single course, £3 3*s.*; unlimited, £4 4*s.*

Hygiene: Professor Melson. A daily course, consisting of twenty lectures.

Vegetable Physiology and Botany: Professor Knowles, daily, at one. Single course, £3 3*s.*; unlimited, £6 6*s.* Students have free access to the extensive gardens of the Botanical and Horticultural Society, and botanical excursions will be occasionally made during the course.

Comparative Anatomy: Professor Parker.

Practical Chemistry: Professor Tilley.

Natural and Experimental Philosophy: Professor Melson.

Mathematics, mixed and pure: the Rev. Professor Lawson.

Moral Philosophy and Theology: the Rev. Professor Woolley. This course is gratuitous, and given to all the students of the college.

Clinical lectures will be delivered weekly by the hospital physicians and surgeons, in rotation, at the college; and weekly examinations will take place in every class, at which the student is expected to attend.

Students may attend all the courses of lectures, as required by the College of Surgeons of England and Society of Apothecaries, on payment of a composition fee of £42.

Every student shall pay annually a college fee of £2 2*s.*, and subscribe his name in the obligation-book.

Collegiate Residence.—The students are required to wear the college cap and gown, and to attend the college chapel daily, as well as on Sundays. They are also required to produce testimonials of their former good conduct, previously to their admission.

Total expenses of commons, chamber rent, and servants' wages, &c. &c., £48 for the two sessions.

Warneford Scholarships.—Four resident scholarships, of £10 each, have been founded by the Rev. Dr. Warneford, to be held for two years, by students who have resided in the college twelve months, and have been distinguished for diligence and good conduct, regularity in attendance on divine service, and the religious instruction of the warden. Such candidates to be subject to an examination.

The following prizes will be distributed yearly:—

The Warneford Gold Medals.—The interest of £1000 is applied for the institution of two prizes, either in equal or unequal amount, for essays on subjects in anatomical, physiological, or pathological science, exemplifying the excellence of the Deity, as set forth in holy writ.

The Jephson Prize.—Twenty guineas is offered to the student who may pass the best public examination in all the branches of medicine and surgery, and who can produce testimonials of good conduct, with regularity of attendance on divine service, and on the warden's lectures.

Gold and silver medals, and certificates of honour, are annually given by the professors, on a public examination, of proficiency in the respective departments of medical science, at the conclusion of the session.

The Smith's prize, of five guineas, is offered to the student who may pass the best examination in two French works; and the Piercy prize, of five guineas, to the student who may pass the best examination in two German works.

Prizes of five guineas are respectively offered by Dr. Davies, for the best reported medical cases, and by Mr. Sands Cox, for the best reported surgical cases, occurring in their practice at the Queen's Hospital.

BRISTOL MEDICAL SCHOOL,

SESSION 1844-45.

General Anatomy: Dr. Riley. Physiology: Mr. G. D. Fripp, daily, at a quarter-past eight, A.M. One session, £5 5*s.*; unlimited, £9 9*s.*

Chemistry: Mr. Herapath, Wednesday, Thursday, Friday, and Saturday, at a quarter-past nine. One session, £5 5*s.*; unlimited, £8 8*s.*

Theory and Practice of Physic: Dr. Symonds, and Dr. J. Bernard, Monday, Tuesday, Wednesday, and Saturday, at a quarter-past ten. One session, £4 4*s.*; unlimited, £6 6*s.*

Materia Medica and Therapeutics: Dr. Fairbrother, on Monday and Tuesday, at a quarter-past nine; and Mr. Staples, on Thursday and Friday, at a quarter-past ten. One session, £4 4*s.*; unlimited, £6 6*s.*

Descriptive and Surgical Anatomy: Mr. A. Prichard and Mr. J. G. Swayne, daily, at a quarter to three. One session, £5 5*s.*; unlimited, £9 9*s.*

Surgery: Mr. Clark and Mr. Green, Monday, Wednesday, and Friday, at a quarter to four. One session, £4 4*s.*; unlimited, £6 6*s.*

Midwifery: Mr. Swayne and Mr. Hetling, Tuesday, Thursday, and Saturday, at a quarter to four. One session, £4 4*s.*; unlimited, £6 6*s.*

The summer session will commence on Thursday, the 1st day of May, 1845, and terminate at the end of July.

Botany and Vegetable Physiology: Mr. Rootsey, in the summer. One session, £3 3*s.*; unlimited, £5 5*s.*

Forensic Medicine: Dr. Kay, daily, (except Saturday,) at a quarter-past nine. Chemical Toxicology: Mr. Herapath. One session, £3 3*s.*, unlimited, £5 5*s.*

Practical Chemistry: Mr. Herapath, in the summer. One session, £3 3*s.*

Fee for perpetual attendance on all the above courses, excepting practical chemistry, fifty guineas.

Superintendence of dissections, by Mr. Augustin Prichard and Mr. Joseph Swayne.

Instruction and cases in practical midwifery are provided for the students in the midwifery class, and the students of the botanical class attend the lecturer on herborizing excursions.

At Christmas, and the termination of the session, examinations will be held in every class; and, at the conclusion, prizes will be distributed to the successful candidates.

MEDICAL AND SURGICAL PRACTICE.

The regulations of the Bristol Infirmary, which is a hospital recognised by the Royal College of Surgeons and the Apothecaries' Company, allow twenty-four students to be admitted to see the medical practice, and thirty to witness the surgical practice of the house; fifteen of the last-mentioned number being admissible as dressers, and fifteen as non-assistant pupils. The fees are, besides £5 to the infirmary, and £1 to the house-surgeon, on admission, from every pupil:—

Physician's pupil - - - - -	£15	0	per annum.
Surgeon's ditto, non-assistant -	20	0	—
Ditto dresser - - -	52	10	—

The fee for a two years' dressership is ninety guineas, and for three years, one hundred and twenty guineas.

Attendance on the medical practice of St. Peter's Hospital is recognised by all the examining bodies in England, and the University of Edinburgh.

Pupils are also admitted at the Bristol general Hospital and Dispensary. The medical practice of the General Hospital is received by the Apothecaries' Company on the same terms as that of a dispensary; the number of beds being insufficient to allow of its being recognised as a hospital. The fee for attendance on the physician's practice there for eighteen months is £15.

LEEDS SCHOOL OF MEDICINE.

FOURTEENTH SESSION, 1844-45.

The session will commence on Tuesday, October 1st, 1844.

Anatomy, Physiology, and Pathology: Mr. T. P. Teale, F.L.S., Mr. Nunneley, Mr. Ikin, and Mr. S. Hey. The introductory lecture, Tuesday, October 1st, at twelve. First season, £6 6*s.*; second season, (entitled to perpetual attendance,) £4 4*s.*

Descriptive Anatomy: Mr. Price, Mr. Radcliffe, and Mr. Staniland. The first lecture, Thursday, October 3rd, at ten A.M. First season, £4 4*s.*; second season, £3 3*s.*

Principles and Practice of Surgery: Mr. Hey and Mr. Garlick. The introductory lecture, Tuesday, October 1st, at a quarter before seven P.M. First season, £3 3*s.*; second season, £2 2*s.*

Materia Medica and Therapeutics: Dr. Pyemont Smith, and Dr. Heaton. The introductory lecture, Tuesday, October 1st, at five P.M. First season, £5 5.; second season, £3 3*s.*

Chemistry: Mr. Morley and Mr. West. The introductory lecture, Tuesday, October 1st, at eight P.M. First season, £4 4*s.*; second season, £3 3*s.*

Principles and Practice of Physic: Dr. Chadwick. The introductory lecture, Tuesday, October 1st, at four P.M. First season, £5 5*s.*; second season, £3 3*s.*

Midwifery and Diseases of Women and Children: Mr. Smith and Mr. Braithwaite. The introductory lecture, Wednesday, October 2nd, at seven A.M. First season, £3 3*s.*; second season, £2 2*s.*

Forensic Medicine: Dr. Pyemont Smith. First season, £2 12*s.* 6*d.*; second season, £1 11*s.* 6*d.*

Botany: Dr. Heaton. First season, £2 12*s.* 6*d.*; second season, £1 11*s.* 6*d.*

Perpetual to all the courses, £42.

Clinical lectures will be given at the General Infirmary, on medical cases, by Dr. Hopper and Dr. Chadwick.

On surgical cases, at the General Infirmary, by Mr. Smith, Mr. Hey, and Mr. T. P. Teale.

Also, at the Eye and Ear Infirmary, by Mr. Nunneley and Mr. Braithwaite.

THE NEWCASTLE-UPON-TYNE SCHOOL OF MEDICINE AND SURGERY.

SESSION 1844-45.

The winter session will commence on Monday, October 2, 1844.

Anatomy and Physiology: D. Embleton, M.D., and W. A. Nicholson, M.D. Fee, £4 4*s.*

Anatomical Demonstrations and Dissections: W. R. Shiell, M.R.C.S., and B. Barkas, M.R.C.S. Fee, £3 3*s.*

Principles and Practice of Physic: Edward Charlton, M.D. Fee, £3 3*s.*

Principles and Practice of Surgery: H. G. Potter, M.R.C.S., surgeon to the Newcastle Infirmary. Fee, £3 3*s.*

Principles of Chemistry: J. Wailes. Fee, £3 3*s.*

Materia Medica and Therapeutics: R. Elliot, M.D., and R. M. Glover, M.D. Fee, £3 3*s.*

Diseases of Children: William Dawson, M.R.C.S.

Mathematics and Natural Philosophy: James Snape, Mathematical Master of the Royal Grammar School. Fee, £2 2*s.*

The summer session will commence on May 1, 1845.

Botany and Vegetable Physiology: John Thornhill. Fee, £3 3*s.*

Medical Jurisprudence: Dr. Glover and Dr. Nicholson. Fee, £3 3*s.*

Midwifery and the Diseases of Women and Children: William Dawson, M.R.C.S. Fee, £3 3*s.*

Practical Chemistry: Dr. Glover. Fee, £3 3*s.*

Operative Surgery &c.: H. G. Potter, M.R.C.S., and S. W. Rayne, M.R.C.S. Fee, £1 11*s.* 6*d.*

HOSPITAL PRACTICE.

The Newcastle Infirmary, containing 160 beds, where clinical lectures are regularly delivered.

Medical and surgical practice—six months, £3 3*s.*; twelve months, £5 5*s.*

An extensive library open to the students attending the infirmary.

The museum of the school will be open daily, for the use of students. Conservator, Dr. Embleton.

Perpetual ticket to all the lectures, qualifying for the diploma of the College of Surgeons, and licence of the Apothecaries' Company, £42.

The book of registration will be closed on the 21st of October, and on the 10th of May.

Further particulars may be learned from any of the lecturers, and tickets obtained from the secretary, 1, Eldon-square, Newcastle.

SHEFFIELD MEDICAL INSTITUTION.

The winter session of 1844-45 will commence on Tuesday, October 1st.

Anatomy and Physiology: Mr. Gregory, Mr. Jackson, and Dr. Harwood. First course, £6 6*s.*; second course, £4 4*s.*

Demonstrations and Dissections: Mr. E. Thompson and Mr. Martin. Assistant Demonstrator, Mr. Beckitt. First course, £4 4*s.*; second course, £3 3*s.*

Chemistry: Mr. James Haywood. First course, £5 5*s.*; second course, £3 3*s.*

Principles and Practice of Physic: Dr. Favell. First course, £5 5*s.*; second course, £3 3*s.*

Materia Medica: Mr. Turton and Mr. Sykes. First course, £5 5*s.*; second course, £3 3*s.*

Midwifery: Mr. Turton. First course, £3 3*s.*; second course, £3 3*s.*

Surgery: Mr. Thomas. First course, £3 3*s.*; second course, £3 3*s.*

Botany: Mr. J. Hardy. First course, £2 12*s.* 6*d.*; second course, £2 12*s.* 6*d.*

Forensic Medicine: Mr. Webster and Mr. Jackson. First course, £2 12*s.* 6*d.*; second course, £2 12*s.* 6*d.*

YORK SCHOOL OF MEDICINE.

WINTER COURSES.

Anatomy, Physiology, and Pathology: Mr. Hopps and Mr. H. Crummack, daily, at three P.M.

Demonstrations and Dissections: Mr. H. Crummack and Mr. Keyworth, four days a week, at nine A.M.

Principles and Practice of Surgery: Mr. Russell, three days a week, at seven P.M.

Principles and Practice of Medicine: Dr. Simpson and Dr. Goldie, four days a week, at ten A.M.

Materia Medica and Therapeutics: Mr. Williams, four days a week, at six P.M.

Chemistry: Mr. Barker, five days a week, at eight A.M.

SUMMER COURSES, (to commence May 1st, 1845.)

Midwifery, and Diseases of Women and Children: Mr. Jas. Allen and Mr. Anderson, daily, at eight A.M.

Medical Jurisprudence: Mr. Husband, four days a week, at ten A.M.

Botany: Mr. W. Matterson, four days a week, at seven P.M.

Plan of the Lectures:—

Demonstrations: Mr. H. Crummack and Mr. Keyworth. Entire course, £4 4*s.*; perpetual, £7 7*s.*

Medicine: Dr. Simpson and Dr. Goldie. Entire course, £5 5*s.*; perpetual, £8 8*s.*

Anatomy: Mr. Hopps and Mr. Crummack. Entire course, £6 6*s.*; perpetual, £10 10*s.*

Materia Medica: Mr. Williams. Entire course, £5 5*s.*; perpetual, £7 7*s.*

Surgery: Mr. Russell. Entire course, £3 3*s.*; perpetual, £5 5*s.*

Chemistry: Mr. Barker. Entire course, £5 5*s.*; perpetual, £7 7*s.*

Midwifery: Mr. Jas. Allen and Mr. Anderson. Entire course, £3 3*s.*; perpetual, £5 5*s.*

Medical Jurisprudence: Mr. Husband. Entire course, £2 12*s.* 6*d.*; perpetual, £4 4*s.*

Botany: Mr. W. Matterson. Entire course, £2 12*s.* 6*d.*; perpetual, £4 4*s.*

Perpetual fee to all the above courses, £42.

The lectures on chemistry are given in the laboratory of the Yorkshire Museum.

MEDICAL AND SURGICAL PRACTICE AT THE YORK HOSPITAL AND DISPENSARY.

Physicians of the Hospital—Dr. Belcombe and Dr. Simpson.

Surgeons of ditto—Mr. Russell and Mr. R. Hey.

Physicians of the Dispensary—Dr. Simpson, Dr. Goldie, Dr. Morris, and Dr. Laycock.

MEDICAL PRACTICE.		SURGICAL PRACTICE.	
Eighteen Months - -	£12 12	One Year - - - -	£12 12
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OBSERVATIONS ON THE USE OF BLISTERS IN ACUTE INFLAMMATORY DISEASES, AND ON THE EFFECTS OF BLEEDING, BLISTERS, AND MERCURY, ON THE BLOOD.

By James Turnbull, M.D.
Physician to the Liverpool North Dispensary.

In The Lancet of the 31st of August, 1844, my attention was drawn to the treatment of acute inflammation by large blisters, from observing some excellent practical remarks on the subject by Dr. Henry Bennet, in which he has shewn that they may be safely and beneficially used at an earlier period of acute inflammatory diseases, especially of those of the organs contained in the thoracic cavity, than they are generally employed. The kind of cases to which blisters are best suited, as well as the period of the disease at which they may be most advantageously applied, are matters of great practical importance, owing to the extent to which they are used; and I take, therefore, the opportunity of making some observations on these points, as well as on the effects produced by bleeding, blisters, and mercury, on the different constituents of the blood.

My attention was first particularly directed to the safety and advantages of applying blisters in the early period of acute inflammatory diseases, from observing, when in Paris, nearly five years ago, the treatment adopted by M. Gendrin in pneumonia, and other acute inflammations, and I am glad to find that the results of his mode of treatment have been made known to the profession by one who has had the opportunity of closely observing it while holding, during nearly three years, the office of house-physician under him. I observed, as has been already pointed out by Dr. H. Bennet, that the greater part of M. Gendrin's treatment consisted in the application of very large blisters, and that their repeated application, with a very moderate use of bloodletting, was attended with very successful results in his practice at La Pitié. From having witnessed the safety and efficacy of this mode of treatment, which was different from what I had seen elsewhere, in the hospitals, either in this country or in Paris, I was led to entertain some doubt as to the correctness of the opinion held by most of our best writers, in regard to the injurious exciting effects of blisters in all acute inflammations during the early period. I have in consequence made use of blisters more freely, and at an earlier period, than I would otherwise have done, and have a high opinion of their value in the treatment of acute inflammations, especially after general or local depletion.

In robust and plethoric subjects, in whom the proportion of globules in the blood is, at the healthy standard, 127 in 1000, or above it, the treatment by general bleeding being found the speediest and most effectual in cutting short inflammation, has been almost universally adopted; and there can be no doubt of its superiority to every other in such cases, as it has been founded on the solid basis of practical experience. Looking, also, to the effects of general depletion upon the blood itself, though we are unable to trace clearly the mode in which it reduces the inflammation, we see no reason to doubt its superiority, for though it does not directly lessen the quantity of fibrin, the increase of which forms the essential change in the composition of the blood in acute inflammations, still there is reason to believe that it may indirectly prevent its increase, and in plethoric individuals the removal of a portion of all the constituents of the blood is assuredly the most effectual means which we possess of reducing inflammation.

Local depletion, by cupping or leeches, does not differ from general bleeding in its effects upon the blood, except in degree. It acts, however, less directly and powerfully upon the nervous system, and the action of the heart, from the blood being abstracted both more slowly and less copiously, but its less powerful action on the system is, in many cases, fully compensated for by its more direct effect upon the seat of the disease, and I agree with Dr. Stokes in considering it as a remedy of great importance, even in the treatment of pneumonia. Dr. Stokes has stated that he found the bold and repeated use of the lancet to be unnecessary in the great majority of cases, a single, or at most two bleedings, being sufficient; also that he regards general bleeding as only a preparation for other treatment, and that he considers local bleeding as the principal remedy. A case lately came under my care at the Liverpool North Dispensary, which may serve to illustrate the fact, that in large towns cases of acute inflammation of the lungs do occur, in which general depletion may be superseded by local bloodletting, assisted by blisters, and other antiphlogistic means. A middle-aged man, of large and rather robust frame, employed in a brewer's establishment, was attacked with well-marked acute inflammation of the lower and posterior part of the left lung. He was treated by a single cupping to the extent of about ten ounces, and by two large blisters, and, as it was also found that slight effusion had taken place into the pleura, the effect of mercury was pushed, so as slightly to touch the mouth. In this case, though general bleeding was not practised, the recovery was almost as rapid and perfect as I have ever seen it.

The preceding observations apply to cases in which the quantity of globules in the blood is about the healthy standard, or not materially below it; there are, however, especially in large towns, a numerous class of individuals also liable to be attacked with acute inflammation, though of a less active kind, in whom the proportion of globules in the blood has fallen considerably below the healthy standard, from the operation of debilitating causes, such as sedentary occupations, the respiration of impure air, or deficient nourishment, as well as in consequence of the presence of other disease, such as tubercles, or of imperfect recovery from previous disease, such as fever. I have satisfied myself, from very frequent examination of venous and arterial murmurs, which are indications of this anæmic condition, that it is extremely common, and that it occurs, too, in persons who are not always deficient in flesh, or remarkably pale. Now, it is in inflammation occurring in individuals in such a condition that blisters have been found most useful, for, in addition to their counter-irritant action, they produce local depletion, without, however, withdrawing that part from the blood—viz., the red globules, which is already deficient, and the deficiency of which constitutes a state of disease which is directly aggravated by the abstraction of a portion of the whole of the constituents of the blood. The correctness, therefore, of the treatment, which experience has established, very generally, in such cases, is confirmed by an examination of the effects of blisters on the different constituents of the blood.

Dr. H. Bennet has shewn that, "both in non-inflammatory and in inflammatory diseases, blisters do not give rise to as much general excitement as is generally believed;" and in this I coincide with him, though I am disposed to regard their exciting effects, and the possibility of their doing harm, as greater than he has estimated them. We must hesitate, too, before we conclude that large blisters are devoid of injurious effect when applied in the early stage of acute inflammations, except in very rare cases, when we find that such writers as Copeland, Stokes, and Alison, express themselves strongly against the use of blisters before vascular depletion; and when, too, we find that Andral has expressed a doubtful opinion as to whether, by their influence on the fibrin of the blood, they may have a beneficial or injurious effect.

Dr. Stokes, in regard to the treatment of acute bronchitis, observes, that "counter-irritation may be considered inapplicable in the earlier periods of the disease so long as the skin is hot, the pulse strong, the expectoration scanty and difficult; in fact, so long as the first stage of the affection continues, that stage in which bleeding and tartar emetic are useful, blisters are inefficacious and often hurtful. It may be laid down as a general rule, that the longer we can with safety postpone the application of a blister, the greater certainty will there be of its favourable action." His views of their action in pneumonia are similar; for in treating of that disease, he refers to the observations he had previously made as to the treatment of bronchitis. We have here, then, the experience of one of our best practical writers, supported by the opinion of others of equally high authority in this country, opposed to the treatment of M. Gendrin.

Let us see what light is thrown upon the subject by investigating still further the effects which are produced upon the blood by the action of blisters. Andral has shewn that every local phlegmasia has the effect of raising the quantity of fibrin in the blood above the natural standard of three parts in a thousand, and that this increase is in relation to the extent of the inflammation, and the degree of febrile movement excited in the system, averaging, in acute inflammations, from six to eight parts, but in inflammation of the lungs, rising higher than in any other disease, in one instance having been found as high as ten and a half. This increase of the fibrin occurs, not only in inflammation of internal organs, but also in that of the skin as well as in burns, which most nearly resemble the effects of a blister.

We have no experiments to shew directly how far blisters may have the effect of increasing the fibrin in the blood; but from what has been observed in those cases of pleuritis in which a portion of the serum and fibrin have been separated from the blood, we have reason to think that the discharge of serum, or even of fibrin, at the surface of the wound caused by a blister, tends less to diminish than the artificial inflammation does to increase the quantity of fibrin. Andral has shewn that in two cases of pleurisy without effusion, the quantity of fibrin was 5·8 and 5·9, while, in eight recent cases with effusion, it varied between four and six. It would seem from this, that no

very decided diminution of the fibrin of the blood follows immediately from the effusion in pleuritis. Direct experiment only can, however, decide how far the quantity of fibrin in the blood is affected by blisters. In treating of the effects of revulsive remedies upon the blood, Andral expresses his opinion on this point as follows: "Thus, a large blister takes from the blood a certain quantity of its serum; but besides, some fibrin is deposited at the same time at the surface of the wound produced by the action of the cantharides. Where there exists in the blood a superabundant proportion of fibrin, would this be the means of diminishing the excess of this principle in the blood? Or, on the contrary, if the action of the cantharides be exercised on a pretty large surface, if the inflammation which results from its application have a great intensity, if especially it augment the febrile movement already existing, may there not arise from this a new cause for the superabundant formation of fibrin, and may not this cutaneous phlegmasia, artificially produced to diminish the intensity of another by the kind of influence which it may exercise upon the blood, have the effect of increasing the morbid condition, which represents in the blood the phlegmasious state, and from which its intensity is derived?" (Essai d'Hematologie Pathologique, p. 124.)

The same distinguished pathologist has himself furnished us with the means of pursuing this inquiry some degree further, in comparing the action of blisters with the effects produced upon the blood by mercury, when given so as to act upon the mouth. He examined the blood in four cases in which the mouth was affected with different degrees of severity, and it is a singular fact, that, instead of finding a diminution of the fibrin, as we should have expected, from our knowledge of the influence of mercury in subduing inflammation, he discovered that there was an increase in the quantity, which corresponded with the severity of the specific mercurial inflammation of the mouth, and the degree of febrile action excited in the system.

In the first case, in which the pulse was 80, the inflammation of the mouth slight, but the salivation abundant, the quantity of fibrin was 4·5. In the second, there was more inflammation, and more febrile action; the pulse was 100, and the quantity of fibrin 5. In the third, there was more intense inflammation; the febrile action was nearly the same as in the second case; the pulse was 96, and the quantity of fibrin 6·4. In the fourth case, the face was greatly swelled, and the mouth crusted with false membranes; the pulse was 120, and the quantity of fibrin 6·6. In the last case, the blood had been examined a few days before, when the patient had been bled, on account of a slight attack of apoplexy, and only 3·5 of fibrin had then been found. In all the other cases, there was no other disease present that could have affected its quantity.

We see, from these cases, that mercury, by its specific effect upon the mouth, acts not from any power of causing a state of dissolution of the blood, but as a counter-irritant or derivative, and that its power of subduing inflammation arises from a local counter-action, similar to that caused by a blister. Both remedies produce more or less febrile excitement, both seem to exercise a similar effect upon the blood, and both cause more or less secretion of fluid. The similarity in their mode of action being such, we must inquire how far they agree as to the circumstances in which they are useful in the treatment of inflammation. In this, too, we find that there is a similarity; for, in treating acute inflammatory diseases, we do not give mercury at once with the view of inducing its specific action on the mouth, but first make use of depletion, where it is admissible, with the double intention of reducing the inflammation, and of rendering the system more easily affected by the mercury. Both remedies, too, possess a powerful influence in causing absorption of the fluid which has been effused from inflammation of a serous membrane.

For these facts in regard to the effects of bleeding, blisters, and mercury, upon the blood, we are chiefly indebted to the recent researches of Andral. They seem to confirm the common opinion, that abstraction of blood should, in all cases in which it is admissible, precede the use of blisters and mercury; but while they throw some light upon the obscure but interesting subject of the effects of remedies on the blood, they would scarcely justify us in drawing any other positive inference.

Liverpool, September 7, 1844.

DISLOCATION OF THE HUMERUS, WITH FRACTURE OF ITS NECK.

By J. H. Houghton, Esq., Dudley.

Jan. 6, 1844.—Isaac Cowan, aged 53, a Polish Jew, of spare habit, and small make, on the 27th of December, whilst spending the evening with a few friends, got too much to drink, and in walking home slipped down, and received an injury of the right shoulder, producing symptoms as follow:—

Posterior aspect.—Looking from behind, the apex of the right elbow is about one inch and a half longer than that of the left. The axis of the bone is outwards and backwards. There is an evident and considerable depression on the surface of the arm, at about two inches above the insertion of the deltoid. The rotundity of the shoulder is very little, if at all, lost. On tracing (with the fingers) the spines of the scapulæ outwards, towards the acromion, a manifest difference is felt when the subacromial space of the right side is marked, there being a deep hollow there.

Lateral aspect.—Looking laterally at the arm, and taking the axis of the bone from the head to the olecranon, there appears to be a very slight angle at about two inches from the top of the head of the bone. The acromion was a little prominent, the arm was everted from the body, and inclined backwards.

Anterior aspect.—Looking from before, the hollow between the coracoid process and the centre of the clavicle, which is very deep on the sound side, is entirely filled up, and immediately beneath the acromion process the tuberosity formed by the head of the bone, on the sound side, is entirely lost, but at about three or four inches down the front of the arm a large and unnatural protuberance is seen projecting directly forwards. The whole shoulder seems dropped a good deal, and he cannot sleep unless the palm of the hand is placed at right angles to the perpendicular of the body, the thumb resting against the epigastrium.

Position of head of Humerus.—The prominence observed in front is external to a line drawn perpendicularly through the natural folds of the axilla. The external edge (so to speak) of the head of the humerus is distinctly felt, a little external to a line drawn from the acromion process, perpendicularly downwards, and by passing the fingers into the axilla, in front, the outlines of the head of the bone may be distinctly traced: it is found to be projecting forwards about one inch and a half; a hollow is also felt beneath the acromion from behind.

Motions of the arm.—The shaft of the humerus may be raised to nearly a right angle with the body without causing much pain, and in doing this a perfect crepitus is felt; the elbow is brought close to the side without pain or inconvenience, and it also admits of considerable motion backwards and forwards, without much pain. The acromion and coracoid are in place. The whole of the arm is much ecchymosed from the blow. I first saw him on the morning of the 28th, when the tumefaction, which was very considerable, prevented an examination sufficiently accurate to determine the exact nature of the accident. Crepitus was then distinct. The tumefaction was reduced by the usual means, when the nature of the accident became evident. He suffered a good deal, but not excessively, from pain. The tumefaction prevented any attempt at reduction till to-day; this was effected in the following manner:—The patient was placed on a stool; I stood behind him, with my knee firmly fixed against the scapula, (my foot resting on the stool;) with a folded towel placed through the axilla I made extension downwards and backwards, the towel, of course, pressing directly upon the head of the bone. Mr. Roberts at the same time, from before, directed the application of the towel, and with his own hand thrust very powerfully in the direction of the extension which I was making, and the head of the bone returned to its proper position in about five minutes. We both felt it distinctly, but no snap was heard. Splints were then applied, and the arm was carefully maintained in position by means of rollers and slings.

Jan. 19th.—Arms examined, and bones found to be in position.

30th.—Splints left off; union firm. The humerus was not quite so straight as it should have been, the bone projecting very slightly forwards at the spot where the fracture existed, which was probably caused by bracing up the elbow too tightly, which I felt very anxious to do during the treatment. He was now directed to give as much motion to it as he could bear, and in about six weeks very considerable progress was made, in spite of extreme nervousness, which made him afraid to use it so much as he should have done. The underhand motions of the joint were extensive; he could feed and dress himself, and raise his hand above the head without difficulty. He found the greatest difficulty in raising his elbow, and even with assistance was not able to get it to a right angle with his body. At his own urgent request he now left the town to resume his trade, (a pedler,) with a promise to call on me in three months: I have not seen him since. Before he left, I urged the necessity of continuing to increase the motions of the joint, particularly the elevation of the elbow.

Little requires to be said in addition to the above; the case was regarded as one of *partial* dislocation of the head of the humerus, with fracture of the neck. It was the position of the

head of the bone which rendered its reduction practicable; had the dislocation been complete, (either under the pectoralis or into the axilla,) I fear the same happy result would not have been obtained.

In connexion with this subject the following extract from the "Dublin Journal" for July last, (p. 523,) is highly interesting:—"Mr. R. W. Smith presented to the society (Dublin Pathological) an example of an injury of rare occurrence—luxation of the head of the humerus, with fracture of the neck of the bone. The former was dislocated downwards into the axilla, and the latter broken obliquely, about two inches below the head. The fragments had united, with considerable overlapping, and consequent deformity, and a new socket had been formed for the head of the bone beneath the coracoid process, upon the under surface of the scapula. Mr. S. observed, that although the treatment of these cases was attended with great difficulty, the diagnosis was generally not so; as in simple luxation the arm is lengthened, but in this injury, when there exists any displacement of the fragments, the limb is shortened. It is farther distinguished from simple dislocation, by the head of the bone remaining motionless when the arm is rotated. The elbow, also, can generally be brought to the side. The injury is *almost necessarily followed* by permanent deformity. The dislocated head of the bone could not be reduced, for no extending force could be brought to bear upon it, in consequence of the existence of the fracture of the cervix; and were the attempt to be made after the fracture had become sufficiently united to admit of extension, it would most probably fail, in consequence of the adhesions formed around the head of the bone. It is, therefore, of the greatest importance not to overlook the nature of the injury, that the patient may be informed of the probable result, otherwise one's reputation may suffer."

ON THE SECRETION OF CARBON BY ANIMALS.

By Robert Rigg, F.R.S., of Greenford.

The scientific world is at present much occupied with the application of chemistry to animal and vegetable physiology, and it may be interesting to some of your readers to know, that by a few very simple experiments they may satisfy themselves upon that branch of the subject which relates to the secretion of carbon by animals.

Suppose an animal, which comprises in its whole system 50 parts by weight of carbon, to be kept for five days, during which it consumes other 50 parts, it is evident that, if during these five days it gives off to the surrounding atmosphere 60 parts, and at the end of that time is found to have increased its weight of carbon 10 parts, there is a positive gain of carbon equivalent to 20 per cent.

The experiment may be easily made upon young small animals. Take two of these so nearly alike, that there can be no material difference in the weight of carbon they comprise. Kill one of these, and expose it to a temperature not exceeding 220° for two or three days; it may then be powdered, and by subjecting an average sample to analysis with oxide of copper, the weight of carbon comprised in the entire animal may be determined with the greatest certainty. The other being supplied with food, the weight and chemical constitution of which is ascertained, should be kept in a limited atmosphere, which must be changed and tested every one, two, or three hours;* the increased proportion of carbonic acid in that atmosphere will shew the quantity of carbon given off by the animal in the course of the experiment, and the increase or decrease of carbon in the animal itself may be ascertained in the manner above mentioned.

In this manner I have experimented upon many animals, and without taking account of the carbon which passes off otherwise than by respiration, the results have invariably been a great increase of carbon—an increase which cannot be accounted for, unless we conclude that carbon is secreted by animals.

Amongst my best experiments, are those made with young mice. A healthy young mouse, weighing 200 grains, comprises in its constitution from 25 to 30 grains of carbon; when fed daily with 60 grains of bread moistened with water, containing about 16 grains of carbon, it increases in weight, and imparts to the atmosphere from 20 to 26 grains of carbon; the quantity varying generally with the quietness or the activity of the habits of the animal. A kitten, from six to ten weeks old, when supplied daily with four fluid ounces of skim milk, containing 66 grains of carbon, will increase in weight, and impart to the atmosphere from 80 to 110 grains of carbon.

Either of these animals may be kept without food until they give off by respiration a weight of carbon equal to 80 per cent.' and retain from 60 to 70 per cent. of that which they comprised at the commencement, shewing that a weight of carbon equal to 40 per cent. has been secreted. A tomtit was placed under experiment without food; the bird was violent and restless during its imprisonment. In sixteen hours it imparted to the atmosphere 65 per cent. of carbon, when it appeared to die of exhaustion, and retained 77 per cent. of the weight of carbon it originally contained, shewing a secretion of carbon in sixteen hours, when under violent exertion, equal to 42 per cent.

On making the carbon in the food, and that in air respired by a full-grown person, the basis of our calculation, we obtain results which favour the conclusion that carbon is likewise secreted by man. Physiologists estimate the weight of carbon in air respired by an adult, at from 5000 to 6000 grains per diem. I have subjected to ultimate analysis many articles of food, and find this weight of carbon far exceeds that in the food consumed by most labouring men, who may be supposed to impart to the atmosphere the greatest weight of carbon. A person eating each day after the following rate, will consume 6000 grains of carbon:—

Rump steak . .	1	pound, containing	1050 grs. of carbon.
Bread	1½	ditto	„ 2830 „
Potatoes . . .	½	ditto	„ 310 „
Porter	2	pints	„ 760 „
New milk . . .	2	fluid oz.	„ 57 „
Butter	1½	ounce	„ 320 „
Cheese	1	ditto	„ 150 „
Sugar	2	ditto	„ 350 „
Coffee	1	ditto	„ 96 „
Tea	1	ditto	„ 80 „
			6003

This weight of carbon is not more than is consumed by some persons who are actively employed, but it very far exceeds that in the food of our labouring population; and on comparing it with that allowed for each adult in the different workhouses &c., we have in the dietary of the

City of London Union . . .	75 per cent. of this 6000.
Brentford - ditto . . .	50 „
Uxbridge - ditto . . .	55 „
Aylesford - ditto . . .	56 „
Macclesfield - ditto . . .	44 „
Westminster New Prison . .	57 „
Milbank Penitentiary	80 „
House of Correction, Clerkenwell	53 „
Hanwell Lunatic Asylum . .	175 „

And if we make the carbon in the food of some of our agricultural labourers the subject of comparison, we find the deficiency greater than in any of the above-mentioned dietaries.

I could add to these many other experiments, which furnish, in my opinion, irresistible evidence of the secretion of carbon by animals. If an animal be kept without change of circumstances, or of diet, except as to the quantity of food, it will be found that the weight of carbon in the air respired does not vary in proportion to that consumed in the shape of food. On the contrary, the deficiency of carbon supplied seems to be met by an extraordinary effect of the animal system, as appears from the following results of accurate observation:—

	The food.	The air inspired.
If an animal in the first 24 hours has a plentiful supply of food, there is in	80 grs. of carb. .	100 grs. of carb.
In the next 24 hours, a less quantity	70 „	94 „
Ditto - ditto, sparing ditto .	60 „	87 „
Ditto - ditto, small ditto .	50 „	78 „
Ditto - ditto, very small ditto	40 „	65 „

But if the animal, instead of having its quantity of food varied, should be sometimes left in a quiescent state, and sometimes excited to great activity; the weight of carbon given off will be found to vary in proportion, within certain limits, to the activity of the habits of the animal, and the exertion called forth.

If the carbon in the food be represented by	100
That given off by an animal of easy habits will be . .	110
Ditto - - - - ditto active	130
Ditto - - when under exertion	140
Ditto - - when under great ditto	150

If the animal be both stinted of food and excited to great activity, the difference between the carbon comprised in the food and that given off by the animal, is as follows:—

	In the food.	Given off.	Difference.
Carbon	100	120	20
„	80	105	25
„	60	90	30
„	50	85	35

* The health of animals appears to be affected by an atmosphere containing more than five per cent. of its volume of carbonic acid.

Hence food is a substitute for expenditure of animal strength. To this may be added, that when an animal is distressingly exercised, the weight of carbon in the carbonic acid given off by respiration, is at first increased, afterwards gradually diminishes, and becomes much less when the animal is in a state of exhaustion; rest alone is not then sufficient, but rest and food soon restore the strength of the animal, and with its strength its power of secreting carbon —a power which I conceive to be essential to animal life, and which will probably furnish a solution to some of the most difficult problems of animal physiology, including that of the generation of animal heat.

Greenford, Middlesex.

THE LANCET.

LONDON: SATURDAY, SEPT. 28, 1844.

THE meetings of the Medical Practitioners of England are proceeding with great vigour and activity. True it is, that two or three features of the Government measure receive, here and there, a qualified approval; but generally, the measure, both in principle and detail, is boldly and unhesitatingly condemned.

A general meeting of the profession is advertised to be held at Exeter Hall, on Monday evening next, at seven (for eight) o'clock. The last medical meeting at that place consisted of the Members of the College of Surgeons only; on Monday next it will consist of gentlemen belonging to all classes of the medical profession. The time is approaching when the medical body must be prepared to go one step farther than in pronouncing a condemnation of the Government bill. The question is already very generally asked—"What is the measure of reform which will receive the sanction, generally, of the medical practitioners of the United Kingdom?" This is a question which demands an early answer; and if it be long withheld, the consequence may be most disastrous to the professional body.

ANOTHER year has passed, October is again at hand, and hundreds of students are flocking into the great metropolis to complete their medical studies. In accordance with our annual custom, we shall now address a few words of advice to our young friends.

To those who have already spent a year in town, the routine of the life of a medical student is well known. They have made their choice, and are either diligent and attentive to their studies, thus paving the way for future prosperity; or otherwise they have fallen, and become a prey to dissipation, thus preparing themselves for a career of imposture, not to say of crime. To the first, we can merely say, persevere, and you will be rewarded, not only by the approbation of your own conscience, but, in all probability, by deserved success in the profession which you have chosen. The latter we most urgently implore to change while there is yet time. The year lost can *never* be regained, it is true; yet much may be done in the period which still remains, towards acquiring a good practical knowledge of the profession. If that is misspent, if pleasure only is pursued, and reliance is placed on a few months' grinding for professional information, a diploma may be obtained, but success in after-life and peace of mind will be utterly unattainable. The man who does not study with the stimulus of his examinations before him, and surrounded by all the incentives of a student's life, will not study at a later period. He will remain ignorant, with, perhaps, just enough knowledge to perceive his deficiencies. To such a one, practice is a state of purgatory, unless, by dint of blunders, in the course of years, he either acquire a kind of practical acquaintance with the symptoms and treatment of disease, if not with disease itself; or otherwise become hardened in his ignorance, and reckless of its consequences.

The task of the student who makes his first appearance on the field of action is more difficult. He arrives, as it were, in a *terra incognita*, and has everything to find out, everything to arrange with reference to his sojourn in town. The most important point to determine is the school at which he intends to study. But this is one which is generally decided before he leaves home, and very properly so, as the elements of a decision are as easily obtained in the country as in town, and as it is very desirable that on a student's arrival his plans should be all carefully laid down, so that it may merely be necessary to carry them into execution. It would, therefore, be of but little avail to point out the comparative merits of the different schools, even were such a course not a deviation from that impartiality which, with us, is a law. The organization of the various schools is fully developed in the student's part of the present number, and it remains for the students, and for their medical friends and preceptors, to exercise their discretion. There is, however, one caution which we must enforce; which is, that no school should be chosen which does not afford ample opportunities for *clinical* instruction, and that students should be careful that the scenes of their lectures and hospital studies be sufficiently near to each other to prevent unnecessary loss of time in going from one to the other. There is one exception which may be made to this latter rule. For the sake of exercise, one of the evening or early morning lectures might be attended at a little distance from the centre of exertion. A walk could thus be arranged for the morning or evening without interfering with the business of the day.

The student who comes to London, to walk the hospitals, as the term is, must remember that he has not come for pleasure, but for study—indeed it is as well that he should know that if he perform his duty to himself and to society, the effort which he will have to make will be greater than any which he has hitherto executed, or, perhaps, than any he will hereafter be called upon to perform. He must not attempt to combine pleasure with his labours. It is an utter impossibility. He will have, during his entire residence in town, a great deal more to accomplish than he can possibly master, and every half-hour devoted to pleasure is so much taken away from necessary study.

The great secret of a life of mental labour, such as the one on which he is about so enter, is regularity—extreme regularity. With its assistance, the routine of daily duties ceases to be irksome, everything is accomplished without pain, and health is preserved. The effort which a student is called upon to make, is not a convulsive one, but continuous; one which must be repeated day after day, for the two or three years which it is destined to last, without injury to the health, if possible. Let us see how this may be accomplished.

The brain of a hard-working student is continually at work It is not merely re-acting on impressions passively received, it is actively engaged during many hours of the day, and the consequent exhaustion is much greater than under other circumstances. Regular rest, therefore, is of much more importance to the student than to persons otherwise employed. Instead of diminishing the period for rest, as is too often done, he should rather increase it. Seven hours' sleep is enough for a healthy adult, under usual circumstances; eight hours is not at all too much for the hard-working student. The brain has thus time to recover itself from previous exertion, and is perfectly fresh and ready to perform its wonted task. A working student ought always to be in bed by eleven, and up the following morning at seven. By rigidly adhering to this rule, he will scarcely ever be troubled with the headaches, dizziness, and mental unfitness for work, which are experienced during the day, by those who consume the midnight oil. Moreover, if he take sufficient exercise, and live abstemiously, he may study for years—eight, ten, or even twelve hours a-day—without injuring his health; a most important fact. He will, thus, in a given time, accomplish infinitely more than the student who works by fits and starts; sitting up the greater part of the night for weeks at a time, and

often, by that means, irreparably injuring his constitution. It is not the sudden gush of water, but the drop, incessantly falling, that wears the stone. The student who rises at seven, and is engaged all day in attending lectures, dissecting, and following hospital practice, will find, as the evening draws on, that his attention flags, that he becomes drowsy, is obliged to read passages twice over to understand them, a certain proof that the brain is becoming tired. When this is the case, study is very unprofitable; what is read is not remembered. It is, therefore, at this period of the evening that a little relaxation, in the shape of lighter reading, may be resorted to. Even the most earnest student may often, with actual benefit to himself, lay aside his medical books at ten o'clock, and devote the remaining hour of the evening to general literature. Another important feature in the life of a hard-working student is, the nearly absolute necessity of abstaining from stimulant liquids. We do not allude to stimulants taken in excess, but even to the use of stimulants taken as a beverage, unless used in very great moderation. A very limited quantity of wine, or strong malt liquor, will re-act so far on the nervous centres as to render mental labour, for some hours, difficult, if not impossible. This is the reason why so many persons say they cannot read or write at all after dinner. It is not so much the food they eat which oppresses them, as what they drink. Were they to make a moderate meal, and only drink water, so far from feeling incapacitated for study, they would, on the contrary, feel invigorated, and by the time half an hour or an hour had elapsed, be able to study with greater ease even than before dinner. Many literary characters entirely ruin their health from ignorance of this fact. They dine at five or six, taking strong stimulants, and are thus thrown into a state of excited somnolence for several hours, during which they find themselves incapable of mental labour. At nine or ten, when the effects of the stimulants have disappeared, effects which they attribute to the dinner generally, they sit down to study, at which labour they remain until one or two o'clock in the morning, thus laying a foundation for dyspepsia and a host of other complaints. The nutrition of a young adult is quite capable of being supported in its most perfect state by a good substantial diet without the use of stimulants of any description, provided sufficient and regular rest be obtained. We consequently strongly advise hard-working students to confine themselves as much as possible to water, as a beverage, unless they spend a considerable portion of their time in the dissecting-room, in which case it may, perhaps, be prudent to take small quantities of weak stimulants.

Some of our young readers may think that we attach too much importance to these hygienic rules. We assure them, however, that such is not the case: they are the keystones to the successful and pleasant pursuance of their necessary duties; and it is because they are often, indeed generally, neglected by students of all kinds, that we have thus brought them prominently forward. Of how many instances do we know, where strong constitutions have been injured, and weak constitutions irreparably broken up, not to speak of prospects blighted and hopes destroyed, for want of the knowledge which we have endeavoured thus briefly to convey!

Numerous are the branches of study which will claim the student's attention. All must in turn be attended to; but there are two, the importance of which must never be lost sight of for a moment—anatomy and hospital practice. Anatomy is the foundation of the healing art, and is equally indispensable to the physician and to the surgeon. The more accurate and the more extensive the knowledge of anatomy acquired by the student, the easier will it be for him to rise to eminence in after-life. The driest, the most minute, and elaborate details of structural or practical anatomy, find their application in the study and treatment of disease; indeed, there is not a branch of medical knowledge which will better repay the time bestowed upon its cultivation as a science, than anatomy. Our young friends must not, however, be disheartened or impatient, should they not all be able at once to commence their anatomical studies. The month of October is one during which the mortality is comparatively slight; consequently, the supply of subjects is small—indeed, totally inadequate to the wants of the numerous students who flock to town, and who, generally speaking, all wish at once to commence dissection. Should any, therefore, be disappointed at first, they must make up their minds to wait, and employ their time as usefully as possible, until the time arrives when a more abundant supply of subjects may enable them to commence.

In no degree inferior in importance to the study of anatomy is attendance on hospital practice. The wards of the hospital to which the pupil enters, and the visits of its medical officers, should be seriously and regularly attended during the whole time of his residence in town. It is thus that he is to learn how to recognise and how to treat disease. If he neglect this opportunity, either from idleness, or because he thinks he has already had sufficient facilities for studying disease during his apprenticeship, he remains, for the rest of his life, either a grossly ignorant man, or a mere shadow of the one medical man whose practice he has seen. During the period allotted to following hospital practice, the student has to lay in a stock of practical information for the rest of his life. At that period he ought, therefore, to endeavour to see and study carefully, at least a few examples of nearly every ailment to which the flesh is heir, in order that he may be prepared to recognise, and treat disease when he is himself called upon to act. At the same time, he must not attempt to follow too many cases—especially "medical" cases—at once. If he does, his recollections will become confused, and he will cease to profit by what he sees. The most benefit is to be derived from the study of a moderate number of diseases, taken indiscriminately. These cases should be seen daily, and notes written down respecting them, in order that the details may not only be riveted in the memory, but also in order that they may be referred to in after-life. Lastly, it must ever be remembered that a *practitioner* is destined to rise or fall by his knowledge of disease, and that nearly all other branches of medical learning are merely adjuvants to enable him to arrive at a true knowledge of the phenomena of disease, and of their treatment.

Among the accessory sciences, there is one to which we must more especially direct the attention of students—viz., chemistry. Organic chemistry has made such rapid strides of late, it is evidently destined to play so large a part in the domains of the healing art, that an extensive knowledge of it has become more than ever necessary to the medical practitioner. At the same time, students must not fall into an extreme, and devote themselves entirely to chemistry. Botany, chemistry, natural philosophy, &c., are, after all, only accessory sciences, although indispensable accessories; the student who, losing sight of the object for which he studies, and pursues them abstractedly as sciences, becomes, not a medical man, but a chemist, a botanist, with, generally speaking, only a smattering of medical knowledge.

Very little change has occurred in the London schools. They present pretty much the same appearances as last year, with the exception of some slight alterations in the "personnel." Our attention has been drawn to the manner in which the midwifery class is conducted at St. Bartholomew's. We believe it to be very good, and worthy of imitation elsewhere. The pupils are divided into senior and junior; the latter attending cases under the direction of the former. All the cases attended are reported by the gentlemen who attend, and the professors and their pupils meet once a week to discuss them. The same plan is adopted in the school of Dr. HALL DAVIS. The course is thus made a decidedly practical one, which every course of lectures on midwifery ought certainly to be.

In the present number we have, for the first time, given a list of all the provincial schools. These schools are now recognised

by the University of London, the College of Physicians, the College of Surgeons, and the Apothecaries' Hall. Among the physicians and surgeons to the hospitals, and the lecturers, are many names which do honour to the profession, and reflect great credit on the body of the provincial medical practitioners.

In conclusion, we must remind our readers, that although there be many forebodings of change floating before us in the medical horizon, no possible event can affect those who have once fairly embarked in their medical studies, in accordance with the regulations of the various institutions now in existence. They may, therefore, safely pursue such studies without troubling themselves about proposed measures of medical reform; their interests, as students, are certain to be held sacred, in any reform which may be carried into execution by the legislature.

We have read, with feelings of extreme regret, the charges which have been made, from time to time, against the government of the Birmingham General Hospital. The accusations have been of a very serious description, and, in the absence of a searching and an impartial inquiry into their truth, the very existence of the institution is threatened. We are resolved to bestow some attention on the affairs of this establishment, because the questions which have been raised relative to the proceedings in it involve several very important public questions. In the meantime, we would advise those gentlemen who are solicitous of effecting what they consider to be some useful reforms in this establishment, to proceed surely, steadily, firmly, and not to become discouraged by any tricks, checks, or treacheries to which they may be at first exposed. Abuses generally take a deep root in our public institutions, and bear much evil fruit, before they attract any considerable share of public attention. They, therefore, who would remove and completely extirpate the sources of mischief in such places, must be prepared with an undaunted resolution, brawny shoulders, and sinewy arms, to apply the axe to the deepest roots of the corrupt tree.

BIBLIOGRAPHICAL NOTICES.

A Treatise on the Use of the Sympathetic Nerve and its Ganglions, with their influence on various diseases of the abdominal and pelvic viscera. By T. B. Procter, M.D. London: Highley, 1844. 4to, pp. 47.

This is a short but interesting treatise on the anatomy, physiology, and pathology of the sympathetic nerve. Dr. Procter's views are founded more on analysis and reflection than on original research. In describing the anatomy of the sympathetic, he lays great stress on the marked difference which exists between the ganglia of the spinal cord and those of the sympathetic; and on the circumstance of the new divisions of its branches everywhere clinging to the arteries. Even in the tissue of the heart, where, according to Scarpa, the cardiac nerves send off branches into the muscular structure, independently of those which follow the arteries, he has found that these branches rejoin them at their extremities. He professes, also, that the subdivisions of the sympathetic pass on to the arteries of the extremities, although not capable of demonstration.

Founding himself on these anatomical data, Dr. Procter endeavours to prove that the sympathetic is for the purpose of regulating the tonic contraction of the arterial system, and for *nothing else*, (sic.) This idea he develops at considerable length. We cannot, however, for our own part, say that it gives us a much clearer notion of the functions of the sympathetic nerve than the more general theory propounded by Sir C. Bell, and entertained by most physiologists—viz., that the sympathetic nerves are for the thousand secret operations of a living body, which may be called constitutional, such as circulation, secretion, absorption, &c.

Dr. Procter, like those who have preceded him, has but little to say respecting the pathology of the sympathetic system, and that little is nearly altogether hypothetical. At the termination of his treatise he gives several interesting cases in which disorders of the generative system, occurring, apparently, under the influence of disorder of the sympathetic nerve, were remedied by the use of strychnine. The work is illustrated by three very beautiful plates, representing the sympathetic nerves of the heart, and of the small intestines, and the spinal and sympathetic ganglia. It is published in the elegant quarto style of former days.

Remarks on the Efficacy of Matico as a styptic and astringent, with additional cases, mode of exhibition, &c. By Thomas Jeffreys, M.D. London: Longman and Co., 1844. 8vo, pp. 37.

Matico is the *piper* angustifolium of the Flora Peruviana, and possesses, it appears, very great astringent and styptic properties, owing to which it is held in great esteem in the western parts of South America. Having accidentally heard of its virtues some years ago, Dr. Jeffreys procured specimens of the plant from America, and on testing it in cases of hæmorrhage, found that it really was a very valuable agent. The first account which Dr. Jeffreys gave of his researches, appeared in The Lancet of January 5th, 1839. Since then, not only has he had additional opportunities of using the plant, but he has also been able to collect evidence in favour of it from many well-known medical practitioners whom he had summoned to his assistance in his inquiries. Among these gentlemen we may name Dr. W. Monro, of the Dundee Infirmary, and Dr. Watson and Mr. W. H. Bainbridge, of Liverpool. Matico may be used externally or internally, but it is principally in external cases of hæmorrhage that it appears to have been beneficial. Dr. Jeffreys relates several cases of obstinate hæmorrhage from leech-bites—the ablation of nævi, incisions, &c.—in which the flow of blood was arrested, by applying the under side of the leaf to the bleeding surface. The upper side of the leaf does not appear to present the styptic property to the same extent. It has been used internally, with success, in cases of hæmatemesis, hæmorrhage from the intestines, menorrhagia; and as a lotion, in gonorrhœa, vaginitis, &c. From an analysis made by Mr. Clay, of Liverpool, it seems that it contains a considerable quantity of gallic acid, which, no doubt, is the active principle. It may thus be assimilated to the other vegetable astringents which are already known to us; perhaps, more especially to monœsia and paulinia, two powerful vegetable astringents which have lately been introduced into France, also from South America. Whether matico is a more powerful astringent than those of which we are already in possession, it remains for time to prove. Matico is either applied in substance to the bleeding part, or used as an infusion or decoction. The infusion is made by macerating for two hours an ounce of the leaves in a pint of boiling water; the decoction, by boiling for ten or fifteen minutes an ounce or more of the leaves in the same quantity of water. The dose of either is two tablespoonfuls twice or thrice a day. There are two kinds of matico forwarded to this country, one green, the other yellow. They appear to be the same plant, but at different periods of its growth. The yellow is the most efficacious. There is a spurious herb in the market which is quite inefficacious, so that it is necessary to be very careful in procuring it.

Practical Memoirs on Cutaneous Diseases, Indolent Sores, Inveterate Ulceration, Scrofula, Scorbutus, &c.; with Remarks upon the great importance of hygienic science in the successful treatment and removal of those and other disorders often co-existing, such as indigestion, liver complaints, disorders of the nervous system, &c.; with cases. By Francis Peppercorne, Esq., M.R.C.S. London: Churchill, 1844. 12mo, pp. 69.

Who would not have concluded, from the above lengthened and high-sounding title, that Mr. Peppercorne was about to present his readers with a couple of octavo volumes, instead of a duodecimo pamphlet of some sixty-nine pages? As a great deal of valuable matter may be contained in a little space, if a scientific system of compression be resorted to, although put on our guard by the very great contrast between the length of the title and that of the book, we commenced a perusal, in the hope that we might find ourselves in possession of a valuable specimen of medical condensation. Such, however, was not the case. Mr. Peppercorne's "Practical Memoirs" are merely a crude jumble of physiological, pathological, and therapeutical ideas, evidently put together without any other view than that of founding thereon his title-page; which title-page, being duly advertized, announces to the world that Mr. Peppercorne possesses peculiar information respecting indolent sores, inveterate ulcerations, scrofula, scorbutus, indigestion, liver complaints, and nervous disorders. In other words, his pamphlet is one of the most barefaced instances of the respectable medical advertisement system that we have lately come across. Mr. Peppercorne has certainly neither taxed his mental endowments nor his pecuniary resources very deeply, to produce his present *chef d'œuvre*. It contains just

enough science to make a medical practitioner, who takes it up, suspect that it *may* be intended for his perusal, on the one hand, and, on the other, to make the non-professional reader believe that it *is not* intended for him. In order, however, to facilitate the latter's efforts at comprehension, Mr. Peppercorne takes great care to introduce, between parentheses, the popular term of the diseases alluded to. We thus find ourselves introduced to such elegant expressions as scabby scall, tetter, fish-skin, dry scall, &c. We are really sorry to see this gentleman thus making medical literature merely a means of advertising his name, as we have found in his pamphlet a bright idea or two, shewing that he is capable of better things.

MEETINGS.

SOUTH-EASTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

On Friday, the 6th inst., a numerously attended meeting, having in view the establishment of a branch of the association, to be entitled "The South-Eastern Branch," comprehending those medical practitioners residing in Kent, and in the eastern parts of Sussex and Surrey, who are already members of the society, with such other gentlemen of the profession as they would wish to be associated with them, took place in the Town-hall, Tunbridge, when there were present—Thomas Hitchings, Seal; William Sibbald, M.D., Maidstone; Thomas Martin, Reigate; George Taylor, M.D., Maidstone; Alfred Hardwick, M.D., Kensington; James Mackness, M.D., Hastings; Edward Wallace, Carshalton; Peter Martin, Reigate; William Sedgewick, Maidstone; H. Imlach, M.D., Sittingbourne; Frederick Ticehurst, Hastings; Thomas Huire, M.D., Lewes; William James West, Tunbridge; William Henry Gardner, Hastings; James Connell Prance, Maidstone; Walter Duke, Hastings; William Sautrey, Leeds, near Maidstone; George Soulby, M.D., Dover; F. W. Pittock, Sellinge, near Ashford; David Skinner, Headcorn; Henry Holman, East Hothly; Henry Crawford, Canterbury; Richard Wedd, Maidstone; Samuel Shean Rix, Tunbridge Wells; Richard Turner, Tunbridge Wells; F. B. Hunt, M.D., Farningham; Richard Tippets, Dartford; H. W. Joy, Staplehurst; Henry Pout, Yalding; Robert Perry, Marden; Charles M. Thompson, Westerham; John Steele, Reigate; H. M. Gould, Wateringbury; Charles Trustram, Tunbridge Wells; Robert J. Starling, Hadlow; Charles Walter Parker, Wrotham; Robert Righton Gream, Tunbridge Wells; John Cozens Kent, Wrotham; Adam Martin, M.D., Rochester; Jonas King, Tunbridge Wells; Robert H. Powell, M.B., Tunbridge Wells; Peter Brown, Tunbridge; J. B. Maugham, Allanhead, Northumberland.

On the motion of Dr. Sibbald, of Maidstone, seconded by Dr. Taylor, likewise of Maidstone, William James West, Esq., of Tunbridge, was unanimously requested to take the chair.

The Chairman expressed his deep sense of the honour conferred upon him, which, being entirely unexpected on his part, he feared that he was ill prepared adequately to discharge the duties which were incumbent upon him, at least satisfactorily to his own mind, in the presence of so many eminent men from different parts of the district; but, relying on their kind indulgence, he would cheerfully obey the wish expressed, to the best of his ability. The Chairman then welcomed the gentlemen present to Tunbridge, and congratulated them on the occasion which had brought them together. He then called on Mr. Martin, of Reigate, who, after some prefatory observations, proceeded to read, first the printed statement of the principal objects of the association issued to the members, and then the rules prepared by the members of council within the proposed district for the management of the branch, as follows:—

1. Members of the medical profession residing in Kent, and in the eastern parts of Sussex and Surrey, being members of the "Provincial Medical and Surgical Association," are hereby united to form a branch of the said association, under the title of "The South-Eastern Branch."

2. The by-laws, or rules, for the guidance of the branch, shall be in accordance with the rules of the parent association, and be approved by the council thereof.

3. For the convenience of management, a president, two vice-presidents, a secretary, who shall act as treasurer, the members of council resident in the district, with twelve additional members, to act together as a committee, shall be appointed annually, at the annual meetings of this branch of the association. These general meetings shall be held in each year, at one of the principal towns within the district, to be settled at the previous general annual meeting, on the last Wednesday in June of each year.

4. That at such annual meetings, the members shall assemble at one o'clock, to receive the report of the committee, to elect officers for the ensuing year, and to discuss subjects connected with medical science, or with the interests of the profession.

5. That the relation of cases, the communication of medical facts and observations, will be acceptable; but on account of the very great value of time at each meeting, no communication relating to the practice, or the science, or the polity of the profession, or the relation of cases, shall exceed fifteen minutes;—and any member intending to favour the society in this way, shall send his written statement to the secretary, or an intimation of his wish to read such statement, or to have it read at the meeting, at least ten days previously.

6. That the south-eastern branch will defray its own expenses, and will not receive, on that behalf, any assistance from the parent association. The subscription of each member of the branch shall be paid to the secretary, with 2s. 6d. in addition, to defray incidental expenses proper to the branch, previously to, or at the annual meeting.

7. Although annual meetings only are contemplated, yet special general meetings may be called at any period of the year, for special purposes only, on the request of ten members, addressed to the secretary, who shall, in obedience thereto, summon a meeting by a notice addressed to each member, at least ten days previously to the appointed day of meeting.

8. New rules, orders, or regulations, may be adopted, provided that notice of the proposed alteration or new rule shall have been sent to the secretary, at least one month before the day of meeting on which such alteration or new rule is proposed to be discussed and decided; and notice of the same shall be sent to each member, as in the foregoing rule.

Whereupon it was proposed by Charles Trustram, Esq. of Tunbridge Wells, and seconded by Edward Wallace, Esq. of Carshalton, and resolved unanimously—"That the present meeting, consisting of medical practitioners residing in the county of Kent, and in the eastern parts of Sussex and Surrey, is constituted a branch of the 'Provincial Medical and Surgical Association,' under the title of 'The South-Eastern Branch,' and adopts the rules now read for its guidance."

Proposed by Dr. Sibbald, of Maidstone, and seconded by Dr. Taylor, likewise of Maidstone, and resolved unanimously—"That William James West, Esq. of Tunbridge, be requested to accept the office of president for the ensuing year."

Proposed by Dr. Martin, of Rochester, and seconded by Dr. Hunt, of Farningham, and resolved unanimously—"That Isaac Hargraves, of Tunbridge Wells, and John Pietrance, Esq. of Penshurst, be requested to accept the offices of vice-presidents for the ensuing year.

Proposed by Charles M. Thompson, Esq. of Westerham, and seconded by Dr. Hardwick, of Kensington, and resolved unanimously—"That Thomas Martin, Esq. of Reigate, be requested to accept the offices of treasurer and secretary."

Proposed by William Sedgwick, Esq. of Maidstone, and seconded by Dr. Imlach, of Sittingbourne, and resolved unanimously—"That in addition to the foregoing officers, with the members of council within the district, twelve gentlemen, severally named, do constitute the committee of management for the ensuing year."

Proposed by Dr. Mackness, of Hastings, seconded by Henry Crawford, Esq., of Canterbury, and resolved unanimously—"That the meeting of this branch of the association in June, 1845, shall be held at Tunbridge."

Conformably to the foregoing resolutions, those gentlemen appointed to offices, who were present, accepted the same, with suitable terms of acknowledgment.

The meeting of the south-eastern branch having then adjourned, was resumed in the form of an assemblage of medical practitioners residing in Kent, and in the eastern parts of Surrey and Sussex, when it was moved and seconded, and carried unanimously—"That Dr. Sibbald, of Maidstone, be requested to take the chair."

The report of proceedings at a meeting of the medical practitioners of the county of Surrey, held on Thursday, the 22nd ult., as inserted in the "Provincial Medical and Surgical Journal," of the date of Wednesday, the 4th inst., having been read and considered,

It was proposed by Dr. Imlach, of Sittingbourne, and seconded by Dr. Mackness, of Hastings, and resolved unanimously,—"That the statements of facts, and the reasonings thereupon, contained in the resolutions adopted by the practitioners of Surrey, being in every respect consonant with the views, and satisfactory to the minds, of all present, they agree to adopt the same, and come to the same conclusion—namely, That the bill lately presented to the House of Commons by the right hon. Secretary of State for the Home Department, 'For the better

regulation of medical practice throughout the United Kingdom,' is of so injurious a tendency towards the medical profession, as well as to the public welfare, that every legitimate means should be used to oppose its further progress through parliament; and that every member of the profession here present pledges himself to endeavour to impress the minds of members of both houses of parliament, with whom they may come into communication, with a correct knowledge of the erroneous and dangerous nature of this bill, and to solicit their opposition to it."

The branch meeting having been resumed, and votes of thanks unanimously passed to Dr. Sibbald and Mr. West, the gentlemen present adjourned, to dine at the Rose and Crown Hotel, under the presidency of Mr. West, and concluded an agreeable evening.

THE GOVERNMENT MEDICAL REFORM BILL.

CHELSEA.

PUBLIC MEETING OF THE MEDICAL PROFESSION.

A LARGE attendance of the medical men of the populous parish of Chelsea, took place on Tuesday evening, the 17th inst., in the board-room of the dispensary at Sloane-square, for the purpose, according to the terms of the summons, "of taking into consideration the several clauses of Sir James Graham's obnoxious medical bill."

JAMES MORRAH, Esq. R.N., the oldest civil practitioner resident in Chelsea, was called to the chair. He opened the business of the meeting by explaining the purpose which had drawn together so many respectable medical men, whose urgent avocations made the time they devoted to the present undertaking of great importance. They were assembled to make a public declaration of their disapproval of Sir James Graham's measures of reform. The medical profession had, for several years, been very uneasy, in consequence of the imperfection and injustice of the laws which had, in ignorant times, been enacted for the regulation of professional matters. The profession had striven to obtain a larger share in the government of their corporate affairs, and a more effectual protection of the public health against the wiles of ignorant and unprincipled pretenders to the art of healing. How had the government answered their earnest solicitations? By bringing forward a bill which entirely contravened the wishes of the entire mass of the profession, which removed every barrier against quackery, and deprived the profession of every semblance of corporate independence. Sir James asserted that the public were as good judges of medical skill as of figs and raisins; but a greater error could not be imagined, as the experience of every day proved; for even amongst the wealthy and well-educated, numerous dupes were to be found ready to be caught by the clumsiest snares of the empiric. It was an indisputable truth that the lay community were totally incapable of judging, without assistance, of the capability of medical practitioners. It was, therefore, a duty imperative upon every member of the medical body, by every means in his power, to resist the passing of this bill, which would prove equally fatal to the respectability of the faculty, and the safety of the public. Instead of being a bill to regulate, it was, literally, a bill to annihilate, the medical profession.

Mr. D. O. EDWARDS could not understand the sensitive delicacy of Sir James Graham in interfering in this instance with the liberty of the subject. He had had no superfluous scruples of the kind whilst dealing with the rights of the superannuated poor. It was certainly a fundamental principle in the jurisprudence of a free people, that no citizen ought to be subjected to any restriction of his natural liberty which was not necessary to the public good; but no member of society was entitled to commit any act which was dangerous to the life, liberty, or property of his fellows. In the course of ages, the art of healing had grown up, and contributed much to secure the health and happiness of mankind; but many ignorant and evil-disposed persons, under numerous denominations, feigned the possession of this beneficent art, and, by their malpractices, inflicted grievous injuries upon the simple and unsuspecting. The right of the legislature to institute a test, by which true skill may be distinguished from apocryphal, was indisputable, and its right to prevent and punish all attempts to foist upon the public this spurious commodity, was equally clear. An act of parliament authorized the Goldsmiths' Company to assay all the gold and silver employed in the kingdom, to stamp all that was good, and to destroy all that did not reach the standard of purity; and further, it made it penal in the highest degree to forge this stamp. The purposes of the law in this case were not to restrain the will, but to assist the judgment of the traffickers. It would be inconsistent with the rapid dispatch of commercial business, if every purchaser were compelled to assay the precious metals for himself, and he was thankful for the arrangement which saved him so much trouble. The principle of affixing a mark upon true medical skill, to distinguish it from spurious, was perfectly identical with that exhibited in the Goldsmith's Act. The public could not discriminate the true from the false skill, and the legislature was requested to apply a test, to confer the power of impressing a stamp, and of punishing all who should counterfeit that stamp. This protection had become the more necessary, from the great number of unqualified practitioners that infested the community. The act of 1815 was obtained after long, strenuous, and well-organized exertion on the part of the general practitioners of England. The protection which it afforded was very imperfect, but it still exercised some check upon the thousands of ignorant chemists and party-coloured empirics which abounded over the country. These pretenders assumed nearly all the emblems of the medical profession, even to the extent of exhibiting factitious diplomas from the Pharmaceutical Society; and if, unhappily, the protective acts of parliament should be repealed, their numbers would be greatly augmented; and, being unrestrained by the honourable motives which regulate the man of science and character, they would succeed in driving from the field of competition the well-educated, but more modest, aspirant to practice. The result would be calamitous. The conscientious would abandon in disgust the ranks of the faculty; future candidates for practice would cease to pursue a laborious course of education, which should secure them no advantage. An inferior class of practitioners would alone administer to the hygeian wants of the people, the public health would be deteriorated, and the average length of human life lowered. To be consistent in his career of destruction, Sir James should abrogate the Mint and repeal the Goldsmiths' charter, and the advocates of a cheap medium of exchange would be then gratified by the establishment of a brummagem circulation of metals; a consequence less fatal in its effects on the happiness of society, than the prevalence of a spurious art of healing among an ignorant and credulous population. It was only by union and well-organized exertion that, in his opinion, the profession could possibly avert these calamities.

Dr. PROCTOR bore testimony to the difficulty of obtaining the act of 1815, and to the benefits it had conferred. He was old enough to recollect the state of the profession previous to that date, and he could conscientiously say that but a small proportion of those then acting as general practitioners possessed the qualities of the gentleman and man of science. The respectable men found themselves competed with by a set of low-bred, ill-educated fellows, and were goaded by annoying competition to the strenuous efforts which obtained from parliament the boon of the Apothecaries' Act. The improvements which arose from this act, marred as it was by the combined opposition of the Colleges of Physicians and Surgeons, and of the associated chemists, have been signal. If the profession allow themselves to be despoiled of the protection of this act without procuring some effectual substitute, they will have to rue the consequences. The pure physicians and surgeons would probably thrive upon the wholesale misery of the community, but the general practitioner would lose his station and his income, and the public health would be the prey of every adventurous scoundrel.

Mr. A. B. BARNES, in proposing a resolution laudatory of the Apothecaries' Company, eulogized the conduct of that body. The course of education which it had prescribed had mainly contributed to the existing respectability of the profession.

Mr. WANSBROUGH suggested that the Apothecaries' Company might have done better than they had, and that a trading company was not the proper institution to be intrusted with the dictation of a national medical curriculum of education.

Mr. VINCENT thought the system of the Apothecaries' Company already sufficiently perfect.

Mr. EDWARDS, Mr. DICKENSON, and Mr. MORRAH rejected the idea of upholding the actual organization of the Apothecaries' Company, and the resolution which was carried was adopted with the understanding that it simply sanctioned the Apothecaries' court of examiners until a better could be appointed.

In proposing the resolution in favour of district meetings of the profession, Mr. COOPER GARDINER recommended unanimity of design and identity of action. The profession ought not to occupy themselves in splitting hairs. They must have a long pull, a strong pull, and a pull altogether.

Mr. WANSBROUGH suggested that the purpose of every meeting was to deliberate, and that truth was best elicited by discussion. The views of reformers were yet not so clear as to obviate the necessity of consultation and *viva voce* debate. Unanimity could only be safely based upon uniformity of principle, without which, combination of purpose would be nothing but a communion of blundering.

Mr. WILLISFORD spoke in high terms of the great ability of

the articles which had recently appeared in "The Times" on the subject of medical reform.

Mr. DICKENSON stated that he felt the most lively satisfaction in proposing the thanks of the meeting to Mr. Wakley, who, both in his character of Editor of THE LANCET, and member of parliament, had ever been the unflinching and unchanging champion of the profession. It was high time the profession should evince their gratitude, in some marked manner, to this eminent public man.

Mr. WARDER seconded the motion with equal pleasure. He could testify to the great benefits which Mr. Wakley's exertions had conferred upon the student. The physicians and surgeons of public institutions had been stimulated to do their duty more efficiently, by the fear of THE LANCET; and the patients and pupils were equally gainers in consequence.

Mr. EDWARDS eulogized Mr. Wakley, for "his unequalled services in the cause of the public health."

The CHAIRMAN said he could not suffer this vote to pass without holding up both his hands in favour of this public, though tardy expression of gratitude, for all the good that had been effected for the profession and the public through the medium of Mr. Wakley's great abilities and untiring zeal.

The following were the resolutions consecutively passed at this meeting—those awarding the thanks of the meeting to 'The Times,' and to Mr. Wakley, M.P., being carried with acclamation.

"That this meeting, having carefully considered the clauses of Sir James Graham's medical bill, deeply regret to find that its first clause repeals all those enactments which have hitherto been in force against all persons practising medicine or surgery without proper licence or certificate. They consider such repeal would be pregnant, not only with the most dangerous results to the public, by exposing them to the daring and insidious acts of scheming and ignorant men, but would prove alike injurious to the protective interests of the medical profession, and to the health and welfare of the community at large.

"That this meeting is of opinion that no bill which does not assert the principles of protection to the public health, by strict public examination of all who aspire to practise the healing art, in whatever department, ought to receive the sanction of parliament.

"That the present high qualifications of the general practitioner, and of the medical profession generally, are to be attributed to the education enforced by the Society of Apothecaries, and that to deprive that body of all authority in the examination of candidates for medical practice, would be to inflict a great injury upon the public at large.

"That it is the duty of the general practitioners to hold meetings in their several districts, for the purpose of expressing their opinions upon the injurious effects which this bill will have upon the future welfare of the public and the medical profession.

"That a petition, embodying the sentiments of the present meeting, be presented to parliament by the members for the county, and that every qualified general practitioner resident in the parish be requested to sign such petition.

"That the grateful thanks of this meeting are due, and are hereby tendered to the Editor of 'The Times,' for his able and powerful advocacy of the public welfare, in the cause of medical reform.

"That the best thanks of this meeting are due, and are hereby given, to Mr. Thomas Wakley, M.P., for his spirited and powerful advocacy on all occasions when the honour and welfare of the profession have been at stake.

"That the above resolutions be inserted in 'The Times,' THE LANCET, and 'The Medical Gazette.'"

A subscription was entered into for defraying the expenses of advertisements &c., and finally the thanks of the meeting were enthusiastically voted to the chairman, for his conduct in the chair.

VOTE OF THANKS TO MR. WAKLEY BY THE MEDICAL PROFESSION AT CHELSEA.

46, Hans-place, Sloane-street, Chelsea,
Wednesday morning, Sept. 18, 1844.

DEAR SIR,—I have much pleasure in forwarding to you the enclosed resolution, which was unanimously passed at a very numerous and influential meeting of the general practitioners of the parish of Chelsea.

I avail myself of this opportunity of expressing to you how very cordially I unite in every sentiment which it conveys, and of the gratification which I feel at being selected by my medical brethren in Chelsea to convey this resolution to you.

I beg you will accept the assurances of my sincere esteem, and believe me to subscribe myself,

My dear sir, ever faithfully yours, F. S. MULLER.

Thomas Wakley, Esq. M.P., Bedford-square.

Chelsea, Brompton, and Belgrave Dispensary, Sloane-square,
Tuesday, Sept. 17, 1844.

AT a very numerous and influential meeting of the general practitioners of the parish of St. Luke, Chelsea, held for the purpose of taking into consideration the various clauses of Sir James Graham's bill,

It was unanimously resolved—"That the best thanks of this meeting are due, and are hereby tendered, to Thomas Wakley, Esq., for his spirited and powerful advocacy, on all occasions, when the honour and welfare of the profession have been at stake."

HEREFORD.

MEETING OF THE MEDICAL PRACTITIONERS.

A PUBLIC meeting of the medical profession of the city and county of Hereford was held at the General Infirmary, in that city, on Monday, the 16th inst., to take into consideration the provisions of the new medical bill recently introduced by Sir James Graham to the House of Commons, to frame a petition against its objectionable points, and take such other steps as might be deemed necessary to oppose them in the best and most efficient manner. The following gentlemen were present:—Drs. Lye, Gilliland, Glasspoole, and Morris, of Hereford; Dr. Davis, of Presteign; Dr. Strong, of Ross; Dr. Turnbull, of Byford. Messrs. Braithwaite, Lingen, Cam, Morris, Price, Archibald, Barnard, Bull, Leake, Waudby, and Tucker Price, Hereford; Messrs. Marshall and Blakely, Kington; Messrs. Wood, Tanner, and Gwillim, Ledbury; Mr. Watling, Leominster; Messrs. Barnett, Jones, and Willmott, Ross; Mr. Whitcombe, Presteign; Mr. Millard, Whitchurch; Mr. Lane, Grosmont; Mr. Giles, Byford; Mr. Denham, Canon Pyon; Mr. Woodcock, of Eardisley; and some other gentlemen whose names escaped us, amounting altogether to upwards of forty medical practitioners.

1st Resolution: *The Chairman.* Proposed by Dr. GILLILAND, Hereford, seconded by JAMES LANE, Esq., Grosmont, carried with acclamation—"That Dr. BLEECK LYE take the chair."

Letters or communications were read or made from the following gentlemen, regretting their inability to attend, for various reasons, on the present occasion, but fully concurring in the objects for which the meeting was called:—DRS. Edward James and Probyn, Kington; Dr. Lambe; Dr. Lacon Lambe, Henwood; Dr. Symonds Rootes, Sellack; Messrs. Tully, Pritchard, Gilliland, and Terry, Hereford; Messrs. Shelton, Howey, Seward, and Pitt, Bromyard; Messrs. Lyde and Thomas, Hay; Messrs. Walker and Thompson, Kington; Mr. Cook, Ledbury; Messrs. Burlton and Rudge, Leominster; Messrs. Rootes and Thomson, Ross; Messrs. Lomax and Palmer, Weobley; Mr. Jenkins, Madley; Mr. Morgan, Mordiford; and Mr. George, Pembridge.

2nd Resolution: *General view of the bill.*—Proposed by G. H. MARSHALL, Esq. Kington, seconded by F. BRAITHWAITE, Esq. Hereford, and carried unanimously—"That the members of the medical profession present at this meeting having had under their consideration 'a bill for the better regulation of medical practice throughout the United Kingdom,' recently introduced to the House of Commons by Sir James Graham, cannot but regard its provisions with feelings of disappointment and alarm; for while they allow that the establishment of a council of health, and an improved system of organization for the entire body of the profession, is much to be desired, yet they consider that many of the provisions by which these objects are proposed to be effected are liable to great objection, and that the repeal of all the existing protective enactments, without the substitution of others in their place, more than counterbalances any beneficial effects which such an improved system might be calculated to produce."

3rd Resolution: *Against the non-protection principle.*—Proposed by JAMES PRICE, Esq. Hereford, seconded by M. A. WOOD, Esq., Ledbury, and carried unanimously—"That this meeting deprecates in the strongest manner possible that principle of the bill, which, by removing the stigma of illegality from empiricism, throws open the practice of medicine to every unqualified person, as a measure disastrous to the public welfare, and ruinous to the best interests of the profession; inasmuch as it is the existence of the present penal enactments alone, which, by imposing a restraint on irregular practice, enables the public to discriminate more readily between the properly educated man and the empiric, and thus prevents the lower classes in particular from being the dupes of a false and dangerous confidence in those who are utterly unworthy of it."

4th Resolution: *Against the unconditional repeal of the act of* 1815.—Proposed by T. W. WATLING, Esq. Leominster, seconded

by C. Lingen, Esq. Hereford, and carried unanimously—"That this meeting recognises with satisfaction the benefit which has accrued to the great body of the profession, and through it, of necessity, to the public at large, from the improved course of study, and the increased amount of qualification required by the Apothecaries' Company in the candidates for their licence; and, therefore, most entirely disapproves of the repeal of the act of 1815, unless some other measures are enacted, not only to ensure a still further improvement in the system of medical education, but also a more efficient protection for the interest of those who, at a great expenditure of time and money, have already qualified themselves for the due performance of the responsible and arduous duties which devolve on the practitioner of medicine."

5th Resolution: *Against the constitution of the council.*—It was proposed by Henry Graves Bull, Esq. Hereford, seconded by Dr. Glasspoole, Hereford, and at length was carried unanimously, although some gentlemen present wished it to go much further—"That the meeting, fully admitting the want of a general council of health, as well as of a more perfect organization of the medical profession, and equally sensible of the beneficial results likely to follow their introduction, cannot but view with anxiety the manner in which these objects are proposed to be carried out in the present bill, and more especially the absolute power which it vests in the government, by giving to it the appointment of more than two-thirds of the first council, and the absence of any guarantee that the interests of that great body of the profession, the general practitioners, shall be in any way represented therein."

6th Resolution: *The petition.*—It was proposed by Dr. Strong, Ross, seconded by Dr. Glasspoole, Hereford, and carried unanimously—"That the following petition, when signed by the members of the medical profession of the city of Hereford, of the towns of Bromyard, Kington, Ledbury, Leominster, Ross, and Weobley, in the county of Hereford, and of the adjoining districts in the same county, be forwarded to the members for the city and county, for presentation to the House of Commons." And in the event of the bill reaching the House of Lords, that a similar petition be placed in the hands of the lord-lieutenant of the county, for presentation to that house.—(A petition, embodying the preceding resolutions, was then read to the meeting, and afterwards signed by the gentlemen present.)

7th Resolution: *Deputation to members of city and county.*—It was proposed by Dr. Edward Morris, Hereford, seconded by John Tanner, Esq. Ledbury, and carried unanimously—"That the following gentlemen, Dr. Gilliland and Francis Braithwaite, Esq., with the chairman and honorary secretary, (Henry Graves Bull, Esq) be appointed a deputation to wait on Messrs. Clive and Pulsford, the members of parliament for the city, and on Messrs. Hoskins, Bailey, and Baskerville, the members for the county of Hereford, in behalf of the medical practitioners of the city and county of Hereford, for the purpose of drawing their attention more particularly to the injurious tendency of the bill, to place the petition in their hands, and to request them to use their best exertions for its success."

8th Resolution: *Deputation to members of Leominster.*—Proposed by Wm. Denham, Esq. Pion, seconded by Thos. Cam, Esq. Hereford, and carried unanimously—"That T. F. Watling and Thomas Burlton, Esqrs. of Leominster, be appointed a deputation to wait on Messrs. Arkwright and Greenaway, the members for that borough, from the same body, and for the same purposes as specified in the last resolution."

9th Resolution: *Thanks to Governors of Infirmary.*—Proposed by R. Archibald, Esq. Hereford, seconded by P. B. Giles, Esq. Byford, and carried unanimously—"That the thanks of this meeting be given to the Chairman and Board of Governors of the Infirmary, for so kindly allowing the use of their committee-room on the present occasion."

10th Resolution: *Thanks to "Times" and Medical Press.*—Proposed by E. Jones, Esq. Ross, seconded by H. C. Barnard, Esq. Hereford, and carried unanimously—"That the thanks of this meeting be given to the editor of the 'Times' newspaper and the medical press, for the very able manner in which the cause of the profession has been advocated in several leading articles which have appeared in those publications, on the subject of the new medical bill."

11th Resolution: *Where to request the proceedings published.*—Proposed by J. Morris, Esq. Hereford, seconded by William Blakely, Esq. Kington, and carried unanimously—"That the proceedings of this meeting be forwarded to the editors of the 'Times,' the 'Provincial Medical and Surgical Journal,' the 'Medical Gazette,' The Lancet, and the 'Hereford Journal and Times' newspapers, with a request for their insertion at as early an opportunity as possible."

12th Resolution: *Formation of a Herefordshire Medical Association.*—Proposed by S. Millard, Esq. Whitchurch, seconded by C. Lingen, Esq. Hereford, and carried unanimously—"That this meeting do resolve itself into an association of the medical practitioners of the city and county of Hereford, to be called 'The Herefordshire Medical Association,' for the purpose of watching over, and protecting the interests of the profession, until they cease to be threatened in any such manner as they are in the present bill; with the same constitution as at present."

13th Resolution: *Thanks to sub-committee and honorary secretary.*—Proposed by Jonas Leake, Esq. Hereford, seconded by Frederick Barnett, Esq. Ross, and carried unanimously—"That the thanks of this meeting be given to the sub-committee and honorary secretary, for conducting and preparing so ably the proceedings, resolutions, and petition, for our regulation on the present occasion."

14th Resolution: *Thanks to chairman.*—Proposed by Geo. Woodcock, Esq. Eardisley, seconded by Samuel Waudby, Esq. Hereford, and carried by acclamation—"That the thanks of this meeting be given to the Chairman for his efficient conduct in the chair."

After the meeting, at the invitation of the gentlemen resident in Hereford, their medical brethren from the country dined with them at the City Arms Hotel, and the evening passed off most agreeably to all parties; indeed, so cordial was the feeling of friendship and harmony prevalent, that it was proposed from the chair, and rapturously carried by acclamation, that the Herefordshire Medical Association should be a permanent one, and that its members should meet annually in this city, for the purpose of uniting themselves more closely for the interests of the profession, and to discuss the reigning topics of the day. The gentlemen present immediately enrolled themselves for the ensuing year, and separated shortly afterwards.

VOTE OF THANKS TO MR. WAKLEY BY THE MEDICAL PROFESSION OF THE CITY AND COUNTY OF HEREFORD.

To the Editor of The Lancet.

Sir,—I have the honour to convey to you the unanimous thanks of a public meeting of the medical practitioners of the city and county of Hereford, for the very able manner in which you have advocated the cause of the medical profession; and, in accordance with resolution 11, I herewith forward to you the proceedings of the meeting, and request, in its name, the favour of their insertion in your columns at as early a period as may be convenient. I remain, sir, your obedient servant,

Henry Graves Bull, Hon. Sec.

Hereford, Sept. 17, 1844.

HASTINGS.

MEETING OF THE MEDICAL PRACTITIONERS.

At a meeting of the medical practitioners, resident in Hastings and St. Leonard's, held on Monday, the 16th of September, and convened for the purpose of discussing the medical bill of Sir James Graham, W. Duke, Esq., in the chair,

It was proposed by Dr. Mackness, and seconded by F. Ticehurst, Esq.—"That this meeting views with disapprobation the proposed constitution of the council of health and medical education, inasmuch as no general practitioner is by this bill proposed to be appointed on the council, thereby withholding from that numerous body a voice in the formation of all the laws and regulations which will have so important an effect on the future condition of the great body of medical practitioners throughout the United Kingdom."

Proposed by John Savery, Esq., and seconded by R. Ranking, Esq.—"That, in the opinion of this meeting, the bill for the better regulation of medical practice throughout the United Kingdom, repealing, as it does, the Apothecaries' Act of 1815, and substituting no adequate protection to the great body of medical practitioners, would, if carried in its present form, be highly prejudicial to the interests of the profession, and to the public welfare."

Proposed by Joseph Ranger, Esq., and seconded by W. H. Gardner, Esq.—"That the Society of Apothecaries are entitled to the best thanks of the profession for having enforced a gradual and extended course of study and examination, which has elevated the position of the general practitioner; and that the removal of all restrictions and penalties from unlicensed practitioners of medicine, which the repeal of the act of 1815 would effect, would be greatly injurious to the profession, and to the public at large."

Proposed by W. H. Gardner, Esq., and seconded by John Savery, Esq.—"That a deputation be formed, consisting of the Chairman, Dr. Mackness, R. Ranking, Esq., F. Ticehurst, Esq.,

J. Savery, Esq., W. H. Gardner, Esq., J. Ranger, Esq., and the Secretary, to wait upon the members for the borough, and to afford them any necessary explanation, requesting them to support the views of this meeting, urging upon them the injustice to the profession, and the injury to the public, certain to result from the carrying out of the proposed bill of Sir James Graham."

Proposed by F. Tichhurst, Esq., and seconded by Dr. Mackness—"That a petition to the House of Commons be prepared, founded on the above resolutions, and that it be presented to the house by R. Holland and M. Brisco, Esqrs., and that the county members, G. Darby and A. G. Fuller, Esqrs., be requested to support the prayer of the petition."

Walter Duke, Hon. Sec.

Hastings, 19 Sept. 1844.

KIDDERMINSTER.

SIR JAMES GRAHAM'S BILL—MEETING OF THE MEDICAL PROFESSION.

A general meeting of the members of the medical profession of this town and neighbourhood took place in the board room of the Dispensary on Monday, the 16th inst., for the purpose of considering the objectionable clauses of the above measure.

Henry Homfray, Esq., (of Broadwaters House,) having been unanimously called to the chair, rose and said—That when Sir James Graham's bill first appeared, he had not had an opportunity of examining its different clauses; but from what he had since seen of it, he must confess his utter astonishment that a wise and sensible legislature should have brought forward so unwise and so uncalled-for a measure. (Hear, hear.) It would appear that they had not hesitated to sacrifice the profession to their absurd centralizing mania. (Loud cheers.) He would not take up their valuable time by any further observations, but proceed at once to the business which had called them together; he should therefore be most happy to hear any resolutions they might feel disposed to make, and to submit them to the meeting. (Cheers.)

J. Cole, Esq., (of Bewdley,) in rising to move the first resolution, said that, in common with other members of the medical profession, he felt great interest in the proceeding of the government measure, as expressed in the bill of Sir James Graham. Whilst he greatly approved of those parts of the bill which tended to equalize the general system of education in the various colleges and universities, he felt great concern at the proposed repeal of the Apothecaries' Act—an enactment which had conferred more important benefits upon the profession and public than any other legislative measure that had ever been passed. He had himself some recollection, and had heard others narrate their experience, of the condition of the profession before the above-named act came into operation. Dr. Kidd, regius professor of medicine in the University of Oxford, an important authority in these matters, speaking on this subject, had said—"The character of the general practitioner, since the passing of the act of 1815, had undergone a thorough change. Before that time, it had often been his lot to meet in consultation men without any qualification at all, and, as a matter of course, he found that everything they had done had been to no purpose. Of late years, however, when called upon, he found *little to do or suggest, but merely to approve what had been done before.*" (Cheers.) It was therefore with great pleasure that he moved the following resolution—"That whilst, on the one hand, this meeting hails with satisfaction many parts of Sir James Graham's proposed measure of medical reform, it views with the deepest concern, on the other, his statement on introducing the subject of that measure to the house of commons, 'That quackery could not be put down by legislation,' and is decidedly of opinion that any reform such as the unconditional repeal of the Apothecaries Act, would be ruinous to a vast mass of the profession, and fraught with great danger and injury to the public."

Dr. Roden said, that after the very able remarks of the last speaker, he should not further occupy the attention of the meeting than by expressing his cordial approval of the sentiments expressed. He had therefore great pleasure in seconding the resolution. (Cheers.)

The Chairman put the resolution, and declared it carried unanimously.

Thomas Bradley, Esq., said he experienced much pleasure in moving the adoption of the second resolution—viz., "That as the daily experience of medical men shews that a great bulk of the public (including not only the poor, but also, in numerous instances, the middle and higher classes) either cannot or will not discriminate between the regularly educated practitioner and the pretender to the same knowledge, this meeting is of opinion that the medical man, who is required by law to undergo a protracted and expensive education, and to obtain, by rigorous examinations, letters testimonial of his fitness to practise in his profession, should by the same law also be protected from any invasion of his hardly-earned rights by the illegal practitioner. This meeting is further of opinion that nothing short of summary punishment, by fine or otherwise, on conviction before the magistrates where such occurrence happens, will remedy this crying evil, both to her Majesty's subjects and the profession."

G. W. Jotham, Esq., seconded the resolution.

Thomas Thursfield, Esq., said, before the resolution was put to the meeting, he would, with permission from the chair, offer a few observations upon it. The remarks he had to make would support that part of the resolution which said, "That the daily experience of medical men shews that a great bulk of the public (including not only the poor, but also, in numerous instances, the middle and higher classes) either cannot or will not discriminate between the regularly educated practitioner and the pretender to the same knowledge." Now it so happened that, during a residence of upwards of thirteen years in the town, in the capacity of surgeon to the poorhouse and union, he had often been called upon to attend persons suffering from the ill-treatment of unqualified practitioners; and in three instances he had had to attend investigations before the coroner, wherein death had been caused solely through the malpractices of unqualified persons. One of these was a midwifery case, in which death was found to have resulted from extensive laceration, caused by the improper use of instruments and the absorption of morbid matter, consequent on the sloughing. The man was not a medical practitioner, but he passed himself off as such, and this poor woman believed his assertions. Strange to say, the jury believed the reason this man assigned for the patient's death, which, it were needless to say, was an incorrect one; and though he shewed before them the grossest ignorance of even the terms he used, and stated that, thinking the illness was from gonorrhœa, he had used mercury extensively, they found a verdict that the patient died from natural causes, and contented themselves with reprimanding the man and discharging him. Another case occurred in Blackwell-street, of even a worse character, with the same result. The same person attended another woman; and when he (Mr. Thursfield) was subsequently called in, he found that she *had been in labour four days!* Her case had been declared by this man to be one of great difficulty, and he had declined calling in a medical practitioner, saying it was useless to do so, as the woman must die! The fact was, however, that the case was not by any means a difficult one, for the woman was safely delivered in a quarter of an hour after his (Mr. T.'s) attendance, as a gentleman now present could testify. (Hear, hear.) In another instance, an unqualified practitioner was called in to attend a poor girl suffering from dysentery and hæmorrhage from the bowels. He came, and by his statement found her fainting on the night-chair; and what was his treatment? Why, he bled her, and, the operation being scarcely finished, she died. The jury, however, suffered such conduct to pass without animadversion; the coroner observing that it was not for him to inquire into the qualifications of a medical practitioner; it was for the jury to say whether they were satisfied with the evidence they had heard, and their verdict must be in accordance with it. He held it to be the duty of a paternal government to put a stop to all this. It was an evil not so much to the profession as to the public generally; and feeling this, he called upon government at once to place under the protection of the law those who, from ignorance or prejudice, were not able to protect themselves. (Cheers.)

The Chairman then put the resolution, and declared it carried unanimously.

Dr. Roden moved, and Thomas Taylor, Esq. seconded, the third resolution—"That this meeting views with disapprobation the proposed constitution of the 'Council of Health and Medical Education,' as not being likely to possess the confidence of the profession; and that this meeting cannot refrain from expressing its surprise and regret that no general practitioner is, by this bill, proposed to be appointed on the same;" which having been put, was also carried unanimously.

C. J. Philbrick, Esq. proposed—"That a petition to the House of Commons be drawn up, embodying the resolutions of this meeting, and signed by the members of the profession in this and the adjacent towns, and that the representative of this borough, R. Godson, Esq., be respectfully requested to present the same, and give it his support;" which having been seconded by G. W. Jotham, Esq., was unanimously agreed to.

Thomas Thursfield, Esq., then moved, and James Cowan, Esq., seconded, the fifth resolution—"That the member for Bewdley, and the members for the eastern and western divisions of the county, be also solicited to co-operate with Mr. Godson, on

behalf of their constituents, in support of the same." Carried unanimously.

E. J. NEWCOMBE, Esq., moved—"That the thanks of this meeting are especially due to the Editors of the 'Times,' THE LANCET, and the 'Medical Gazette,' for their powerful support of the best interests of the profession." T. W. BENFIELD, Esq., seconded the motion. Carried unanimously.

THOMAS TAYLOR, Esq., proposed, and JAMES COLE, Esq., seconded, the seventh resolution—"That the report of this meeting be sent to the Editors of THE LANCET, the 'Times,' the 'Ten Towns' Messenger,' the 'Provincial Medical and Surgical Journal,' and the 'Medical Gazette,' and that they be requested to publish the same." Carried unanimously.

Dr. RODEN then moved the following resolution:—"That the thanks of this meeting are due, and are hereby tendered, to the Editor of the 'Ten Towns' Messenger,' for the very able article, in defence of the medical profession, which lately appeared in its columns; and also to the Reporter, for his attendance on the present occasion." This resolution having been seconded by C. J. PHILBRICK, Esq., was unanimously adopted.

On the motion of THOMAS THURSFIELD, Esq., a committee was appointed, consisting of the Chairman and the members of the profession present, for the purpose of carrying the above resolutions into effect, and watching the progress of Sir James Graham's bill, Dr. Roden being requested to accept the office of secretary.

Thanks were then voted to the chairman for his courtesy in presiding, and efficient conduct in the chair; which having been suitably acknowledged by that gentleman, the meeting separated.

NORWICH.

MEETING OF THE MEDICAL PROFESSION,
J. G. CROSSE, ESQ. IN THE CHAIR.

AT a meeting of the members of the medical profession residing in Norwich and in the county of Norfolk, held on the 19th inst., the following resolutions were carried:—

1. That, being deeply impressed with the necessity of fresh legislation to reconcile the discrepancies of the medical profession and to create reciprocity of privileges and uniformity of education for each grade respectively throughout the United Kingdom, this meeting is thankful for the ample opportunity offered by the Right Hon. Sir James Graham, Bart., for discussing the bill introduced at the close of the late session of parliament.

2. That the registration clause of the said bill deserves the support of the profession; but, in order to be efficient, the registering should not be voluntary, but be made requisite and essential for every one who is permitted to practise as a medical man, whilst the list of the duly registered should be annually published.

3. That it appears a further defect in the proposed bill, that it may leave undisturbed in their present practice and appointments some persons not now legally qualified.

4. That the Apothecaries' Act of 1815 has been very instrumental in advancing and regulating the most numerous portion of the medical profession in the parts of the kingdom to which its operations were limited, and more especially in the provinces; that its provisions have been ably carried out by the Court of Examiners of that society, who are entitled to the thanks of the community; and in so far as the said act has failed, such failure is attributable to its being a partial measure, and too feeble in its clauses for repressing the unlicensed and unqualified.

5. That to repeal the said Act, without substituting any general penal clause, in lieu of the one therein contained, against unqualified practitioners, is to be highly deprecated as eventually injurious to the public and unjust to the profession.

6. That some penal check upon the practice of the unqualified, by a summary process easy of application, is essential to the efficiency of every legislative measure, and its restriction to those unlawfully practising in public offices is wholly inadequate to protect the public; whilst, on the other hand, it seems an anomalous novelty in legislation to enact, that the unregistered shall *not recover charges* for practising in a way *not forbidden by the law*.

7. That the foregoing resolutions be published in the local papers, and a copy of them sent to each member of parliament for this city, the county of Norfolk and its boroughs; and that a petition, based upon these resolutions, be prepared by the following committee—viz., Dr. Evans, Dr. Lynn, Dr. Wayte, J. G. Crosse, J. G. Johnson, C. Costerton, W. S. Ferrier, A. Dalrymple, D. Dalrymple, B. H. Norgate, W. P. Nichols, P. Eade.

And after receiving the signatures of those members of the profession who are willing to support its prayer, be presented to each house of parliament, and that the committee be requested to continue their services for the purpose of watching the interests of the profession in regard to this bill.

THE MEDICAL PROFESSION IN SURREY.

ON Thursday, the 22nd ult., the medical practitioners of the county of Surrey assembled at the Coffee-house at Epsom, for the purpose of taking into consideration Sir James Graham's bill for the regulation of medical practice. After one or two other more formal resolutions, unanimously passed, one was proposed by Mr. W. Chaldecott, of Dorking, and seconded by Mr. J. Allen, of Epsom, acknowledging the obligations of the medical profession to the Society of Apothecaries, and recommending immediate co-operation with this body, to aid, by all legal means, in arresting the repeal of the act of 1815.

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.

CASES OF HYDROCELE TREATED WITH IODINE INJECTION.

ENCYSTED HYDROCELE OF THE SPERMATIC CORD.

CASE 1.—James H—, aged fourteen, admitted under Mr. Fergusson, January 22nd, 1844. Always enjoyed good health, with the exception of having had for the last eight years a hydrocele of the right tunica vaginalis. Twelve months ago the swelling had attained the size of a man's fist, and the radical treatment for hydrocele was resorted to with apparent success. Some time after, however, a small swelling appeared in the upper part of the scrotum, which has gradually increased to its present size—that of a pullet's egg. The tumour now lies in front of the pubes, in the site of the external abdominal ring, passing some way into the inguinal canal, and also down towards the testicle, which can be distinctly felt at the lower part of the scrotum. The swelling can be pressed slightly downwards or upwards; there is no indication of hernia; no remarkable impulse on coughing; no alteration in size or position as the patient alters his attitude, but there is distinct fluctuation, and, when a candle is used, the tumour is seen to be transparent. Has been refused admission into her Majesty's naval service in consequence of this affection, and is anxious for a cure.

Jan. 23rd.—To-day, with a small trochar and canula, about two ounces of clear-coloured fluid was drawn off, and thereafter about a drachm of iodine fluid (one drachm of the tincture of iodine to three drachms of water) was thrown into the cavity, and allowed to remain. The canula was removed, and it was desired that the scrotum should be fomented with hot water in the event of great pain coming on.

24th.—Patient has not suffered much, although there is now considerable swelling in the whole scrotum.

27th.—Since last report the swelling has diminished almost entirely. In the site of the original disease there is a hard, firm mass, about the size of a filbert. Patient dismissed.

CASE 2.—John B—, aged twenty-four, admitted under Mr. Fergusson, 13th March, 1844, a ship-carpenter and teetotaller. Twelve years ago an inguinal hernia appeared on the right side, which, after the application of leeches, while the patient was in the horizontal position, returned spontaneously. Subsequently it used often to come down, but was speedily reduced by a change of position. Four months ago, on one of these occasions, it could not be returned, although leeches, cold lotions, and ice, were had recourse to, and a swelling has remained in the canal and upper part of the scrotum ever since. At the bottom of the scrotum there is another swelling, about half the size of the first, soft, elastic, and transparent, which is seemingly quite distinct from the one above, and presents all the usual characteristics of hydrocele. The upper swelling has a soft, doughy feel, and all attempts at pushing the protruded parts into the abdomen are abortive. Patient is about to proceed on a long voyage, and is anxious for something being done before he leaves, as he feels inconvenience from the size of the scrotum, produced by these two swellings. The lower part of the scrotum was punctured, and about three or four ounces of clear-coloured fluid was drawn off. No change was perceptible on the upper part of the swelling. About a drachm of the diluted tincture of iodine was passed into the cavity, and allowed to remain. Immediately after the operation, he experienced smart pain in the testicle, and some uneasiness in the abdomen. Both, however, subsided after the lapse of a couple of hours.

March 16th.—Has not had any return of pain. The swelling is nearly the same size as before the operation, but is free from pain or tenderness. To remain in bed, and continue to support the part in a sling.

19th.—Swelling almost entirely gone. Testicle can be felt distinctly of its natural size, and in a healthy condition. Patient dismissed, cured.

Case 3.—Edward H—, aged seventy-two, admitted under Mr. Fergusson, April 9th, 1844, a lawyer's clerk, of temperate habits, and has always had good health. About three months ago, after a trifling strain in lifting books, he first perceived an unusual enlargement of the scrotum, which was observable during the day, but disappeared in the course of the night. In about a fortnight it became stationary, and has remained so ever since, excepting that it is gradually increasing in bulk. The scrotum is now about the size of the fist, and the skin is very tense. The swelling, which is on the right side, extends as high as the abdominal ring, and has all the ordinary indications of hydrocele.

April 11th.—The tumour was tapped, the fluid, amounting to eight ounces, was withdrawn, and two drachms of the iodine solution, of the usual strength, were injected, and allowed to remain.

13th.—There is considerable effusion into the sac since yesterday. The skin is red and tender.

16th.—The latter symptoms ameliorated, but the effusion is as great as at last report.

18th.—Swelling much less, and now appears to depend as much upon enlargement of the testis as an effusion into the tunica vaginalis.

20th.—Bulk of the scrotum much diminished. Ordered to be strapped.

22nd.—The straps have had a most favourable effect, and the parts have almost assumed their natural condition. Patient to be discharged.

Remarks.—In alluding to these cases, Mr. Fergusson stated that they might be deemed fair examples of the efficacy of the radical method of treatment with iodine. The pupils had many opportunities of witnessing the effects of this remedy, and he was now so satisfied of its utility, that he seldom followed any other plan for radical cure of hydrocele than that which he had resorted to in these instances. In all of them the effects of the operation appeared to be remarkably mild, and the return of the parts to a natural condition seemed more speedy than after the use of port-wine injection. It might be a question whether, in these examples, the cure was in reality complete, as the parties had been seen so short a time after operation, but he had himself no doubt on the subject, as, out of many instances, where he had pursued a similar practice, he had never seen a patient return with the disease again upon him.

The cases were chiefly worthy of notice with reference to the mode of treatment which had been adopted, but to the student, in particular, they presented features of interest otherwise. The last of them, (case 3) it would be observed, occurred in a person seventy-two years of age, a period of life at which it was seldom advisable to perform any operation which could occasion a shock to the system. As a general practice, he should doubt the propriety of performing the radical cure on one so advanced in life, and should advise the patient to be content with occasional tappings, but here was an instance where he had acted otherwise, having been induced to do so chiefly on account of the hale and comparatively robust condition of the parts affected.

Case 1 was somewhat peculiar. He had termed it encysted hydrocele of the cord, under the impression that it was so. If such were the fact, it was, it would be observed, an instance of this form of disease—comparatively a rare one—occurring after the successful performance of the radical operation for effusion into the tunica vaginalis. It had been suggested that possibly the collection of fluid had taken place in the upper part of that cavity where adhesions had not been produced; but experience went against this view; for if adhesions had been caused throughout almost the entire extent of the serous surfaces, the actions in any non-adherent part were so altered, that the disease rarely, if ever, recurred. Besides, if this had been the state of matters here, in all probability the recent adhesions would have yielded in such a manner that the swelling would have increased in a downward direction, and occupied far less of the inguinal direction than it did in reality.

Case 2 presented a variety, inasmuch as there was an irreducible hernia present as well as a hydrocele. The hernial sac was, in his opinion, filled with omentum, which had become so altered in shape and consistence, and possibly also adherent, as to be irreducible. This was an instance when, under ordinary circumstances, he should not have advised more than simple tapping, for the radical operation could not be decerned so free from danger as in an ordinary case. The inflammation might extend from one serous membrane to the other—both being so contiguous—and the effects might be alarming. The patient, however, was about to proceed to parts of the world where, possibly, he might not have the advantage of surgical advice, and even in the event of his being seen by some other surgeon, with the hydrocele perhaps much increased, there might be greater difficulties and dangers under such circumstances than were apparent at present. He had accordingly used the injection, but not without having made sure that there was no direct communication between the two sacs. Fortunately there had been no extension of inflammation, and the case might now be considered as simplified in character, there being only one disease instead of two, the remaining one being probably in that condition that it would never alter. In this instance, the patient had complained of considerable pain in the abdomen immediately after the operation, which, under the peculiar circumstances, had caused him more anxiety than in common examples. Sometimes, however, persons did feel great pain in the course of the spermatic cord, after injection, which extended to the loins, and even to the whole abdomen; and doubtless this was the case here, and not from any continuous action on the peritoneal surface.

The after-treatment consisted chiefly in keeping the patient in bed for the first few days, on moderate diet; in fomenting the scrotum as the inflammation run to its height; and in keeping the part suspended so that the scrotum and testicle should be somewhat above the level of the pubes. In one instance the scrotum had been strapped after the violence of the inflammation had abated—a practice which Mr. Fergusson deemed of great service, and one which he should recommend in most examples of this mode of treatment.

NEWS OF THE WEEK.

The Court of Assistants of the Society of Apothecaries have appointed Tuesday next, October 1st, at half-past two o'clock, to confer with a deputation from "The Medical and Surgical Association of the borough of Marylebone." The following gentlemen form the deputation:—Messrs. Propert, Clayton, Dodd, Squibb, Ancell, Bird, Craddock, Vickers, Browne, and O'Connor.

The late Sir Astley Cooper.—A statue has but now been placed in St. Paul's Cathedral to the memory of Sir Astley Cooper, the eminent surgeon. It was raised by a public subscription, confined to the profession of which he was so valued a member. The greater portion of the donors were pupils of the late Sir Astley Cooper, headed by Mr. Callaway and Mr. Travers. The statue, exclusive of the pedestal, is eight feet high, and the likeness is considered good. It is by Mr. Baily, the royal academician.

Removal of King's-college Hospital. — Some months since, the committee of management of this hospital, no doubt finding that its present site was anything but an eligible one, made application to the Duchy of Lancaster for a site for a new hospital. The spot selected was the vacant space on the east side of Wellington-street, close to Waterloo-bridge. This site the Chancellor of the Duchy was willing to grant, but in consequence of a memorial presented by the inhabitants of Lancaster-place, to the effect that the houses in that place would be lessened very much in value if the hospital were built opposite, the Chancellor of the Duchy then peremptorily refused to grant the site. The present position of the hospital is unfortunate, as it is surrounded by grave-yards and slaughter-houses.

The ensuing session at Guy's Hospital (as will be observed in an advertisement for that school) is to commence on the 1st of October. Last year it did not open until the 16th, the holidays having been taken before the work, so that no hiatus should occur at Christmas. This plan, sapiently suggested by the College of Surgeons for adoption at *all* the schools, obviously did not work well. Guy's was the only school at which the proposal was entertained; but it appears that one year's trial was sufficient to prove both its injudiciousness and its inefficiency in promoting the object it was intended to carry out.

Mr. Cartwright, jun. M.R.C.S.E., has been elected surgeon-dentist to the Royal Infirmary for Children.

Meeting at Hertford.—"A meeting of the members of the medical profession practising in Hertford, was, on Wednesday evening, held at the house of R. Shillitoe, Esq. in this town, for the purpose of petitioning parliament against the medical reform bill, introduced by Sir James Graham. Nearly all the medical men in the town attended, and they were unanimous in opposing the bill."—*Hertford Reformer*, Sept. 21, 1844.

Our medical brethren in the towns of Ware and Hoddesdon have signed the petition.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who have obtained certificates of qualification to practise as apothecaries, on Thursday, September 19, 1844:—Thomas Shaw, Ashby-de-la-Zouch; Benjamin Micklethwait, Sheffield; James Reid; John Ross Diamond; James Adams Poole, Martock, Somerset; Hayes Kyd, Haresfield, Middlesex.

CORRESPONDENTS.

An Old Subscriber.—According to Sir James Graham's proposed bill, the licence of the Apothecaries' Company would enable all who possess it to register as licentiates in medicine and surgery, during twelve calendar months, after the passing of the act. (See clause 28.)

Dr. Pidduck's communication will be inserted, and shall be headed as he requests.

One of the courses of clinical lectures alluded to by *A Constant Reader*—the most valuable one—will be published in THE LANCET.

A Subscriber and Constant Reader.—The exposé of the fraud which we ourselves published, was so decided, that we think it would be useless to devote any further space to the subject. We are obliged to our correspondent for the trouble he has taken.

The paper on uric acid shall be published. Would the author favour us with his name, for the suppression of which we see no reason?

We have been favoured by a correspondent with the details of a case of hydrocele, occurring suddenly in a patient labouring under gonorrhœa, which was cured, in a few days, by a lotion composed of one drachm of iodide of potash, to six ounces of water.

The prospectuses of one or two of the provincial schools arrived too late for insertion.

Judex Severus.—We do not believe that any person can ensure a candidate's reception at the London College of Physicians. It is a usual thing for "grinders" to advertise that they ensure success in examinations, although they be well aware that they have no such powers.

A Country Subscriber may rest assured that we feel fully the weight of our responsibility, with reference to the subject alluded to. We should have published a lecture weekly, had it been *possible* to do so, but we have had many difficulties to contend with, which have rendered it impossible to do more than we have done. The course will most certainly be concluded in the present volume.

We had laid aside the letter of *Detur Digniori* for insertion, but have never been able to find room for it, and now, we are sorry to say, the time has passed at which it would have been interesting to the profession.

We think with *Chirurgus* that the case ought to have been headed "Presumed fracture." There were several symptoms which rendered it probable that the fracture existed, but which did not necessarily imply it.

M. E. B.—We never prescribe in THE LANCET, therefore we regret to say that we cannot answer the question of our correspondent.

The subscription of *Dr. Vassall* was handed to the secretary of the Medical Protection Assembly, and it must be owing to some mistake if he have not yet received an acknowledgment of it.

Communications have been received from Mr. P. Marson—Mr. Bree (Stowmarket)—Dr. Roden—Civis—Dr. R. M. Glover—Mr. J. B. Knowles—Dr. J. H. Steinau—Mr. Joseph Curtis—R. N.—A Subscriber—Mr. R. Dunlop—Mr. S. Fenwick.

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OUR WEEKLY GOSSIP.—The London Art Union and Mr. Saunders—the New Royal Exchange—the Doncaster Cup—Statue of Laplace—Barabia of St. Louis, Munich—M. Flaudin—Horace Vernet and Morocco Commissions—Berwick Castle—Deaths of Captain Basil Hall, Camuccini, and Bonatinsky—Shakespeare and Mrs. Hall's Monument at Stratford—The Earl of Rosse's Telescope—The Repeal Prize Essays—Sale of Forney—Comte de Clarac's Catalogue of the Artists of Antiquity—Thiers's History of the Consulat—Celebration of the Massacre of St. Bartholomew—Southey's Cromwell—King of Prussia and Dr. Schmitz—Victims of Niebuhr.

FINE ARTS.—Mr. Eastlake on the Principles which may regulate the Selection of Subjects for Painting in the New Houses of Parliament, with reference to the native and various styles of the Formative Arts.

MISCELLANEA.—Paris Academy of Sciences—Mr. Nasmyth v. Capt. Warner—New Meteorological Instrument, by Mr. Goddard—The Moa, or gigantic bird of New Zealand—Richard the Second: discovery of his house at Bordeaux—The Norwegian Runner.

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PUBLIC MEETING OF THE MEDICAL PROFESSION.

SIR JAMES GRAHAM'S BILL.—A Public Meeting of ALL BRANCHES of the Medical Profession will be held in Exeter Hall, on MONDAY, the 30th instant, at Seven for Eight o'clock precisely, to take into consideration the Principles and Details of the Government Medical Reform Bill, and to adopt such measures as may appear to be demanded by the present state of the Medical Profession.

By Order of the Committee,

Exeter Hall, Sept. 26, 1844. HENRY DINSDALE, Sec.

MEDICAL REFORM.

SIR JAMES GRAHAM'S BILL.—At a MEETING of the General Practitioners of the Parish of St. Luke, Chelsea, held on the 17th inst., in the Board Room of the Chelsea, Brompton, and Belgrave Dispensary, for the purpose of taking into consideration the various Clauses of Sir James Graham's proposed Bill for the better Regulation of Medical Practice throughout the United Kingdom, JAMES MORRAH, Esq. in the Chair—

It was moved by Dr. LANDER, and seconded by F. LEWIS, Esq.—

"That this meeting having carefully considered the various clauses of Sir James Graham's Medical Bill, deeply regret to find that the first clause repeals all enactments which have hitherto been enforced against persons practising medicine or surgery without proper licence or certificate. They consider that such repeal would be pregnant not only with the most dangerous results to the public, by exposing them to the daring and insidious acts of scheming and ignorant men, but would prove alike injurious to the protective interests of the medical profession, and the health and welfare of the community at large."

Moved by D. O. EDWARDS, Esq, and seconded by Dr. PROCTOR—

"That this meeting is of opinion, that no legislative enactment which has not for its object the protection of the public, by the appointment of duly qualified practitioners, ought to receive the sanction of Parliament."

Moved by A. BARNES, Esq., and seconded by G. VINCENT, Esq.—

"That the present high qualifications of the general practitioner, and of the medical profession generally, are to be attributed to the education enforced by the Society of Apothecaries; and to deprive that body of all authority in the examination of candidates for medical practice, would be to inflict a great injury upon the public."

Moved by G. C. GARDINER, Esq., and seconded by G. RAWBONE, Esq.—

"That it is the duty of the general practitioners to hold meetings in their several districts, for the purpose of expressing their opinions upon the injurious effects which this bill will have upon the future welfare of the public and the medical profession."

Moved by F. MULLER, Esq., and seconded by G. VINCENT, Esq.—

"That a petition, embodying the sentiments of the present meeting, be presented to Parliament by the members for the county, and that every qualified general practitioner resident in the parish be requested to sign the same."

Moved by F. W. WILLISFORD, Esq., and seconded by THOMAS KEEN, Esq.—

"That the grateful thanks of this meeting are due, and are hereby given, to the editor of the 'Times,' for his able and powerful advocacy of the public welfare in the cause of medical reform."

Moved by W. DICKINSON, Esq., and seconded by A. WARDER, Esq.—

"That the best thanks of this meeting are due, and are hereby tendered, to Thomas Wakley, Esq., for his spirited and powerful advocacy on all occasions when the honour and welfare of the profession have been at stake."

Resolved—"That the above Resolutions be advertised in the 'Times,' the 'Lancet,' and the 'Medical Gazette.'"

Resolved—"That the thanks of this meeting are given to James Morrah, Esq., for his able conduct in the chair."

CAUTION TO SURGEONS.

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LECTURES
ON
ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE

University of Giessen.

BY JUSTUS LIEBIG, M.D., PH. D., F.R.S., M.R.I.A.,

Professor of Chemistry in the University of Giessen.

ON CERTAIN COMPOUND RADICALS CONTAINING PLATINUM;—THEIR ANALOGY WITH ORGANIC BASES.

GENTLEMEN,—The two mercury compounds treated of in my last lecture present, in many points, certain analogies with other substances which are likewise highly remarkable in their chemical deportment. I allude to the combinations of protochloride of platinum with ammonia. An inquiry and investigation into the nature and deportment of these compounds may perhaps assist us in forming correct notions respecting the constitution of those bodies denominated organic bases.

When treating of ammonia, I told you that we possess pretty correct notions as to the power of this substance to neutralize acids; the notions which have been formed on this subject bring the compounds of ammonia into the class of metallic compounds; but looking at urea, it may be asked—how are we to account for the properties of quinine, cinchonine, brucine, morphine, and a number of organic bodies which likewise possess the property of neutralizing acids and of manifesting alkaline reactions, nay, which have even the power of expelling ammonia from many salts, and of replacing it by an equivalent amount of their own substance?

May we assume that in such cases also, compounds are formed similar in their properties to the metals?

Look at the formulæ of quinine and cinchonine,—of codeine and morphine:—

$C_{20}\ H_{24}\ N\ O_2$ = Quinine	$C_{20}\ H_{24}\ N\ O$ = Cinchonine
$C_{35}\ H_{40}\ N\ O_6$ = Morphine	$C_{35}\ H_{40}\ N\ O_6$ = Codeine

It will immediately strike you that quinine differs from cinchonine, and morphine from codeine, simply in their relative amount of oxygen, and that these substances contain nitrogen and the other elements in the same relative proportions. Now, upon my telling you that the atom of cinchonine requires one equivalent of acid for its neutralization, you might be led to suppose cinchonine to be the oxide of a compound radical ($C_{20}\ H_{24}\ N$)+O comporting itself with acids in precisely the same manner as a metallic oxide. This inference would, however, be erroneous; for the amount of acid combining with these bases is by no means proportionate to their amount of oxygen; on the contrary, their saturating capacity seems to be wholly independent of the amount of oxygen which they contain. Quinine, which contains double the amount of oxygen, morphine, which contains six times, and codeine, which contains five times as much oxygen as cinchonine, do not neutralize any more acid than this last substance. We are therefore led to compare these bases with ammonia, and here, indeed, we find that with hydrogen acids they combine directly, and without the intervention of water, whilst with regard to the so-called oxygen acids, they combine only with their hydrates, and you will recollect that ammonia exhibits the same deportment.

It is under a similar point of view that we may consider the constitution of an artificially prepared basis, containing platinum and the elements of ammonia, which, to judge by its properties, you would never suppose to be present therein. The substance from which this basis is prepared is ammoniacal protochloride of platinum, which may be readily obtained by maintaining perchloride of platinum (in a dry state) at a temperature approaching the fusing point of tin, until no further evolution of chlorine is observed. There remains a dirty light-green powder, (protochloride of platinum,) which, in contact with solution of ammonia at a high temperature, becomes speedily transformed into a dark grass-green crystalline substance, which, upon continued digestion with ammonia, dissolves completely therein, forming a fluid of a yellowish colour. If protochloride of platinum is dissolved in boiling moderately diluted, hydrochloric acid, and pure ammonia, or carbonate of ammonia, is added slightly in excess, pure protochloride of platinum and ammonia is obtained in green, shining scales; these scales, after having been washed, will gradually dissolve in caustic ammonia upon protracted digestion; both solutions yield, upon evaporation, a copious amount of yellowish-white, long, prismatic crystals, soluble in water, and which may be precipitated from their aqueous solution by the addition of alcohol; these crystals represent the chloride of the new basis in a state of great purity. The green ammoniacal protochloride of platinum was discovered by Magnus; Reiset discovered the new substance which is formed by its solution in ammonia: this new substance contains double the amount of ammonia in chemical combination which is found in the green body, and, in its crystalline state, one atom of water, which escapes at 100°. The composition of both these substances is expressed by the following formula:—

The insoluble green substance of Magnus, $Pt\ Cl,\ N\ H_3$

The soluble compound of Reiset ..... $Pt\ Cl,\ 2\ N\ H_3 + aq.$

There exist hardly two metallic compounds which offer more remarkable properties than these two substances. Both contain ammonia, but in a state of combination which is almost without analogies. Neither the insoluble nor the soluble ammoniacal protochloride of platinum manifest the alkaline reaction of ammonia; nay, we cannot even evolve any ammonia therefrom by the addition of potass or lime, and this obviously because neither the lime nor the potass have the power of replacing the ammonia therein. Hydrochloric acid and dilute sulphuric acid have not the slightest effect upon the insoluble ammoniacal protochloride of platinum; but in nitric acid it dissolves with vivid evolution of nitrous acid, and this solution, upon cooling, yields a copious crystallization of shining white scales, whilst no trace of ammonia is to be detected in the mother-liquor.

Upon the formation of this crystalline substance, which contains nitric acid in combination with a true basis, performing, in all its properties, the part of a metallic oxide, there separates from the elements of the green substance of Magnus half the chlorine and platinum, whilst one atom of oxygen accedes to them.

The green substance of Magnus is..... $Pt_2\ Cl_2\ N_2\ H_6$

The new basis (which then combines with the nitric acid) is ..... $Pt\ Cl\ N_2\ H_6\ O$

In this nitrate the nitric acid may be replaced by sulphuric acid, oxalic acid, paratartaric acid, phosphoric acid, just as in the common salts, with metallic oxides.

The nitrate is ..... $Pt\ Cl\ N_2\ H_6\ O + N\ O_5$

The sulphate is .... $Pt\ Cl\ N_2\ H_6\ O + S\ O_3$

If a solution of the nitrate be mixed with hydrochloric acid, a heavy crystalline powder is obtained; this is the chlorine compound of the compound radical.

The formula of the compound radical would be $Pt\ Cl\ N_2\ H_6$

The oxide of the radical (the basis of the nitrate, sulphate, &c. &c.) ..... $Pt\ Cl\ N_2\ H_6 + O$

The chlorine compound..... $Pt\ Cl\ N_2\ H + Cl$

Although Gros, the discoverer of these salts, did not isolate the compound radical, nor its oxide, there can remain no doubt as to their existence.

The soluble compound discovered by Reiset exhibits peculiarly striking and remarkable properties, for it comports itself like the chlorine compound of a metal, like a protochloride in which the chlorine is completely replaceable by oxygen. We need only recal to our mind the properties of sal ammoniac, and we shall at once understand the whole deportment of this chlorine compound.

If we pour hydrated sulphuric acid over sal ammoniac, hydrochloric acid escapes, and the so-called sulphate of the oxide of ammonium is formed.

Sal ammoniac ..... $= N\ H_4\ Cl$

Sulphate of the oxide of ammonium, $= N\ H_4\ O + S\ O_3$

If we bring sal ammoniac into contact with perchloride of platinum, a double compound is formed—viz., the so-called double chloride of platinum and ammonium.

$$N\ H_4\ Cl + Pt\ Cl_2$$

The substance discovered by Reiset is composed according to the formula—

$$Pt\ N_2\ H_6 + Cl$$

Now let us designate $Pt\ N_2\ H_6$ by R, and the formula for the chlorine compound will be R + Cl.

If we mix a solution of this chlorine compound with nitric acid, sulphuric acid, oxalic acid, &c. &c. &c., we obtain the following compounds (all the chlorine being expelled as hydrochloric acid:)—

$R\ O + S\ O_3$, the sulphate;

$R\ O + N\ O_5$, the nitrate;

$R\ O + C_2\ O_3$, the oxalate.

If we mix the solution of the chlorine compound with an excess of perchloride of platinum we obtain a compound similar in composition to chloride of platinum and ammonium—

$$R\,Cl + Pt\,Cl_2$$

The substance of Reiset forms still another compound, containing only half as much perchloride of platinum as the former—

$$R\,Cl + \tfrac{1}{2}\,Pt\,Cl_2, \text{ or } 2\,R\,Cl + Pt\,Cl_2$$

Now, whilst we are not capable of isolating the oxide of ammonium from the sulphate of ammonia, since upon its separation from the acid it decomposes into ammonia and water—

$$N\,H_4\,O = \begin{cases} N\,H_3, & \text{ammonia} \\ H\,O, & \text{water} \end{cases}$$

we have it in our power to isolate the oxydized platinum basis of Reiset. If the sulphate of the basis of Reiset's substance is cautiously mixed with solution of barytes, all the sulphuric acid it contains may be separated from it in the form of insoluble sulphate of barytes, and in solution we retain the pure basis, which, upon slight evaporation under the air-pump, crystallizes in transparent and colourless needles. This basis contains the elements of protoxide of platinum, ammonia, and water,

$$Pt\,O, 2\,N_2\,H_3 + H\,O$$

in a state of the most remarkable combination; in its properties it can only be compared to caustic potass or soda; it acts as a caustic, like those substances, and destroys the skin; it expels ammonia from its salts, and precipitates the metallic oxides from theirs. From a mixture of grape sugar with sulphate of copper, it precipitates at first peroxide of copper, but when added in excess, redissolves it.

If this mixture is gently heated, the peroxide of copper becomes reduced to the red protoxide, with exactly the same phenomena as would be observed had caustic potass been used instead of this platinum basis.

Heated to 100°, this basis becomes decomposed into oxide of ammonium, or into equal equivalents of water and of ammonia, which escape, whilst there remains a compound containing the elements of protoxide of platinum and of ammonia,

$$Pt\,O, N\,H_3$$

This substance also combines with the acids, and forms therewith peculiar salts, which detonate at a high temperature. When touched, in a dry state, with a red-hot substance, it begins to burn, the constituent elements of ammonia combine with the oxygen, and there remains metallic platinum. If the platinum basis is brought into contact with hydrochloric acid, there ensues the formation of water, and of the substance originally obtained by dissolving the green protochloride of platinum in ammonia,

$$Pt\,N_2\,H_6\,O + Cl\,H =$$
$$= Pt\,N_2\,H_6\,Cl + H\,O$$

If the chlorine compound, in a dry state, is heated (by itself) to from 130° to 150°, ammonia escapes, and there remains a yellow powder, difficultly soluble in cold water, but of easy solubility in hot water: this powder possesses the very same constitution as the green salt of Magnus, and is isomeric with that salt,

$$Pt\,N\,H_3\,Cl$$

It differs, however, essentially from the green salt, by its yellow colour, and by its solubility in, and crystallizability from, hot water. This yellow, isomeric modification may also be obtained from the green salt of Magnus. If the green salt of Magnus be mixed with a concentrated solution of sulphate or nitrate of ammonia, and then kept boiling, it will gradually dissolve therein, and, upon cooling, will separate from the fluid in fine yellow shining crystals.

This yellow ammoniacal protochloride of platinum re-dissolves very readily in ammonia, and from this solution are obtained fine, perfectly colourless needles or prisms, of the original substance. Reiset states that the combination formed by the solution of the green salt contains one equivalent of water; this water, according to Peyrone, does not exist in the substance formed by dissolving in ammonia the yellow ammoniacal protochloride of platinum. In their other properties, however, these substances do not differ from each other.

The yellow substance decomposes when treated with nitrate of silver; there ensues the formation of chloride of silver, and of two new compounds containing nitric acid and platinum; one of these new compounds crystallizes in yellow transparent octahedrons. If the sulphate of the oxidized platinum basis,

$$Pt\,N_2\,H_6\,O + S\,O_3$$

is mixed with iodide of barium, the formation of sulphate of barytes ensues, and of the protiodide, corresponding to the protoxide of the basis,

$$Pt\,N_2\,H_6\,O + I$$

This protiodide is soluble in water, and crystallizable from its aqueous solution; it exhibits a peculiar deportment when dissolved in water, and upon boiling—viz., ammoniacal gas is evolved, and an iodine compound precipitates, corresponding to the salt of Magnus,

$$Pt\,N\,H_3 + I$$

If this iodine compound be treated with nitrate or sulphate of silver, iodide of silver is formed, and the nitrate or sulphate of a new base, which differs from the original one, inasmuch as it contains the elements of one equivalent of ammonia less,

$$Pt\,N\,H_3\,O + N\,O_5$$
$$Pt\,N\,H_3\,O + S\,O_3$$

The addition of hydrochloric acid to these salts produces a precipitate of the yellow ammoniacal protochloride of platinum; when treated with caustic ammonia, these salts are transformed into the nitrate or sulphate of the series first described—

$$Pt\,N_2\,H_6\,O + N\,O_5$$
$$Pt\,N_2\,H_6\,O + S\,O_3$$

According to the different notions entertained respecting the constitution of the salts, the new platinum bases may be considered as true alkalies—i. e., as the oxides of a compound radical formed by platinum and the elements of ammonia, and performing the part of a metal. Assuming this to be the correct view, we should have, in the first series, as the formula of

the radical	$Pt\,N_2\,H_6$
the oxide	$Pt\,N_2\,H_6\,O$
the chloride	$Pt\,N_2\,H_6\,Cl$
the nitrate	$Pt\,N_2\,H_6\,O + N\,O_5$
the sulphate	$Pt\,N_2\,H_6\,O + S\,O_3$

or, if we assume the constitution of these salts to be analogous to that of the ammoniacal salts, the radical would correspond to ammonium; the hydrogen compound, therefore, would, in its chemical character, be analogous to ammonia; the chlorine compound would contain the elements of hydrochloric acid; the nitrate and sulphate would contain the elements of the hydrated, nitric, or sulphuric acid.

According to this view, the formula of the compound corresponding

to ammonia would be	$Pt\,N_2\,H_6$
of that corresponding to ammonium	$Pt\,N_2\,H_5 + H$
of the oxide	$Pt\,N_2\,H_5 + H\,O$
of the nitrate	$Pt\,N_2\,H_5 + H\,O, N\,O_5$
of the sulphate	$Pt\,N_2\,H_5 + H\,O, S\,O_3$

According to this, the basis of the salts of Gros would differ from the basis of the last two salts, only inasmuch as it contains one equivalent of chlorine; and, indeed, the nitrate of the non-chloruretted basis of Reiset seems, upon the addition of solution of chlorine, to become directly transformed into the nitrate of the chloruretted basis of Gros; at least, a nitrate is obtained by this operation, possessing the properties of the latter; the addition of solution of iodine gives rise to the formation of a nitrate corresponding apparently to the nitrate of the iodurette base.

That which is most worthy of attention in these combinations, is the circumstance, that in these three bases which have been formed by the accession of platinum, or of protochloride of platinum, to the elements of ammonia, we do not observe the slightest alteration in the chemical character of this latter substance. This fact leads us to the inference, that the addition of the extraneous body, i. e. its accession to the elements of the ammonia, has not caused any alteration in the constitution of the latter body. And here we need only recall to our mind the constitution of the acids, and their deportment. Acids are hydrogen compounds of simple or of compound radicals, the chemical character of which, as acids, depends upon their amount of hydrogen replaceable by metals; their principal characteristic properties are independent of the number of elementary atoms contained in the atom of the radical; we see these elementary atoms increase or decrease in number without their increase or decrease exercising any influence on the properties of the acid as an acid.

Now we have admitted ammonia to be the hydrogen compound (hydruret) of amidogen—that is, of a radical, the chemical character of which is evidently and decidedly the very opposite to that of the radical of an acid, and we may assume, that by the accession of a compound substance (or of a new radical) to the atom of ammonia, there ensues the formation of the hydrogen compound (hydruret) of a compound amide, retaining the properties of the ammonia, and this precisely because the *chemical constitution* upon which the *chemical properties* depend, has remained unaltered. Of course this can only take place in

cases where the chemical properties of the substance added are either analogous or similar to the chemical properties of the radical to which this substance is added, and with which it combines; for if these properties were dissimilar or opposite, the chemical character of the radical would, of necessity, suffer some alteration—nay, under some circumstances, it might be altogether annihilated by the addition of a compound of opposite properties to those of the radical.

The circumstance that the bases which are formed by the accession of platinum, or of protochloride of platinum, to the elements of ammonia, retain the chemical character of the latter unaltered, may be best illustrated by comparing it with what takes place upon the accession of metallic mercury to the combination of persulphate of mercury, or of copper or manganese to that of persulphate of iron.

Persulphate of mercury is $Hg + SO_4$ or $HgO + SO_3$

The accession of mercury to this compound, forms $Hg_2 + SO_4$ or $Hg_2O + SO_3$

Persulphate of iron is ... $2Fe + 3SO_4$ or $Fe_2O_3 + 3SO_3$

The accession of copper or of manganese to this compound, form ..... $\begin{cases} 2Fe \\ Cu \end{cases} + 3SO_4$ or $\begin{cases} Fe_2 \\ Cu \end{cases} O_3 + 3SO_3$

$\begin{cases} 2Fe \\ Mn \end{cases} + 3SO_4$ or $\begin{cases} Fe_2 \\ Mn \end{cases} O_3 + 3SO_3$

Thus, if we consider the iron as the radical of its peroxide, we have here the accession of copper or of manganese to it, without observing any alteration in the neutrality of the salt, or any change in its constitution. The manganese and the copper bear the same relation to the iron as the mercury in the protosalt bears to the mercury in the persalt. Were copper and manganese capable of forming a definite combination with iron, this combination would offer to us a compound atom of the same chemical character as the simple atom: thus we say, "that the protoxides of iron, of copper, and of manganese, are isomorphous substances, which means simply that they possess the same chemical character in common with each other."

In a similar manner we may account for the formation of the new platinum bases. Ammonia is the hydruret of amidogen; by the accession of the amide of the protochloride of platinum, or by that of the amide of platinum, the hydruret of a compound amide is formed.

Radical of the basis of Gros.

Ammonia ..... $Ad + H$
added to this
Amide of protochloride of platinum $PtClAd$ $\Big\} = PtClAd_2 + H$

or

Radical of the basis of Reiset.

Ammonia ..... $Ad + H$
added to this
Amide of platinum ..... $PtAd$ $\Big\} = PtAd_2 + H$

The basis of Reiset is ... PtN_2H_6O or $PtN_2H_3 + HO$

The chlorine compound is PtN_2H_6Cl or $PtN_2H_3 + HCl$

In this chlorine compound we may assume chlorine to exist, as an ultimate constituent, in the form of hydrochloric acid. It is further possible that, as Reiset is inclined to think, the accession of a metallic oxide—of protoxide of platinum, for instance—to the elements of the ammonia, imparts to the latter the properties of a base, just in the same manner as the accession of protoxide of hydrogen (water) does. In this case, the metal of the metallic oxide would perform exactly the same part as the hydrogen does.

Basis in the ammoniacal salts ..... $\begin{cases} NH_3 \\ HO \end{cases} = \begin{cases} NH_3 \\ PtO \end{cases}$ Basis in the platinum salts of the 2nd series.

Basis in cuprum sulphurico-ammoniatum $\begin{cases} 2NH_3 \\ HO \end{cases} = \begin{cases} 2NH_3 \\ PtO \end{cases}$ Platinum basis of the salts of Reiset.

Upon looking at the chlorine compound of the basis of Gros, we further find that this compound contains the elements of perchloride of platinum and of ammonia.

Chlorine compound of Gros... $PtClN_2H_6Cl$ or $PtClN_2H_3 + HCl$

Ammoniated perchloride of platinum ..... $\begin{cases} PtCl_2 + N_2H_6 \end{cases}$

Now we find, in fact, that perchloride of platinum, when thrown into a warm solution of ammonia dissolves therein to a large amount, forming a nearly colourless fluid, which, upon the addition of alcohol, yields a copious white flocculent precipitate. By treating this precipitate with nitric acid, a crystallizable and soluble white salt is obtained, very similar to, or—what is highly probable—identical with, the nitrate of the basis of Gros. The precipitate itself, however, shews by no means the properties of the chlorine compound of the basis of Gros, for this latter is yellow, and of very difficult solubility in water, whilst the ammoniacal perchloride of platinum is partially redecomposed upon evaporation, and of exceedingly easy solubility in water.

I have entered upon this discussion of the properties and deportment of these remarkable bases, principally because it will tend to elucidate the nature of a great and important class of compounds, which, as true organic bases, do not comport themselves like the metallic oxides, but like ammonia, the saturating capacity of which does not depend, as is the case with the metallic oxides, upon their amount of oxygen, but upon a certain and definite amount of hydrogen in the acid which is added to their elements.

All the bases belonging to this class contain nitrogen, and it accords entirely with our notions to consider them as hydrogen compounds (hydrurets) of two amides, or of amidogen, with a compound non-nitrogenous radical of the same chemical character, and thus they must be considered similar in their constitution to ammonia.

If to these considerations we add, that one of these bases, and this that one which exhibits nearly the weakest basyle properties of them all, is, by the action of oxygen or chlorine, decomposed and converted into a new base, possessing far stronger basyle properties, which contains all the nitrogen of the narcotine, and into a non-nitrogenous acid—namely, opianic acid—the elements of which, with the exception of a certain amount of oxygen, formed a constituent of the far more complex atom of the original base. These considerations, we say, shew us that good reasons exist for regarding them as similar in their chemical relations to ammonia.

FOREIGN DEPARTMENT.

PATHOLOGICAL ENDURANCE IN THE INSANE.

Those who live among the insane are well aware that they are sometimes affected with severe disease, without presenting the ordinary symptoms of the malady under which they labour. Dr. Fabrege has given, in the "Journal de Médecine," the following illustrations of this pathological fact:—

A gentleman, 35 years of age, who had led a very dissipated life, became insane, and was placed by his family, in March, 1837, in the Montpelier Lunatic Asylum, to which Dr. Fabrege was then attached. He was extremely agitated and unruly, and tore his clothes with such obstinacy, that it was found nearly always necessary to use the straight waistcoat. Purgatives, blisters, baths, douches, and various other remedies, were in vain tried. The digestive and respiratory functions were not affected. On the 2nd of November he appeared better and more reasonable than usual, and requested his guardian not to apply the straight waistcoat. His request having been granted, as soon as he found himself free, he started, at a quick pace, in the gallery which surrounds the Asylum. He had not ran fifty feet when he fell down, presenting all the symptoms of serous apoplexy, with epileptic characters. Under the influence of bleeding, emetics, &c., the apoplectic symptoms gave way, but were succeeded by others, indicating intense thoracic disease, dulness, dyspnœa, fœtidity of breath, brown-coloured sputa, of a nauseous odour, and nearly all over the thorax. He died on the 10th. On examination, the arachnoid was found thickened, both on the surface of the hemispheres and at the base of the brain; all the ventricles, except the fifth, were distended with serosity; a great portion of the right lung was in a state of gangrene, and the remainder of the right, and nearly all the left, were hepatized. The pleuræ were both the seat of considerable effusion: the effused fluid was purulent on the right side, sanguino-purulent on the left. The mucous membrane of the stomach was partly destroyed, and presented, as also that of the intestines, the appearances of violent inflammation. The peritoneum was slightly inflamed. Dr. Fabrege does not state how many days previous to death the thoracic phlegmasiæ manifested themselves by appreciable symptoms, but states that it was evidently only when they had acquired such intensity as to render life materially impossible.

A man named Crespy, 45 years of age, an old gendarme, after being affected with dementia, had arrived at the third stage of paralysis. He had been more than a year in the Montpelier Asylum, and nothing had occurred to indicate impending death, when Dr. Fabrege was told, one morning, that he had been found dead on a bench. Dr. F. had, ten minutes previously, stopped before him, along with two other medical gentlemen who were visiting the establishment, and had found him sitting quietly on the bench, with the straight waistcoat on, his head, as was generally the case, bent on his chest. His respiration appeared as easy as usual. The body was examined, but without any lesion being discovered; and Dr. Fabrege was about to leave the amphitheatre,

when a pupil requested to be shewn Stenon's duct. On opening the mouth, he found it, as also the fauces, full of pebbles. It was evident that the man had completely filled his mouth with pebbles, in order to suffocate himself, and had succeeded in his design; yet a few minutes before his death there was nothing whatever in his external appearance which seemed to indicate that he was then labouring under asphyxia.

CURE OF ACUTE MANIA BY PLEURO-PNEUMONIA.

Dr. Fabrege states, in the same journal, that he has repeatedly seen insane patients recover their reason previous to death—a circumstance which he attributes, in common with other authors, to the revulsion which a severe disease exercises on the brain. In the following case this salutary revulsion was followed by a return to health:—

A man 30 years of age, soldier in a regiment of the line, was placed in the Montpelier Asylum. He had served in Africa, where he contracted intermittent fever, which gave way to quinine, and had returned home on convalescent leave. It was whilst in his family that he manifested the first symptoms of insanity. These symptoms were, at the onset, looked upon as the result of intoxication, he not being a model of sobriety. On his admission he was labouring under acute intermitting mania. The mania gradually became continued. During the rigorous winter of 1837, he often escaped into the yard in a state of complete nudity. At the beginning of April he was attacked with severe double pleuro-pneumonia, and immediately became perfectly reasonable. The pleuro-pneumonia gave way under the usual treatment, and he returned home on the 22nd, perfectly rational.

MEANS OF ARRESTING HÆMORRHAGE FROM LEECH BITES.

The "Journal de Chirurgie" contains the details of an interesting case, narrated by Dr. Bordes, in which the twisted suture was successfully used to arrest hæmorrhage from leech bites. The operation is a trifling one, and, it appears, always successful, and consequently deserves to be better known. M. Bordes was called one evening to attend a young English lady, twenty-two years of age, who had had forty leeches applied to the abdomen at seven o'clock in the morning. Seven or eight of the leech bites were bleeding in the same manner as if veins had been opened with the lancet. She had lost all consciousness. Compression was impossible, and cauterization was not likely to succeed with so abundant a flow of blood. M. Bordes, recollecting the manner in which veterinary surgeons close the vein after bleeding horses, resolved to try the effect of the twisted suture. Pinching the skin at the orifice of the wound he passed a small needle through it, and then tied a thread around. This slight operation was repeated for each orifice, and effectually arrested the bleeding. It was only the following day that the lady recovered her senses, and the convalescence lasted three months. M. Bordes has since frequently resorted to this plan, and always with success.

M. Morand, quoted in the "Journal de Médecine," has lately proposed another plan for arresting hæmorrhage from leech bites. He forms a small ball of a mixture of olive oil and yellow wax, six parts of the first to one of the last, and after wiping the blood from the wound he rapidly applies it to the bleeding orifice. Pressing on it with his finger, he then spreads it around. If adhesion does not immediately take place, and the blood continues to flow, he adds a sufficient quantity of the oily mixture to form a cake, two-thirds of an inch in thickness, covering all the leech bites. The first time M. Morand tried this plan was on a child four years of age, attacked with severe pleurisy, who had had ten leeches applied to the chest. Several of the leech bites continued to bleed in spite of various remedies that had been tried. The oil and wax mixture at once arrested the hæmorrhage.

FORMATION OF AN ARTIFICIAL ANUS IN THE LUMBAR REGION, BY M. MALGAIGNE.

M. Malgaigne has recently published, in the "Journal de Chirurgie," the following history of an operation for artificial anus, which he performed a few years ago. A man named Dernol, fifty-seven years of age, was received into M. Malgaigne's wards at Bicetre, in 1841, for cancer of the rectum. His health had been good until he arrived at his thirty-sixth year. He was then attacked with hæmorrhoids, and a few years later with fistula ani, for which he was treated by several surgeons. In 1838 he was discharged from the Hôtel Dieu, by M. Roux, as affected with incurable cancer of the anus, and was subsequently admitted into Bicetre. The cancer extended so far above the anus as to render an operation impossible. The obstacle which it presented to the passage of the fæces necessitated his being treated every now and then at the Bicetre Infirmary, by dilatation and enemata. Nevertheless, his general health remained tolerably good until August, 1841, when the abdomen became swollen, and the legs œdematous. These symptoms gradually becoming aggravated, at the beginning of October he was obliged definitively to enter the Infirmary.

The anus was then found so constricted that the finger could not penetrate, and a bougie as large as a sound only could be introduced, and that with difficulty and great pain to the patient. The contour of the anus presented a number of red knotty prominences, very sensible to the touch, cracked, discharging an ichorous fœtid sanies. The general health was much impaired, and the appetite lost. For some time he had not evacuated solid fæces, although suffering under a kind of painful diarrhœa, accompanied by severe colics. The abdomen was very much tumefied, and nearly everywhere dull on percussion, owing, no doubt, to the accumulation of fæces. There was a little sensation of fluctuation, indicating the existence of a slight degree of ascites. The œdema of the inferior limbs had ascended as high as the lower part of the chest. Poultices sprinkled over with laudanum were applied to the abdomen, enemata given, and saline purgatives administered internally, but without any good result. Indeed, the latter remedies were rejected by vomiting. M. Malgaigne then decided on performing M. Amussat's operation for the formation of a false anus in the lumbar region. The patient at first refused, but subsequently consented.

The abdomen measured, previous to the operation, three feet three inches in circumference; the thorax, at the axilla, only two feet ten inches. The patient was placed on his left side, his legs bent so as to present the left flank obliquely. The tumefaction of the abdomen was too considerable for support to be necessary. The iliac crista was with difficulty found, on account of the great extent to which the œdema was carried. A transversal incision, four inches in length, was made, an inch and a half above the iliac crista, until it met the dorsalis magnus; a cellular interstice, which appeared between the quadratus and the oblique muscles, served as an additional guide. The muscles having been gradually divided, the aponeurosis of the quadratus was uncovered, and a grooved sound was passed along it underneath the muscles, to complete the incision. The aponeurosis itself was then divided posteriorly, and the grooved sound having been passed underneath it, the incision was very carefully prolonged outwards. A prominence appeared, occupying the entire extent of the section of the aponeurosis, formed by the cellulo-adipous tissue which lines the peritoneum. M. Malgaigne was fearful lest it should prove the kidney, but on percussing it with the finger the sonorous sound elicited shewed that the colon was underneath. The adipous tissue was raised with dissecting forceps, and divided. As it filled the bottom of the wound, a portion was cut off on each side; it was a quarter of an inch in thickness. The external surface of the intestine then appeared, but it was so difficult to recognise, that it was only on percussing that M. Malgaigne felt certain of its identity; threads were passed through the intestine superiorly and inferiorly, in order to fix it, and a trochar introduced in the interval between the threads. The gas which escaped shewed that the trochar had penetrated into the intestine; an incision was made from below upwards, and threads placed on each lip of the incision, in order to separate the edges, and to bring them to a level with the skin. A soft greenish mass of fæcal matter stopping up the orifice, M. Malgaigne injected a pint of water into the intestinal cavity, by means of an elastic bougie. Nothing returning, he again injected the same quantity; the fæcal mass then slowly came away, and was followed, firstly, by the issue of a quantity of gas, and then by a spout of fluid fæces, extending nearly four feet from the bed, which lasted some time. When the fæces had ceased to flow, the incision was enlarged above and below with scissors; the anterior portion of the incision of the skin was united by sutures, and the intestinal mucous membrane was gently dragged outwards, and united to the skin. The posterior portion of the wound was allowed to remain open, being merely covered with lint; folds of linen were placed over the lint, and a bandage carried round the abdomen. The circumference of the abdomen had decreased several inches. During the operation, one small artery only had to be tied. One of the dorsal nerves was cut.

The patient at once experienced the greatest relief, and had several hours sleep, for the first time for days. No febrile symptoms whatever ensued, and all the serious symptoms which he presented before the operation disappeared. He was allowed from the day of the operation a little food and wine, and appeared to

revive under its influence. The fæces passed off easily by the lumbar opening. At one o'clock on the ninth night, he complained of pain in the side. The house-surgeon on duty was summoned, and found him perfectly conscious. On examining the artificial anus, he perceived that a small invaginated portion of the anus passed out. Whilst he was reducing it, the man suddenly fell back, and expired.

At the post-mortem examination, the sutures of the skin were found to have all cut the skin and passed away. Several of the lacerations thus caused had firmly united. The invaginated portion of the intestine which protruded was merely formed by the peritoneal coat. No union had taken place between the intestinal mucous membrane and the skin. There was about a wine-glassful of serosity in the peritoneal cavity, and a few very slight false membranes near the orifice of the artificial anus, but no redness or other symptom of inflammatory action. The stomach was distended with gas, as also a portion of the small intestines. The cæcum and colon contained a moderate quantity of a semi-solid yellow matter; but for six inches above the lumbar orifice the colon was perfectly empty. Eight or ten inches of the lower part of the rectum was the seat of frightful degenerescence, presenting fungous growths, fissures, &c. The stricture was nearly complete. The scirrhous mass adhered to the sacrum posteriorly; anteriorly there was vast ulceration communicating with a purulent collection, which had separated the fundus of the bladder from the surrounding tissue, insinuated itself on the sides of the prostate, and sent prolongations towards the nates, occasioning gangrene of the cellular tissue. From the advanced state, and extensive nature of these lesions, it was evident that the patient succumbed more from the gradual progress of the cancerous disease than from the results of the operation.

FOREIGN BODIES IN THE RECTUM.

M. Maisonneuve related to the "Societé Medico Pratique," the case of a man—a patient of M. Cloquet's—who had introduced a tumbler into his rectum. In order to extract it, M. Cloquet dilated the anus with six fingers, which being insufficient to dilate it to the required extent, MM. Maisonneuve and Huguier, who were present, each added four fingers. The fourteen fingers enlarged the anal surface to such a degree, as to allow the tumbler to be seen. The bottom of the tumbler was directed upwards, and the open part downwards. The man was then told to bear down, as if for defecation, and the glass was expelled. This case is a most remarkable example of the extent to which the anus may be dilated, without injury to the sphincters.

A few weeks previous, M. Cloquet had had under his care another individual, who had introduced a Flemish beer glass (shaped like our champagne glasses) into his rectum. The glass was seized with forceps, but broke into many pieces. In order to get the lower part out, it was found necessary to turn it, as the open broken part was turned downwards. The man died in the course of a few days.

M. Thierry narrated a case which occurred to Dupuytren. A man had introduced a square preserve-pot into the rectum, the open part being superior. Dupuytren seized hold of the rim by means of a blunt hook covered with chamois leather, and thus extracted it. (Gazette des Hôpitaux.)

EXTIRPATION OF THE UTERUS FOR COMPLETE INVERSION.

M. Velpeau has recently extirpated the uterus in a case of inversion, the result of labour, which had existed four years, and threatened the life of the woman through the continued hæmorrhage which it occasioned. After bringing down the uterus by means of double hooks, (erignes,) ligatures were passed through the base of the tumour which it formed, and it was then excised. From the account given of the operation, it is rather difficult to understand how the ligatures were applied. In another case in which M. Velpeau operated, three months ago, it appears that the base of the tumour was traversed with two ligatures, and they were then tied circularly. Owing, however, to the gradual retraction and ascension of the divided surfaces, the ligatures slipped off. In this case, therefore, it is stated, that the ligatures were placed from one side to the other, and united in front, so as to approximate the divided surfaces, as in the operation for hare-lip. The patient died of peritonitis a few days after the operation.

M. Velpeau has operated by excision on a woman, who recovered. He has lost another patient by hæmorrhage, and has met with three other cases of complete inversion; he has therefore seen six cases in all. (Gazette des Hôpitaux.)

ON DISLOCATION OF THE ASTRAGALUS, WITH THE LOWER ENDS OF THE TIBIA AND FIBULA INWARDS. ILLUSTRATED BY CASES.

By HENRY HANCOCK, Surgeon to the Charing-Cross Hospital.

(Read before the Royal Medical and Chirurgical Society.)

IT is comparatively of late years that accidents occurring to the ankle or tarsal joints have met with the attention they deserve, and it is questionable even now whether they are understood as thoroughly as they ought to be.

"There are scarcely," observes Dupuytren, "any instances in surgery in which, up to the present time, the treatment is so uncertain and inefficacious, as in these cases." And he ascribes the fact to ignorance of the anatomy and respective functions of the part, as well as of the causes which produce the mischief, with consequent inefficient method of reduction &c.

These causes, doubtless, operate to a very great degree, but it should be borne in mind, that such accidents are comparatively of rare occurrence, and that, unless a surgeon is in large practice, or attached to some public institution, he has but few opportunities of witnessing them; and that, unless enabled by experience to judge for himself, until the publication of the valuable work of the late Sir A. Cooper, "On Fractures and Dislocations," he could glean but little information from the cases scattered through the several works on surgery, as in these there is great liability to mistake, in consequence of the designations given by the authors; and, in this respect, Dupuytren himself has not a little added to the confusion.

It is much to be regretted that surgeons of former days, who, from the constant bad custom of amputating which prevailed in their time, had such opportunities of satisfying themselves, by actual dissection, of the precise nature of the accident, extent of displacement, &c., did not avail themselves of them more carefully than they appear to have done, and place the result of their experience and observations upon record, for the benefit of their successors; but we in vain search for any information of the kind in the old authors, for, with very few exceptions, they have all failed to record dissections of these cases, and it is to the late Sir A. Cooper that the profession is indebted for the knowledge derived from this source. His example has been worthily followed by Mr. Adams, of Dublin, in his excellent paper on the Abnormal Condition of the Ankle-Joint,* and great advantage would result if the practice were more generally adopted.

The object of this paper is not so much to treat of accidents occurring to the ankle and foot generally — although they must, of necessity, be alluded to from time to time,—as it is to direct the attention of surgeons to a class of injuries which are comparatively of rare occurrence, and the nature of which has certainly not been described with the accuracy its importance deserves: I allude to dislocations of the astragalus from the os calcis and scaphoid bones, the ankle-joint remaining entire.

Considerable obscurity has hitherto attended these cases—indeed, their true character does not seem to have been understood—some authors affirming that such a displacement could not occur; even Petit, whose opinions deservedly merit the attention they receive, expresses considerable doubts as to the possibility of their occurrence. "L'astragale," he remarks, "et par consequent le pied peut être luxé," &c.; and further on he adds, "L'astragale est si fortement lié au calcaneum qu'il me paroit très difficile qu'il se fasse de luxation à cette jointure."†

Duverney proceeds very nearly in the same strain, for after describing the luxation of the foot backwards and forwards, he remarks—"The situation of the os calcis is such, and its attachments are so strong, that it is very rare and nearly impossible for it to be dislocated, unless under very extraordinary circumstances; and even if this should occur, we should hardly reckon it among luxations, since its attachment to the neighbouring bones render its motives very obscure. It would be very difficult to effect such reduction, and the only way to avoid mischief is to remove the leg."‡

Duverney very probably never met with a case similar to that which we are now considering, for the same power which would force the astragalus off the os calcis, would be quite sufficient to produce displacement of the latter bone, as occurred in one t the cases I shall hereafter relate.

Richerand also expresses considerable doubts as to the probability of dislocation of the tarsal bones, specially, however, excepting that of the head of the astragalus from the scaphoid

* Cyclopædia of Anatomy &c., vol. i.

† Traité des Maladies des Os, fol. 255.

‡ Duverney, Traité des Maladies des Os, tome ii. p. 274.

bone,* an accident which Dupuytren says almost invariably accompanies fracture of the lower end of the fibula.†

Impressed with these notions, it is not at all surprising that the true character of the accidents in question should frequently have been overlooked, and that we should find them described by authors as dislocations of the foot, in various directions, according to the fancy of the writer, which, however, did not always coincide with the true facts of the case, and hence considerable difficulty and confusion have arisen in the minds of students, as to what was the real nature of the accident described.

Luxations of the astragalus, either simple or compound, are universally admitted by surgeons of the present day; indeed, the recorded cases of some forms of displacement are rather numerous, but in these there is, for the most part, a want of exactness as to the degree of mischief sustained, authors dwelling upon the fact of the dislocation being simple or compound, without noticing whether the bone has been forced from all its attachments, or whether any of its articulations remain unimpaired.

The astragalus enters, and very largely, into the formation of three joints—with the tibia and fibula superiorly and laterally, with the os calcis inferiorly, and the scaphoid anteriorly, and may be dislocated from either, but the degree of mischief, and the consequences to the patient, are by no means the same in all the varieties. We have already observed that the joint with the scaphoid bone is usually luxated, either completely or partially, when the fibula is fractured;‡ it may also be dislocated from the os calcis, either with or without the latter displacement, as we shall observe in the annexed cases: it may be dislocated from the tibia and fibula, the other joints remaining entire, or it may be dislocated from all three at one and the same time. In each of these varieties a different treatment is required, and the prognosis is much more favourable in one than the other, for so long as the ankle-joint remains entire, we may fairly expect, when the reduction is effected, that the patient will recover without experiencing any great diminution in the motions of that joint, which we could not reasonably do were it implicated in the mischief.

Sustaining the weight of the body through the medium of the tibia, the astragalus is impacted superiorly and laterally between the lower extremity of the latter bone and the external malleolus of the fibula, forming the ankle-joints, whilst inferiorly it is firmly bound down by the dense interosseous calcaneo-astragaloid ligament, &c., to the upper articulating surfaces of the os calcis, resting anteriorly on the calcaneo-scaphoid ligaments, which not only afford means of support, but spreading round from below upwards, on the inner side of the os naviculare, form, with that bone in front, a complete cup, in which the head of the astragalus rests, having in this situation the os calcis to its outer side.

It is unnecessary here to enter more minutely into the anatomy of the part, as it is presumed that all practical surgeons are well informed on the subject.

The utility of the inner expansion of the calcaneo scaphoid ligament (ligamentum teres) has not been noticed by writers on anatomy so fully as in my opinion it deserves. It is not a mere connecting medium, as is usually considered, but it also enters largely into the formation of the astragalo-scaphoid joint, arising from the lesser process of the os calcis, and spreading out like a fan to reach the upper and inner portion of the os naviculare. The cavity on the scaphoid bone being of itself too shallow to restrain the head of the astragalus in situ, if unaided, this ligament not only keeps it in proper position, but to a great degree sustains the constant stress referred to the joint during progression; for in walking &c., from the natural direction of the bone, the head of the astragalus inclines inwards as well as forwards, exerting more or less friction and pressure according to circumstances, to counteract which, this firm ligament is here placed, lined with synovial membrane, and in every way adapted to its office.

Its importance was very satisfactorily shewn in one of the following cases—that of Middleditch—where, so long as it remained entire, the head of the astragalus was kept in proper position, but after it had sloughed away, the latter twisted inwards and projected through the wound.

The two cases which I shall here relate are certainly of value, as the preparation of one of them is now in existence, shewing the exact nature of the accident, without the necessity for speculation. The preparation in question is now placed in the museum of the Royal College of Surgeons, and was purchased at the sale of the late Mr. Howship's collection, in whose practice the case occurred. They are also valuable on account of their rarity, probably from causes to which I have already adverted; indeed, after great pains, I have only been able to collect the accounts of the following cases of this peculiar accident.

Case 1 is related by Sir A. Cooper,* who observes, that "simple dislocations of the astragalus sometimes, but rarely, occur, and a compound dislocation is still more rare.† Here the foot presented the following appearances:—The protuberance of the os calcis had nearly disappeared, but the os calcis laterally, and on the outer side, projected much beyond the outer malleolus, just under which, however, was a remarkable depression; just below the inner malleolus was a remarkable and unnatural projection, the whole foot seemed somewhat displaced outwards, the toes turning out." It was reduced, and the patient recovered.‡

Case 2, related by Professor Harrison.§ It is called a "Displacement of the foot outwards, with fracture of the fibula," an erroneous title, as the foot is not the part displaced, but the astragalus and the lower ends of the tibia and fibula. "The joint was increased in breadth, the lower extremity of the tibia directed downwards and inwards, fibula fractured, fibula tarsal ligaments ruptured, the lower extremity of the fibula rested on os calcis." The patient after the accident could not put his heel to the ground. The preparation is in the museum of Trinity College, Dublin.

Case 3, described by Dupuytren‖ as a "fracture of the fibula, with dislocation of the foot inwards." The inner malleolus with the astragalus projected inwards, the foot was thrown outwards, with a considerable cavity in the situation of the external malleolus. The dislocation was never reduced. The patient could walk, but was lame.

Case 4. "Dislocations of the Astragalus, with lower extremity of the tibia and fibula inwards." John Middleditch, a strong healthy man, aged twenty-four, was admitted into the Charing-cross Hospital under my care, on Saturday evening, December 5, 1840, with an injury to the right ankle, having fallen from the top of one of the vats in Messrs. Combe and Delafield's brewery. He was immediately seen by Mr. Woolcott, the house-surgeon, who having ascertained the existence of dislocation, attempted its reduction, but without success, and therefore placed the patient in bed, simply applying cold lotion to the part. Having left town on the Saturday afternoon, I did not see the case until Monday morning, when there was too much swelling to admit of the mischief being ascertained with any degree of certainty. I accordingly directed that thirty leeches should be immediately applied, and the cold lotion continued. This treatment reduced the swelling sufficiently to enable me to examine the part on Wednesday, when I noticed the following appearances:—The fibula was fractured about three inches above the ankle; the axis of the tibia, instead of falling on the centre of the foot, was thrown inwards and slightly forwards, giving the leg the appearance of being twisted in that direction. The position and direction of the foot were not materially altered, further than by its projecting considerably on its outer side, and the toes turning slightly outwards, but its dorsum looked upwards, as in the natural condition. Upon carrying my finger along the outer edge from the heel forwards, I could feel the anterior extremity of the os calcis where it unites with the cuboid bone, very distinctly, whilst above there was a considerable cavity, instead of the prominence formed by the astragalus and external malleolus. I could likewise, by pressing my finger along the dorsum of the foot, distinguish a cavity behind the posterior margin of the scaphoid bone. On the inner side of the foot was a prominence corresponding to the internal malleolus, of which the inferior margin could be distinctly defined, and anteriorly and inferiorly, another projection more prominent, evidently caused by the head of the astragalus, over which the skin was tense, thin, and vesicated.

The distance between the internal malleolus and prominence of the os calcis was greater than in the sound foot, but not much, and that between the lower end of the inner malleolus and the sole of the foot much diminished—I should say above an inch. The ankle-joint was still capable of flexion and extension, and there was very considerable motion in the centre of the foot, corresponding to the calcaneo cuboidal articulation, forming, as it were, a double joint. From the position of the foot, (projecting outwards,) the direction of the tibia, (downwards and inwards,) the situation of the projections on the inner side of the foot, the cavities on its upper and outer surfaces, the absence of the external malleolus, the increased pliability in the centre of the foot, the integrity of the motions of the ankle-joint, and the different measurements already described, I concluded that the astragalus

* Richerand, Nosographie, tome ii. p. 337.

† Leçons Orales.

‡ Dupuytren, Leçons Orales.

* Surgical Essays, p. 189. † Ibid. p. 181.

‡ In the last edition of Sir A. Cooper's work, edited by Mr. Bransby Cooper, a case is related at page 329, of Luxation of the Astragalus, with lower end of the tibia and fibula outwards. The parts were reduced, and the patient recovered.

§ Dublin Journal, vol. xv. ‖ Leçons Orales, vol. i. p. 255.

had been forced from without inwards, off the upper articulating surfaces of the os calcis, carrying with it the lower ends of the tibia and fibula, most probably resting upon the lesser process of the os calcis.

I endeavoured to reduce the dislocation by placing the foot on its outer edge upon my knee, pressing it up, whilst at the same time I drew the front of the foot downwards and backwards, and the heel downwards and forwards, with my hands, but unsuccessfully; therefore, under the circumstances, and fearing that if something were not done to relieve the tension, extensive sloughing of the integuments would ensue, I determined to apply the pulleys; but I did not make any very great efforts, as I found it necessary to have an apparatus made on purpose, and was unwilling to produce more disturbance than was absolutely necessary.

On the following Friday, everything having been prepared, the reduction was effected in the presence of Mr. Guthrie, Mr. Avery, and several other gentlemen. The patient was placed on his right side, on the operating table, with his thigh flexed upon his pelvis, and knee bent. Counter-extension was then applied to the lower end of the thigh, and extension to the foot, the object being to relax the muscles at the back of the leg, and at the same time to enlarge the space usually occupied by the astragalus, so as to allow that bone to slip more readily into its proper place, when sufficient extension had been made.

To effect this an apparatus was employed which drew the os calcis downwards and forwards, at the same time that the front of the foot was drawn downwards and backwards. This was not an easy matter to do, as it was at the same time desirable to avoid pressing on the tense skin over the projection, and absolutely necessary to prevent the apparatus slipping from the heel, without pressing upon the lower end of the tibia and fibula. A broad leather strap was passed obliquely downwards and backwards over the instep, and fastened beneath the foot; another was carried from behind forwards and downwards, over the heel, and joined the former at the centre of the sole of the foot; whilst from the junction of the two, two other straps, armed with rings, passed directly downwards, and to these the pulleys were attached.

To prevent the posterior strap from slipping over the heel, a fifth was carried from its centre, round the outer side of the foot, to join the anterior strap at the top of the instep, but this proved unnecessary, and indeed injurious, as it pressed upon the lower end of the fibula. Extension was now applied, but as the man shifted his body, so as to straighten his leg, a jack-towel was passed round his pelvis, and fixed by a rope to the wall, thus completely preventing his moving. The extension was steadily kept up for one hour and a quarter, not in a straight line, but sufficiently inclined from above downwards, to depress the inner side of the foot, whilst I endeavoured, though ineffectually, from time to time, to return the bone, by placing my knee beneath the lower edge of the foot and raising it up, at the same time that I pressed upon the leg; but finding that direct force applied on the displaced bone had no effect, and feeling a certain degree of yielding, when pressing it from before backwards, I thought it not improbable that the neck of the astragalus had caught upon the inner edge of the scaphoid bone, and I proceeded accordingly. As the present extension acted immediately and independently upon the foot, it was continued in the same direction, and a strong towel, twisted around the pulleys, by which some of the gentlemen present drew the foot forwards, (i. e., in the direction of its toes,) whilst I at the same moment grasped the tibia just above the ankle, and drawing it backwards towards the heel, the bone almost immediately returned to its proper place, the natural line of the tibia and the position of the foot being at the same time restored. The pulleys having been removed, the leg placed on its outer side, on a splint, with the foot slightly raised and confined by a roller, the patient was returned to his bed, with his leg lying on its outer side, his knee bent, and cold lotion applied.

The integuments over the point of pressure sloughed and separated on the third day after the reduction, leaving the bone exposed in its proper position, and this was succeeded by considerable discharge for several days, in the course of which the internal calcaneo scaphoid ligament sloughed and came away. The astragalus being now no longer restrained in that direction, gradually twisted round upon the calcis, until, at length, a large portion of its head protruded through the opening in the integuments. This prevented the wound from closing; and as the bone could not be kept in its proper position, but had lost its articular cartilage, and was passing into a state of necrosis, I subsequently, with a small saw, removed its head to the extent of about three-quarters of an inch; after which, the wound gradually healed, the parts became consolidated, and the man left the hospital, cured, in July, just seven months after the accident. Notwithstanding the period which elapsed after the injury before reduction was attempted, the length of time extension was kept up, the extensive loss of integument and protrusion of bone, the exposure of the large calcaneo-scaphoid space and synovial membranes, the profuse discharge, &c., the constitutional disturbance in this case was very slight, excepting upon one occasion, when, from the position in which the foot was obliged to be kept, the matter gravitated to its outer side, but which was speedily relieved by an incision in that situation. The subsequent treatment was therefore very simple: attention was paid to his bowels, and a mild opiate administered at night; and as he had been in the habit of drinking large quantities of porter, a quart of that beverage was allowed him daily, with full diet—beef tea, &c., as occasion required.

I saw him to day, (May 9th, 1842.) He walks as well as he did before the accident, without stick or artificial support of any kind. The leg is larger than the opposite one, and there is some thickening around the ankle; but the motion of the joint is good, and the direction of the foot and situation of the malleoli natural. He tells me that he is able to do his work, which is at times very heavy, as well as ever he did, his leg being entirely free from pain.

Unfortunately, he was unable to tell me how or what part of the foot was struck; all I could learn from him was, that he was standing with another man on a plank placed between two of the vats, at a distance of above thirty feet from the ground; that his companion, slipping, caught hold of him, and they both fell, (his companion fracturing both his thighs and his right patella;) that he became insensible for the time, and that when he recovered he found himself on the ground, unable to rise, but was totally ignorant of the nature of the injury he had sustained, until he was brought to the hospital.

It is, therefore, mere matter of conjecture as to how this particular mischief was produced; but if I might hazard an opinion, I should say that the man most probably alighted on the inner edge of his heel, and immediately fell over on his right side, fracturing his fibula; that the calcis, becoming, for the moment, a fixed point between the ground, on the one hand, and the superimposed weight of the body on the other, the whole violence of the shock was thus suddenly and obliquely thrown upon the calcaneo astragaloid joint, ripping up the interosseous ligament, and producing the displacement, which was likewise favoured by the fracture of the fibula and natural direction of the upper articulating surfaces of the os calcis.

In this accident, the synovial membranes between the calcis, astragalus, and scaphoid bones must have been torn as well as the following ligaments:—the middle or vertical division of the external lateral ligament of the ankle-joint; that portion of internal lateral or deltoid ligament attached to the inner side of the os calcis; the posterior, external, and anterior ligaments; the first connecting the posterior edge of the astragalus; the second, the part below the external malleolus; and the third, the neck of the astragalus to the neighbouring parts of the os calcis, the dense interosseous ligament, and the proper astragalo scaphoid ligaments.

(To be concluded.)

SELECTIONS FROM A SERIES OF ESSAYS ON GENERAL PATHOLOGY.

By James Bower Harrison, M.R.C.S.L., &c., late Surgeon to the Ardwick and Ancoats Dispensary, and formerly one of the Resident Medical Officers of the Manchester Royal Infirmary.

No. III.

OF CONSTITUTIONAL PECULIARITY IN DISEASE.

In the first place I shall speak of those more passive deviations from the healthy state,* which are not commonly noticed as morbid conditions, but rather looked upon as constitutional tendencies. It must be confessed that much obscurity attends their investigation, but it is better to examine openly what we know on the subject, than conceal from ourselves the real amount of our information by having recourse to unmeaning terms and abstract phrases. Strictly speaking, these states can scarcely be considered as elementary in their nature, and it may therefore be necessary to recur to them again when I have to speak of the combinations of disease.

Here, then, we approach a subject of the greatest importance—namely, an investigation into the conditions which commonly go

* The more passive may be distinguished from the progressive morbid actions. Hunter says, "A disposition is different from a visible action, yet it is possible it may itself be an action."—*Palmer's Edit.* vol. i. p. 270.

by the name of constitutional dispositions. It has always appeared to me, that the nature of those states is deserving of a more philosophical and less general mode of inquiry than is commonly bestowed on them. How readily the medical student is contented with the words "predisposition" and "tendency," which are so frequently used without any precise meaning, or to imply the possible supervention of disease. It must surely be unnecessary to remind the philosophical reader that there can be no such thing as tendency in the vague sense in which it is frequently used. If there *be* a state of disorder, we can understand that it may pass on to a more advanced state of mischief, or that it may lead to another disorder; but to say that a tendency can exist independently of the presence of some real derangement, is to use words without meaning, and has led to much error, as it has prevented any attempt being made to investigate or describe the actual constitutional maladies.

Now it is evident that the physical structure of the body may vary in different individuals, and this variation may be a greater or less deviation from the state which is best calculated for the performance of its functions, or the endurance of external influences. There is no great objection to the term constitution, as indicative of this variety, if we only attach to it a precise and definite meaning. In fact, the word is commonly employed, and therefore it is proper to use it. Now we have said that "tendencies" have in *bona fide* no existence, except so far as they are used in relation to real morbid states; it becomes, then, necessary that these states should be at least carefully described, though we may only be able to conjecture as to their nature. We see, from the most cursory observation, that there are great differences in the external appearances of the tissues in different individuals, and we may with justice suppose the internal structures, though presenting less palpable variations, have nevertheless essential peculiarities. It is possible that the difference may be in part ascribable to actual chemical varieties in the composition of the solids; but it appears more reasonable to refer it to a peculiarity in the molecular constitution of the body. It is conceived that a change in the polarity of the ultimate molecules may exist, capable of altering the tone and habitudes of different animal structures. I do not, however, mean to imply that the solids alone are in a state of derangement, in the case of morbid constitutional peculiarity. The close interchange and connexion which is maintained between the solids and fluids would render it impossible that any extensive variation should be confined either to the one or the other. The whole may, nevertheless, be regarded as a common condition, for any refinement which should distinguish the two would be as unnecessary as it would be useless. The different states of blood which exist in youth and age, in the male and female, and in the different temperaments, are no doubt, in some degree, the source of the constitutional peculiarities with which they are united. "The relative proportion," says Mr. Ancell, "of the red corpuscles to the transparent fluid, which together constitute the living blood, is greater in the male than in the female sex; in the sanguine than in the lymphatic temperament; in adults than in children and old people; in individuals well nourished than in those subject to scanty nutrition."* The energy of the system is thought to be also dependent on variations in this respect, and the whole subject is one of the most practical importance, as well as of the greatest interest. It is found that different proportions of the red corpuscles are found in the brute creation to correspond with the nature and habits of animals, those of a predatory kind having the greatest quantity of the red particles.

In respect to the causes of constitutional peculiarity, it is in many cases difficult to assign any very satisfactory reason; in a great number of instances they are evidently congenital. The molecular arrangement of the tissues is no doubt, in a great degree, amenable to the ordinary laws of cohesive attraction, but it is further influenced by purely vital agencies, and thus changes may be brought about in the tone of the tissues by any embarrassment to that circle of actions which accompanies the manifestations of *life*. Molecular derangement may therefore be induced by a variety of diseases, especially those which impair the digestive functions and the assimilation of the blood. It is thus not unfrequently a secondary condition of disease; but for the present we look principally to its hereditary origin.

Many of the peculiarities which are called constitutional are found to exist from birth. When we find the mortality of children to be so great, it is impossible to avoid the conclusion that there is much hereditary disease. Notwithstanding, we may fairly attribute something to the carelessness of parents and nurses, or the absolute privations and disadvantages which poverty and circumstances impose, it must be still evident that very many are born in a state which is, strictly speaking, one of disease. How many scrofulous parents in our large towns are surrounded by families of children, who are destined, like themselves, to fall an early prey to suffering and disease. It is almost impossible to say how often I have seen a husband dying of consumption, and leaving a pregnant wife to transmit the disease; nor can it be doubted in many of these cases, that the procreation must have taken place whilst the parent was far advanced in this most fatal of maladies. There are perhaps few subjects more interesting than that of the transmission of hereditary peculiarities. It must be allowed that the nature of generation is involved in great obscurity, and its phenomena may have always to be regarded as ultimate facts in physiological inquiry; yet the result of observation and experiment clearly shew that if we cannot pry into its nature, we may discover some traces of regularity in its effects.

The transmission of certain forms and general resemblance from the parents to the offspring, is a matter of common observation, even in the human race, where so many circumstances conspire to render such resemblance difficult of detection. It is a matter of ordinary compliment to remark the similarity of expression of form, and even of language and habits, though, with regard to the latter, much may be owing to early example and imitation. In the inferior animals, where we can regulate the intercourse, and vary at pleasure the size, colour, and species of the parents, we are enabled to see more clearly the effects of generation. The influence of this election has been strikingly evinced in the improvement of various breeds, and the complete alteration of the characters of others. This is particularly apparent in the colour and external characteristics of animals, (which are plainly derivable from the parental influence.) Thus, when the parents are of opposite colours, that of the offspring is generally of an intermediate tint; but this is by no means universal. In many cases it resembles either the one or the other. I think there can be no doubt but that, even in the human species, if those who resembled each other were universally to be married together, we should have distinct casts and varieties of men, equally marked with those we notice in dogs and horses. In this case, hereditary mental and physical peculiarities would be transmitted without interference. In the same manner that the external appearance of the offspring resembles that of the parent, so would that of the internal structure; and the condition of the viscera, even to the minutest particular, with at least only occasional and unaccountable varieties. It has often been remarked, that the configuration of the negro skull and skeleton differ considerably from the European, and many have supposed that the soft parts receive their peculiarity from that disposition; but, as Mr. Lawrence has remarked, though this doubtless produces one source of deviation, it is by no means the only one. In point of fact, the other tissues are no less peculiar; the nose is not broad and flat simply because the ossa nasi are further separated, but the whole body and every organ is modified by the transmission of the qualities of the parents as well in those parts which are the most obvious, as in those which are the least so. As in different species we know that the stature, longevity, &c., are determined by the peculiarities of that species transmitted by generation, so in the varieties even the most minute detail may be determined by the parents. We cannot make an animal of inferior bulk attain the magnitude of the elephant by any system of training, nor can we preserve the life of an animal, by artificial means, materially beyond the ordinary duration to which it seems destined by the impulse of generation.

When we consider these things, I think we cannot fail of being convinced that much must be owing to constitutional peculiarity in the production of molecular disease. The profession have scarcely given the attention to this subject which it seems to claim.

It may reasonably be inquired in this place to what extent is disease capable of transmission, and to what circumstances is this quality attributable. I believe it has been asserted that congenital complaints are alone capable of propagation, but this is obviously not true to the full extent, and it yet remains to be ascertained what constitutes this capability. In the meantime, it appears probable that those diseases which change the whole texture of the solids, or influence the composition of the blood, are the principal hereditary maladies; for it is not to be supposed that the accidental disease of an organ should be continued to the offspring, unless it arose from some more general derangement, of which it was only the palpable indication.

It might be imagined, from the circumstance of children being in some cases altogether different from the parents, as in the case of what are called *monsters*, that the powers of nature in the production of the young were at times very independent of hereditary transmission; but modern investigation has thrown very considerable light on these so-called monsters, so that the term *lusus naturæ* is no longer properly applicable. Great ingenuity has

* Lectures on the Blood, "Lancet" for 1840, vol. i. p. 384.

been used in tracing defective formations to their original causes, and it has been discovered that they are attributable to an arrest of development in some part of the embryo; and this malformation would appear to be the permanent condition of such part in some of the inferior animals.

Broughton, near Manchester.

TABLES OF THE MORTALITY AFTER OPERATIONS.

By Thomas Inman, M.B.

The history of the following tables is this. A year or two ago, I was struck with the number of deaths occurring after amputation, and about the same time met with Dr. Lawrie's and Mr. Phillips' paper on the same subject; from that date I have been occasionally jotting down the reports I have met with in the different periodicals, but did not do much till a few months ago, when circumstances induced me to extend my inquiries, and to comprehend other capital operations besides amputation.

As I have been myself considerably surprised by the results, I have thought it worth while, for the information of others, to give them a wider circulation.

I doubt not that many living operators, if they ever happen to cast their eyes over the columns, will find I have in some degree misstated the results of their operations. This arises from many of my notes being taken long ago, and consequently representing what was correct only at the time they were written. The table would have been much more perfect, had I been able to obtain an authentic account of the practice and experience of our most eminent living surgeons.

I cannot help thinking that it would be exceedingly beneficial, if all the hospitals in England, especially the larger ones, would publish an annual record of their operative practice, such as is given for Scotland in the "Edinburgh Medical and Surgical Journal" for January, 1844, No. 158.

Table shewing the Average Mortality of Amputations generally, including secondary, primary, for accident or disease.

Where occurring, or by whom reported.	No. of Cases.	Deaths.	Proportion.
Cases collected and reported by Mr. Phillips, occurring in France, Germany, America, and England . .	640	150	1 in 4⅛
Cases collected from the various journals by the same author, all probably occurring in Britain . .	308	76	1 in 4
Private notes of London hospital surgeons, by the same author . .	107	28	1 in 3¾
France, as reported by Malgaigne: Parisian hospitals for four years .	587	301	1 in nearly 2
Guthrie, on the field of battle . . .	291	24	1 in 11½
Guthrie, secondary in hospitals . .	551	265	1 in 2⅛
Glasgow Infirmary, Dr. Lawrie . .	276	101	1 in 2 7/10
Pensylvania and Massachusets hospitals	146	37	1 in 4
Northern Hospital, Liverpool . . .	96	18	1 in 5
Gendron, Paris	79	33	1 in 2⅖
University-college Hospital . . .	66	10	1 in 6⅗
Emery, after battle of Navarino . .	68	14	1 in 4⅘
Liverpool Infirmary, three and a half years	56	4	1 in 14
Guyon, African army of the French, 1837-9	63	17	1 in 4
Edinburgh, last year— Larger extremities, 18 cases, 13 dead / Lesser extremities, 20 — 2 —	38	15	1 in 2½
Dupuytren	59	15	1 in 4
Scotch hospitals, during last year, exclusive of Edinburgh	60	14	1 in 4⅓
Larrey and Roux	38	15	1 in 2½
Larrey, primary, on field of battle .	13	2	1 in 6½
Dubois	28	3	1 in 9
After revolution of 30th July, at Paris, the proportion of deaths was three in four	4	3	
Bell states, that out of operations performed on the field of battle, he lost 1 in 12	12	1	
Total	3586	1146	1 in 3 1/10

Table shewing the Mortality attending the operation of Amputation.

Operation.	No. of Cases.	Dead.	Proportion.	Remarks.
Amputation of the thigh . . .	201	126	1 in 1⅗	Collected by Malgaigne from the records of the Parisian hospitals from 1836 to 1840 inclusive.—*Archives générales de Médecine à Paris*, April, 1842. These include amputations for accident and disease; the average mortality of the two is nearly equal.
—— of leg	192	106	1 in 1⅘	
—— of foot	38	9	1 in 4⅕	
—— of shoulder-joint . .	13	10	2 in 3	
—— of upper arm . . .	91	41	1 in 2⅕	
—— of fore-arm . . .	28	8	1 in 3½	
—— of wrist and hand .	24	1	1 in 25	
Amputation of the thigh . . .	128	46	1 in 2⅘	Glasgow Infirmary, from 1795 to 1840, reported by Dr. Lawrie.—*Medical Gazette*, 1841.
—— of leg	62	30	1 in 2	
—— of foot and ancle . .	5	1	1 in 2½	
—— at shoulder-joint . .	6	4	1 in 1½	
—— of arm	53	21	1 in 2½	
—— of fore-arm	20	0		
Amputation of upper extremities, collected from various sources (French military)	123	66	1 in about 2	These are chiefly taken from the reports of Malgaigne, chiefly military surgery.
Amputation of lower extremities	107	69	2 in 3	
Amputation of upper extremities (various sources)	144	18	1 in 8	These are collected chiefly from American and British reports, where no distinction has been made between arm and fore-arm, thigh, and leg.
Amputation of lower extremities	296	75	1 in 4	

Table shewing the Mortality attending the operation of tying the Large Arteries.

Artery subjected to ligature, &c.	No. of Cases.	Deaths.	Proportion.
Cases collected by Phillips from the works of Boyce, Lancisi, Scarpa, Pelletan, &c., where old operation was performed:—			
Femoral tied	22	6	1 in 3¾
Humeral tied	7	1	1 in 7
Hunterian operation:—			
Ligature of arteria innominata*. .	6	6	all die
Ligature of subclavian	40	18	1 in 2
—— of carotid	40	11	1 in 4
Abdominal aorta	3	3	all die
Common iliac	8	3	1 in 2⅔
Internal iliac	4	2	1 in 2
External iliac	27	9	1 in 3
Femoral	42	7	1 in 6
Total	199	66	1 in 3

* The only successful case, if so it may be called, is related by Mr. Porter, of Dublin, where the artery was cut down upon and found too much diseased to bear the ligature; the wound closed readily, and the aneurism was cured.

Some discrepancies exist in the calculations of various authors as regards the mortality of this operation. Phillips states that out of 171 cases he has collected, 57 died. Lisfranc states that he has collected the reports of 180 cases where the Hunterian operation has been performed, and gives the deaths at 40 only.

The above table is drawn out after carefully examining all the medical periodicals for a long series of years, and the author believes it may be relied on as being the closest possible approximation to the actual truth.

Table shewing the Mortality attending the operation for Lithotomy.

Nature of operation, where recorded, by whom or where performed.	No. of Cases.	Deaths.	Proportion.
Frère Jacques (recorded by various authors)	124	7	1 in 17¼
Raw (the only official register extant that I can find noticed)	22	4	1 in 5½
Cheselden	213	20	1 in 10⅔
Naples: lateral operation—cases operated on in the public hospitals from 1821 to 1828	643	100	1 in 6½
Dupuytren—bilateral operation	99	19	1 in 6
Dupuytren's account of the practice of the Parisian hospitals and private cases, 1836	356	61	1 in 6
Dudley, Kentucky	153	4	1 in 38¼
Chrichton, of Dundee	71	8	1 in 9
Norwich Hospital for the last 60 yrs.	704	93	1 in 7⅝
Leeds Infirmary, from 1767 to 1817, according to Dr. Prout	197	28	1 in 7
Bristol Infirmary	...	...	1 in 4½
Bransby Cooper	104	10	1 in 10
Liston	22	2	1 in 11
Hotel Dieu and La Charité, Paris	1200	225	1 in 5⅓
Luneville	1629	147	1 in 11
Frère Côme	100	19	1 in 5
Pajola	50	5	1 in 10
Pauza	70	5	1 in 14
Ourrard	60	5	1 in 12
Joucil	83	3	1 in 17
Total	5900	765	1 in 7¾

Table shewing the Mortality attending the operation for Hernia.

Where or by whom recorded &c.	No. of Cases.	No. of Deaths.	Proportion.
In Sir A. Cooper's work on Hernia	77	36	1 in 2
By Travers	14	8	1 in 1½
Dewar, of Dunfermline	17	4	1 in 4
Scarpa (on Hernia)	16	5	1 in 3
Lawrence (on Hernia)	22	7	1 in 3
Clement	8	3	1 in 2⅔
Hey (he performed the operation forty times, but no detailed account is given of all the cases)	12	6	1 ln 2
Wurtzburg, from 1816 to 1842	56	24	1 in 2½
Recorded in different periodicals as isolated cases, &c.	88	30	1 in 3
Malgaigne, Hospitals of France:—			
Patients between fifty and eighty years of age	97	70	1 in 1¼
Other ages	86	44	1 in 2
Guy's Hospital, from Sept. 1841, to December, 1842	19	10	1 in 2
Scotch hospitals during 1843	11	3	1 in 3⅔
Cases witnessed by the author	6	3	1 in 2
Liverpool Infirmary, for two years	4	1	1 in 4
Liverpool Northern Hospital—nine years	12	6	1 in 2
Total	545	260	1 in 2

Table shewing the Mortality attending upon the operation of Gastrotomy and the Cæsarian Section.

Where or by whom recorded—Nature of operation &c.	No. of Cases.	Deaths.	Proportion.
Cæsarian section.			
Dr. Churchill: 414 cases, 186 died, = 1 in 2¼			
Cases collected by Mons. Figuera: 790 cases, 424 fatal, = 1 in 1¾			
Cases well authenticated, collected by Dr. Churchill, all occurring since A.D. 1750*	321	172	1 in nearly 2
Removal of Dropsical Ovarium, where operation was completed	33	11	1 in 3
Operation for extirpation, where either no tumour existed, or where insurmountable obstacles prevented the removal of the diseased mass.†	9	3	1 in 3
Total	363	186	1 in about 2

1, Rodney-street, Liverpool, May 15, 1844.

SOME FURTHER PRACTICAL REMARKS ON THE TREATMENT OF OVARIAN DROPSY.

By Isaac B. Brown, Consulting Surgeon-Accoucheur to the Paddington Lying-in Charity, &c. &c.

I am most anxious to have my plan of treatment *fairly* before my professional brethren, convinced that good will ensue if all the plan is systematically carried out. I am most particular on one point—viz., the ages of my patients who have been cured, as much has been said on that head tending to militate very materially against my cases as being true ovarian. When Mr. B. Philips read his excellent paper on the recorded cases of the operation for removal, before the Royal Medical and Chirurgical Society, I was allowed to make some observations upon my plan of treatment; after which Dr. F. Bird spoke to the following effect:—"It required very little to prove that the plan recommended by Mr. Brown was inefficient; the age of the individuals was against the supposition that the dropsy under which they suffered was ovarian."

Now, a doubt as to my cases being ovarian coming from Dr. F. Bird, who has successfully operated in several cases, is calculated to prejudice very seriously the minds of my professional brethren; I therefore purpose shewing from facts—for from facts alone I have hitherto drawn all my deductions,—that his objection is not valid. First, let me recapitulate the ages of the cases recorded: they are respectively 17, 20, 19, 17, 45. Now, supposing the theory that ovarian disease cannot take place before the age of puberty, to be correct, (which I have always dissented from, as stated in my second paper, published in The Lancet,) still their ages were not so young as to prevent the full development of the sexual organ, and they had *all* menstruated. Again: have not several writers for the past century mentioned cases of ovarian disease as early as 13 and 14; and have not surgeons lately operated for the removal of the cyst on patients as young as 20? Has not Dr. F. Bird himself operated lately on a young lady aged 21?—and does not her past history prove that the disease commenced as early as 18? But further: I have lately had under my care a young lady, whose case I pronounced to be ovarian on my first visit, and whose age was only 15, and *she had never menstruated*, but her past history shewed that the disease had been coming on for at least a year previously. I have since tapped her in the presence of my esteemed friend Mr. Lane,—whose opinion I suppose Dr. F. Bird and others will allow is likely to be as good as, if not better than that of any other surgeon,—who has seen much of ovarian disease and its peculiar fluid, and agrees with me, and others present, that the disease is decidedly ovarian. I have a portion of the fluid (in all twenty pints) in a bottle, which I shall be happy to shew to Dr. Bird, or any one else who doubts its character; they will find that it is of a coffee-ground colour, thick, ropy, and highly albuminous—all acknowledged

* Out of twenty-eight persons who had the operation performed on them more than once, only three died—i.e., there were seventy-three operations on twenty-eight persons, and only three deaths.—(*From Dr. Churchill's Midwifery, &c.*)

† "Edinburgh Medical and Surgical Journal," No. 159, p. 469.

signs of one form of ovarian disease. I hope this case clearly establishes the fact that the disease does occur in young females, (even *before* the age of puberty;) and if it do establish such fact, I think no one will be likely to doubt the character of my recorded cases, on account of their ages.

I have been repeatedly asked what class of ovarian disease I consider most likely to benefit by my plan of treatment? I would wish to refer them to the excellent and truly practical remarks made by Dr. Moore at the same meeting of the Royal Medical and Chirurgical Society as I have just alluded to. He remarks: "There were three forms of disease most commonly observed. In the first form, the ovary itself became diseased and degenerated, a sac formed, and went on enlarging more or less; the fluid contained in the sac was thin and watery. This form of the disease might probably exist for years. In the second form of the affection, each Graafian vesicle was affected, and became enlarged, forming, in appearance, a tumour similar to the first variety, but it contained a thick, yellow, tenacious fluid, this fluid being contained in different cells: in this variety paracentesis was of no benefit. The third class of the affection was altogether different from the two others; it appeared to have its origin in irritation or inflammation of parts contiguous to the ovary, in some instances simulating peritoneal inflammation; its situation appeared to be between the ovary and peritoneum, and it contained a thick, ropy fluid."

Now it is the *first form* of disease I consider favourable for treatment, and I willingly confess that where, *after every trial*, the disease should prove one of the second or third class, then the median operation is to be recommended as a legitimate operation. But it is asked—How are you to know what is the precise character of the disease? I answer, There is no *certain* means except tapping the patient, to ascertain the character of the fluid, yet there are certain general signs which may give you a tolerable good idea of the nature of the disease.

It will be generally found, that in the first form decrease of size takes place much more certainly than in either of the other forms; under rational medical treatment there will generally be less constitutional disturbance; the past history will be more marked; but without being certain of the character, a fair trial should be given, and I cannot see any harm that can arise when directed by a competent medical man: of course, in the hands of a careless practitioner, or in the hands of a would-be medicus; the mercurial treatment might be serious, and even dangerous.

Again: objection has been frequently made to my cases being genuine, on account of the fluid in some of them being thin and watery; it has been urged that such is not the proper character of the fluid. I can only refer them to almost every writer on ovarian disease, to prove that in the *simple* encysted, the fluid is almost invariably of a thin, light-brown, and watery character, or, in the words of Dr. F. Bird, when describing his last case, "the fluid was of a light-amber colour, containing but little albumen." I could easily multiply instances of well-recorded cases to prove this point, but I am not desirous of extending these remarks beyond their present limits. I shall always, however, be ready to defend my assertion, if any one can be found to doubt *its accuracy*.

Connaught Terrace, Hyde Park.

ON AN IMPROVED MODE OF MANAGING BLISTERS.

By JOHN KEY ROBERTSON, M.D., Glasgow.

IN a monograph on "Special Diseases," published by me in 1841, I described a mode of managing cantharides as a blister, the general purport of which I shall repeat here, that it may be extensively read and *tried* through the wide circulation of THE LANCET.

I beg leave to say, that what follows is the result of my observation, extending over nearly seventeen years, and that if the practice be followed anywhere, or by any one, it has never been made public but by myself, so far as is known to me.

I shall be extremely glad that it be given a fair trial generally, by gentlemen in the profession, and that the results be sent to THE LANCET for publication.

The improvements I beg to suggest are the following:—The common empl. canth. of the pharmacopœia is to be used.

I. It is generally spread on leather.

It should never be spread on leather, but on thin paper, (partially sized, or printing paper,) or upon soft linen. Leather, by the heat of many parts of the body, becomes dry, partially crisp, and with difficulty adheres to the skin, producing, even if the blister were otherwise good, an impossibility in many instances of acting well and generally over the whole part intended to be blistered, from not being over the whole extent of the blister in contact with the surface of the body. The linen or paper has no such objection, and clings easily and to anywhere. I invariably use *paper*, and straps to secure it, above these a small pad, and then a bandage.

II. It is generally spread very thick.

It should be spread very thin—a mere covering of the paper or linen is all that is requisite. This thickness partakes of the objection already mentioned with reference to leather; and as no more than the mere surface of the blister can act on the skin, to make a blister thick is, in addition to rendering it in many places difficult of application or adhesion, sillily throwing away, or wasting, a rather expensive substance.

III. It is a very common practice to cover the surface with powdered cantharides. *This should never be done*, but instead, a few drops of olive or sweet oil put on the surface of the spread blister, the oil, by means of the finger, being rubbed into its surface and allowed to remain.

There are several objections to the practice of putting powdered cantharides on the surface of blisters. In the first place, a good one does not need it. In the second, a bad one wont be made good by its being there, as dry cantharides act very triflingly, or not at all, on the skin; and again, if the blister act, it is troublesome to remove from the surface, thereby increasing the chances of strangury by absorption, or forcing us to tear off the cuticle to obtain its removal.

The active property of Spanish fly is soluble in fixed oil. This, it may be said, is perfectly well known; possibly, it is well known; but while the simple empl. canth. of the shops will act occasionally tolerably well in summer, in winter it is far otherwise; the vehicle is then almost solid, and my proposal is a means of obtaining the activity of the Spanish fly at all seasons, and independently of ordinary counteracting circumstances. Its activity by this means is not only rendered certain, but *more intense*, much less time being necessary to blister than usual, six to eight hours being quite enough, and even less will do where time is of importance.

The skin requires no preparation whatever—*strangury never follows with me.* They are dressed afterwards in the ordinary way, with cotton. If the oil has been rubbed into the blister a few hours before being used, so much the better.

Circumstances which I need not detail here have forced me to have a blister on my own person this week. I used one as advised here. It rose beyond anything gentlemen using the ordinary blister in the ordinary way are accustomed to see, and gave me little or no annoyance.

Patients soon begin to discover the superiority of means in the hands of different practitioners. Those who have used these blisters prefer them to every other. It is only a few weeks ago that I received written messages from different parties, both of them ladies residing in neighbouring counties, containing many apologies for making such a request, but begging a blister of the kind used by me to be sent per post, giving as a reason, that they had been my patients some two or three years before, and had then used them; were now ordered blisters by their present medical attendants, &c.

In some instances, blisters produce a vast deal of irritation. I have met with persons who, from this cause, were perfectly alarmed at the bare idea of a blister. These are cases in which the form of blister recommended here will be found to answer admirably, and will repay those who choose to give it a trial. One lady I recollect, from Brighton, told me she never could be blistered, that it produced the greatest distress, that her skin could not tolerate it, &c. She lived to learn that she could be blistered like her neighbours.

None of the blistering tissues recommended and puffed by those interested in selling them are, in my estimation, to be compared to the means narrated.

Every man can make this blister for himself, of the commonest materials, at a very trifling expense, and if this be any recommendation, they will act three, four, or six times, if uninjured, and the oil gently renewed on the surface.

West Hill-street, Glasgow, June 18, 1844.

SULPHATE OF IRON COMBINED WITH AN ALKALINE CARBONATE, AN ANTIDOTE FOR PRUSSIC ACID.

By J. & J. H. SMITH, Edinburgh.

IN a communication, dated 3rd July last, which THE LANCET did us the honour of inserting, we proved, we believe, that common sulphate of iron, used by itself, was not possessed of the slightest antidotal action against the poisonous effects of prussic acid. We at the same time intimated our being engaged in some

researches on this subject, an account of which, with their favourable result, we now beg to communicate to the profession through the medium of your able journal.

More than a month previously to the date of the communication alluded to, we had found that a sulphate of iron of proper constitution, if added to a liquid containing prussic acid, with a proper proportion of an alkaline carbonate, instantaneously removed every trace of the prussic acid; and we only waited an opportunity to test the practical value of the observation on the living animal, before submitting it to the profession. Since that time, an opportunity has been found to prove it in this way, and we are happy in being able to say, that its efficacy, on the whole, does not appear to admit of doubt.

The salt of iron, which we have used as the basis of the remedy, has the same constitution as Prussian blue, which it may be proper, without entering into the disputed question of its real constitution, to remind the reader contains seven equivalents of iron and nine of cyanogen, or, on the supposition that the cyanogen is replaced by oxygen, of three equivalents of protoxide and two equivalents of peroxide of iron. Thus,

$$3\ Fe\ O + 2\ Fe_2O_3 = 3\ Fe\ Cy + 2\ Fe_2Cy_3$$

To prepare a salt so constituted is an exceedingly simple process, and can be accomplished by any one, even with a very moderate knowledge of chemistry. For this purpose, seven parts of protosulphate of iron, say seven half-drachms, are required, four of which are to be formed into persulphate. This is done by adding to the solution a quantity of sulphuric acid equal to the half of what it already contains,—which for two drachms, would be twenty-three grains of acid of the density 1·845—and at a boiling heat, adding, at short intervals, small quantities of nitric acid till red nitrous fumes cease to be given off. The liquid is then to be evaporated in a porcelain bason to perfect dryness, by the heat of a water bath, stirring constantly with a glass rod till the excess of acid is thoroughly driven off. The operation will be more quickly finished in a bath of a saturated solution of salt. The perfectly dry salt is then to be dissolved in distilled water along with one and a half drachms of protosulphate of iron, so that the solution may amount to two ounces. This solution will not of itself precipitate prussic acid, but if a solution of an alkaline carbonate be previously added, containing a quantity just sufficient to take all the sulphuric acid from the iron salt, the prussic acid combines instantaneously with the iron, forming the very permanent and insoluble compound, Prussian blue. As the solution of the sulphate of iron contains in all nine equivalents of sulphuric acid, the same number of equivalents of carbonate of potash—the alkaline carbonate we use*—will be required to seize upon these and produce complete decomposition; it is therefore a very easy matter to determine the quantity of the alkaline carbonate necessary. The equivalent of the carbonate of potash is 69·27, and nine equivalents of this is, $69{\cdot}27 \times 9 = 623{\cdot}43$. The equivalent of protosulphate of iron is 130; of this seven equivalents are needed to form a salt of the constitution indicated, therefore seven equivalents are found by multiplying $130 \times 7 = 910$. The relative quantities are consequently 910 grains of protosulphate of iron, and 623·43 grains of carbonate of potash. Now, as the quantity of sulphate of iron given in our formula was seven half-drachms, or 210 grains, the correct quantity of carbonated alkali can be found by the following proportion:—

$$910 : 623{\cdot}43 :: 210 : 144.$$

Therefore 144 grains is the proper quantity for the exact decomposition of the iron salt; and, for the sake of simplicity, we dissolve this in the same quantity of water as the sulphate of iron. As each of the solutions contains exactly 960 minims, which by calculation should throw down 56·8 grains of real prussic acid, between 17 and 18 minims of each should separate one grain; and as the hydrocyanic acid of the London pharmacopœia contains two per cent. of real acid, 35 minims of each would be required to precipitate 100 grains of such an acid. The acid of the Edinburgh pharmacopœia, on the other hand, containing about three per cent., a third more, or about 52 minims of each of the solutions, would be necessary to separate all the prussic acid from 100 grs. It is probably unnecessary to carry the calculation higher, as we suspect that if a larger quantity than 100 grs. should be taken, the fatal effect would be so rapid as completely to exclude the possibility of rendering any available assistance. These are the quantities theoretically necessary, and when pure materials are used, will be found very nearly correct, as tested in an open vessel; but when given as an antidote for the poison, we would recommend not less than three times the theoretical quantity to be given, as from the presence of food, mucus, &c., in the stomach, it is improbable that the antidote would mix immediately with the poison at every point, so that to render the action more certain a large excess is advisable, more especially as this can be attended with no evil consequences, as the only effect that could follow an excess would be the formation of sulphate of potash, and an insoluble mixture of protocarbonate and peroxide of iron, which, if active in any way, would, by producing sickness and vomiting, be really in the direction most to be desired.

* The carbonate of potash, which ought to be used in the preparation of the antidote, is the carbonate obtained from pure crystallized bi-carbonate of potash by heating in crucible to redness.

There is one circumstance that may interfere with the action of the antidote, and which cannot be overlooked. We allude to the possibility, nay, the probability, of the existence of a strong acid in the stomach. In such a case, it is evident that the alkali, on entering the stomach, might be wholly neutralized, and thus prevent the decomposition of the iron salts; but we have found that the prussic acid is completely precipitated by the method proposed, although a large quantity either of caustic or carbonated magnesia is present, so that nothing is more easy than at the very outset to give the patient a large dose of magnesia in either state, so as thoroughly to neutralize all free acid; but when this is not possible, it is not meant that the antidote should not be given. We gave magnesia in none of our experiments.

The mutual decomposition resulting from the mixture of the alkaline carbonate and the mixed sulphate of the protoxide and peroxide of iron, in the quantity of two ounces of each, would produce 179 grains of sulphate of potash, 37 grains of peroxide of iron, and 40 grains of carbonate of the protoxide of iron, so that two drachms of each of the liquids, being the eighth of that quantity, would give

$\frac{179}{8} = 22{\cdot}4$ grains of sulphate of potash,
$\frac{37}{8} = 4\frac{1}{2}$ grains of peroxide of iron, and
$\frac{40}{8} = 5$ grains of protocarbonate of iron.

Now, as with prussic acid of three per cent. two and a half drachms of each of the liquids is three times more than what is theoretically necessary to destroy 100 grains of the poison, no fear need be entertained of any evil effects resulting from the quantity of the antidote required in cases where a large dose of the poison has been given.

We first thought of keeping the alkali and compound salt of iron in the dry state; but as both of these are very deliquescent, and consequently continually liable to change in their strength, it would have been impossible to fix on the weight of each required for mutual decomposition, besides that the state of solution is best fitted for obviating delay in its administration.

In all our experiments, we have used one drachm of each of the liquids for every 30 drops of prussic acid, which is about four times the quantity theoretically necessary, and we would recommend that there should never be less given than one drachm of each for every 30 drops of the acid supposed to be taken; and from the harmless nature of the compounds resulting from the decomposition, we think it would not be unadvisable to give much more than that proportion, so as to assist the desired decomposition by a great excess of the decomposing agents.

In giving the antidote, we always give the alkaline solution first, having previously mixed it with a little water; we would therefore propose that the alkaline liquid should be labelled

PRUSSIC ACID ANTIDOTE,
No. 1.
SOLUTION OF CARBONATE OF POTASH.

The solution of the iron salts, also diluted, is next given without delay. This liquid we would further propose should be marked

PRUSSIC ACID ANTIDOTE,
No. 2.
SOLUTION OF PROTO-PERSULPHATE OF IRON.

Our first thought of the antidote arose from a consideration of the nature of the test proposed by Scheele for prussic acid; but in applying it as an antidote for the acid in the human stomach, it was necessary to learn if a carbonated alkali could be substituted, as it is evident, if a caustic alkali were required, this being itself a corrosive poison of no mean energy, its use must on that account have been completely precluded. We found, as already stated, that, in an open vessel containing prussic acid, this was completely and instantaneously removed by a salt of iron of the same constitution as Prussian blue, and enough of a carbonated alkali to combine with all the acid of the iron salts. We also tried the black pulpy hydrated oxide of iron precipitated from a salt of iron of the constitution indicated; but although, on mixing this with a liquid containing prussic acid, a singular commotion occurred, yet we found that the acid still remained in the liquid. We therefore fixed on the form of the antidote which we have proposed.

To test the antidote on the living stomach, we made experiments on dogs, an account of which we will now give.

The prussic acid was tested before commencing the experiments. Thirty-three grains gave a fraction more than five grains of cyanuret of silver, answering to a trifle more than three per cent., which is the strength of the medicinal acid of the Edinburgh pharmacopœia; the same acid was used in all the experiments. The animals were all slightly below the middle size, and as nearly as possible of the same strength. The subject of the first experiment was the largest, and of the fourth and sixth the smallest. The different articles were conveyed into the stomach through an œsophagus tube effectually protected by a gag. In all the experiments, Mr. Spence, teacher of anatomy in this city, was so obliging as to give us his able assistance: it is right that he should be thanked by us publicly and cordially.

July 22.—First dog. Forty drops of the acid given. The dog was dead in seven minutes.

Same date.—Second dog—Forty drops were given. From an obstruction in the tube, a delay of about five minutes occurred before the antidote could be given; a considerable quantity of the antidote was also lost from regurgitation. Before this period the dog was evidently dying. It was dead in about fifteen minutes.

July 25.—Third. Gave thirty drops, and followed this at once with the antidote. The animal seemed to suffer little inconvenience, and ate heartily about an hour after.

Same date.—Fourth dog. Thirty drops were given, and allowed to remain on the stomach one-and-a-half minute, and the antidote was then given. About four minutes after this, violent and repeated vomiting occurred, but the animal gradually revived, and in about an hour after, greedily devoured a mess of brose—a Scotch dish, being a mixture of oatmeal and water stirred rapidly together.

July 27th.—Fifth experiment. The dog used was the same as had formed the subject of the third experiment. Thirty drops were given. In a minute and a half, the antidote followed; but on examination, it did not appear to have passed into the stomach; and on withdrawing the tube, it was found to be completely full of the liquids, in consequence of the lower opening having become perfectly plugged with the pasty contents of the stomach. The subject of this experiment had got a hearty meal six hours previously. Prussic acid was ascertained to have been left in the tube; but some of the poison must have got into the stomach, as the dog very soon shewed the usual symptoms of poisoning with prussic acid. In about four minutes, it vomited an abundant mess of oatmeal. The usual remedies were applied—dashing cold water upon the animal, applying ammonia, the jugular vein having been also opened by Mr. Spence, notwithstanding which, life was quite extinct in the course of two hours.

July 30th.—Sixth experiment. This dog had previously served for the fourth experiment. It shewed the most extraordinary symptoms of terror, when bound on the table. Its whole muscular system was in an unceasing tremor, and its pulse beat very low. No doubt, the recollection of the previous experiment was vividly present to the animal. Thirty drops of the acid were allowed to remain on the stomach for one minute, and then the antidote was given. Symptoms of poisoning soon appeared; in eight minutes it vomited a small quantity of a brown, glairy liquid; after which, it appeared very much exhausted, and was unable to stand on its legs; it lay on its side for about an hour, all its limbs trembling and starting occasionally, and the respiration very rapid, the symptoms appearing more the result of terror and the severe shock the whole system had sustained, than a manifestation of the effects of the prussic acid poison. It then raised its head and looked around with an intelligent eye, appearing to seek for something; and on giving it some food, it ate ravenously. After which, it rose up on its legs and shook itself, and thereafter continued quite well, and without a single morbid symptom. We may remark, that we used the precaution in all the dogs, except that which formed the subject of the fifth experiment, of giving no food for twenty-four hours before being subjected to experiment.

August 5th.—Seventh experiment. The œsophagus of this dog was cut down upon by Mr. Spence, and a tube passed into the stomach. The œsophagus being then tied to the tube, the usual dose of the poison was given, and in three minutes followed by the antidote. The tube was now withdrawn, a ligature at the same time applied, and life was instantly extinguished by spineing the animal. The stomach was immediately removed, a ligature having been first attached to the duodenum and cardiac orifice. The contents of the stomach, free from the odour of prussic acid, being filtered, the filter retained a greenish matter, which, on being acted on with pretty strong nitric acid, left Prussian blue in considerable quantity. The filtered liquid was, within an hour, introduced into a retort, and about an eighth distilled over. The distilled liquid had no odour of prussic acid, gave no precipitate with nitrate of silver, and no indication of prussic acid with Scheele's test. Every trace of the poison had been destroyed by the antidote.

It must be confessed that there are cases of poisoning by prussic acid where neither the antidote proposed nor any other mode of treatment could be of the least avail; but we can also conceive cases in which it might be the means of saving life. We may point to the case of a person using prussic acid as a medicine, and either himself, or some person living within the same house, taking an overdose by mistake. In such a case, if he had previously provided himself with the antidote, by taking it instantly, he might, with perfect certainty, calculate on escaping the dangerous effects of the poison. We would urgently advise medical men never to prescribe prussic acid without seeing that the antidote goes along with it, as well as directions for using it. Other cases can be conceived, in which medical men might advantageously avail themselves of its use. In no case of poisoning by prussic acid should it, if possible, be omitted, as it is sure to destroy the whole of the poison still left in the stomach, so that any harm which can arise from this will be wholly obviated, and unless the attack on the vital organs has already been too serious to be remedied, the person's life will be saved. Other approved means of treatment also should not be neglected, and especially bleeding freely from the jugular vein; but these are points which, we think, will be best left to the judgment of medical men.

We do not, for one moment conceive the remedy we have proposed to be infallibly successful as an antidote in all cases of poisoning by prussic acid. It stands, in this respect, on the same ground as our most valuable remedies. Its success must vary with circumstances peculiar to each case. It is very obvious that this, like every other remedial agent, however valuable, will frequently fail of the desired effect, simply from being too late of being applied. How completely, for instance, in certain cases of acute inflammation, can the medical man arrest its progress, if called in at its first invasion; on the contrary, if not called in till a comparatively late period, what can he do but look on, and contemplate, with mournful regret, the successive steps of the disease into a disorganization of the part or organ, so serious as to be incompatible with life, or at least with healthy action. Another case may be given in illustration. A person is bleeding to death from the rupture or wound of a bloodvessel. A skilful surgeon applies a ligature; the issue of blood is instantly stayed, notwithstanding which, the person sinks and dies. And what cause can be assigned for this, except that the vital current has, before the application of the ligature, flowed from the vessels to an extent which, although not instantly fatal, has been too great for ultimate recovery; in other words, the remedy has not succeeded, because it has been too late applied.

If we have placed in the hands of medical men an instrument which shall be the means of saving a single life, we shall consider ourselves amply rewarded for any time we have devoted to this investigation. We remain, sir, your obedient servants,

J. & J. H. Smith.

Duke street, Edinburgh. Aug. 6th, 1844.

BRITISH, INDIAN, AND AMERICAN MEDICAL JOURNALS.

ELEPHANTIASIS SCROTI,

Or scrotal tumour, as it is sometimes called, is fortunately a disease of rare occurrence in northern latitudes. The only instance on record of its affecting a native of these islands is a case of Mr. Liston's, in which that gentleman removed the scrotum and its contents, the tumour being found to weigh nearly fifty pounds. It may be remembered that Mr. Key performed a similar operation at Guy's Hospital, some few years ago, but in this instance it was unsuccessful: the individual operated on was a native of China. Our attention has been now called to the subject by a series of cases which we find published in the "India Journal of Medical Science." We shall give an outline of one of those cases, (the first,) from which the character of the whole, and the means adopted for their relief, may be inferred.

"Moodoosudun Dos, aged 23, an emaciated, sickly-looking, native Christian, admitted into the surgical ward of the College Hospital, Calcutta, on the 20th November, 1843, with an enlarged scrotum, indurated in appearance, and extending down nearly to his knees. The prepuce presented a knotty appearance in the

centre of the tumour; the integument over the pubes was not much implicated in the disease, and the spermatic cords could be easily felt on either side. Owing to the accession of febrile symptoms, towards evening, the operation was delayed till the 10th December. His general health having improved considerably, the operation was conducted by Professor Raleigh, who made two parallel incisions over each spermatic cord, commencing over the pubes, and extending down the tumour about fourteen inches in length; after dissecting up each testicle, a semilunar-shaped incision was made transversely across the pubes, uniting the two former incisions. The penis was next dissected up, and the whole tumour removed by making two small lateral flaps, with a long catlin; the hæmorrhage was mostly venous, and not great: two small arteries only required ligatures. The right tunica vaginalis contained about four ounces of fluid, which was removed by puncture; the tumour weighed, with the contained fluid, about eighteen pounds; it measured, from the pubes to the perineum, fourteen inches. Previous to the operation, the patient had a full dose of laudanum, which was repeated in the course of its performance, with a little brandy. Towards evening he was somewhat feverish, irritable, and restless; pulse steady. Water dressings, and a full opiate at night."

The case progressed favourably, and at the end of six weeks, the patient was capable of leaving the hospital. The cases were treated subsequently to operation by Mr. Andree, "a Ceylon student of the Medical College," to whose skill and attention Professor Raleigh pays a deserved compliment. Within the last two years, it appears that sixteen cases similar in character have been operated on by the last-named gentleman: of these it is stated that two were fatal. In two other instances the history of the case is enhanced by a knowledge of the fact that the power of procreation was not interfered with by the operation.

With such opportunities, our knowledge of the nature and probable exciting causes of this formidable disease might have been even more advanced than it is by the present communication.

VESICULAR POLYPUS OF OS UTERI.

"Dr. Montgomery observed to the Dublin Pathological Society, that the mode of growth of this polypus was peculiar; it consisted in an enlargement of the muciferous glands near the os uteri. It has been remarked that the polypus rarely exists alone, there being usually another high up within the uterus, but in this case there was but the one. There is often great difficulty in extirpating polypi of this kind, either by excision or ligature; in such cases, Dr. Montgomery has found that they may frequently be destroyed by strong astringent solutions introduced through a bent glass tube, so as to be applied directly to the morbid growth. He had met with one case where this was successfully effected, but in which the patient had ultimately fallen a victim to another uterine disease; both in that case and the present the patients were unmarried, and there was atrophy or non-development of the ovaria, which, in this instance, were not larger than those of a child three years old."—*Dublin Journal.*

TREATMENT OF PLETHORA BY SALINE MEDICINES.

"The treatment of plethora is often not nearly so easy as that of anæmia. In many cases it will not suffice merely to abstain from animal food, and to drink large quantities of simple cooling beverages, in the hope of attenuating and impoverishing the condition of the blood. Then, again, the effects of blood-letting are generally only transitory; and, moreover, the very loss of blood seems not unfrequently to induce a more active proportionate formation of it. On the whole, the use of saline laxatives, and of the hydrochlorate of ammonia, (sal ammoniac,) seem to be the most useful means that can be employed for the relief of plethora, when it gives rise to inconvenient symptoms.

Dr. Lheritier, in his recent treatise on pathological chemistry, informs us that he has found that the proportion of the red globules in the blood of rabbits was decidedly modified by the internal use of this salt, in the course of two or three weeks.

The nitrate of potash has similar effects; so also have the alkaline subcarbonates, and the liquor potassæ itself. Perhaps the latter is, on the whole, the most efficient impoverisher of the blood, provided, also, the diet is spare, and not too nutritious, and all malt liquors are avoided."—*Medico-Chirurgical Review.*

ON ENEURESIS NOCTURNA, OR INCONTINENCE OF URINE DURING SLEEP.

"Professor Romberg says—'Girls suffer from this affection more frequently than boys. It is considered to depend on paralysis of the neck of the bladder; and hence the cold douche, decoction of cinchona, and the preparations of iron, have all been recommended for its cure, but without benefit, for the source of the affection is quite different. In the healthy state of the mucous membrane of the bladder, two points appear to possess greater sensibility than the rest—these are the openings of the ureters. We know this, because when, in making an examination of the bladder with the sound, we touch these points, an excessive desire to make urine is felt. If, then, the mucous membrane of the bladder is diseased, the irritation of the urine will be most keenly felt on those parts which are more sensitive than the rest, and this irritation will act, through rapid reflection, on the *musc. detrus. urin.*, and the more easily during sleep, as in that state the power of the will over the reflex functions is inactive. On these grounds, then, I recommend you, in such cases, to cause the children to be made to lie on the belly, so as to protect these points of the bladder as long as possible from the irritation of the urine; and to diminish this property of the fluid, mucilaginous drinks are to be allowed.'"—*Northern Journal of Medicine.*

[An ingenious suggestion; but the means of keeping the child lying on his belly should have been mentioned. We suspect that it would be very nearly as easy to make him keep his water as to keep his position.]

ANEURISM OF THE AORTA OBSCURE IN ITS DIAGNOSIS.

At page 258 of our last volume the details of a case of this form of disease, from the clinic of Professor Dunglison, are given. A number of the *Medical Examiner* subsequent to that which contained the original history, puts us in possession of its conclusion and of the post-mortem examination. They confirm the opinion which we formerly expressed, and shew that the worthy professor, in suggesting that the case might be one of abscess, or empyema, was but *creating* doubts where none need exist.

We shall briefly extract the few facts which are of interest in completing the history. The patient's sufferings became aggravated; his breathing became quicker and more difficult; the tumour increased in size; he had general anasarca, and his urine was albuminous. Finally, he introduced a pin into the aneurism! this was not directly followed by hæmorrhage, but in the course of a few hours, bleeding occurred to the extent of eight ounces. It was checked, but death took place almost immediately afterwards. We extract so much of the post-mortem details as are of interest.

"From just beyond the sinus of Valsalva in the aorta, an aperture, an inch in diameter, presented itself; this was the opening of an aneurismal sac, which involved the coronary artery, and passed beneath the pericardium, over the right side of the heart. It was a true aneurism, extending along the heart, and intimately connected with it until it came opposite the fourth, fifth, and sixth ribs, at their junction. An inch of the whole sternum, and two inches on either side above, with the cartilages of the fifth, sixth, and seventh ribs, were eroded and absorbed. The sac would contain nearly a quart. The blood in the anterior portion of the sac was recently coagulated. There were laminæ of fibrin as usually seen in the interior of aneurisms."

ON PRESERVING BODIES FOR DISSECTION.

Dr. Nicol, of Inverness, in reference to a communication on this subject, which appeared at page 460 of our last volume, says that nitrate of potass, there recommended, is not an effectual preservative agent, and that it became necessary to substitute a solution of corrosive sublimate. To this there were other objections; and he says,—

"For a great many years I have used a combination of the nitrate and bichloride with the most satisfactory results. I use from five to ten grains of the bichloride dissolved in a pint of water, and to this solution I add as much nitrate as it will dissolve. While the nitrate preserves the colour, the quantity of the bichloride is sufficient to prevent the incursions of maggots, and the process of decomposition is thus effectually retarded for such a length of time as completely to answer every requisite purpose. Where this combination, then, has not been tried, I have no hesitation in recommending it as equal, if not superior, to any of those in present use."

[A solution of white oxide of arsenic will probably be found more useful as a preservative agent than any other.]

THE PRESENCE OF ANIMALCULÆ IN THE BLOOD.

Dr. Goodfellow relates, in the *Medical Gazette*, a case of fever in which he discovered a great number of animalculæ in the contents of the stomach and in the blood. The following is a condensation of his remarks:—

"On examining the fluid ejected from the stomach during life and on the day following that on which the vomiting commenced, by the aid of the microscope, myriads of animalcula were observed in very active motion. These minute organisms appeared to vary in length from 1-5000th to the 1-3000th of an inch, and their diameter (which I am convinced was the same throughout their length) from about 1-40,000th to about 1-2000th of an inch. Nothing was observed by which I could distinguish the head from the tail, although sometimes one extremity appeared certainly larger than the other; close observation enabled me to discover that this appearance was owing to one extremity being a little out of focus; when the whole of one animalcule was in focus, no difference could be detected. Their movements, when active, closely resembled those of the small naiades so frequently seen in river water after rain, but when they became sluggish from the inclosure of the animalcula between slips of glass for several hours, they resembled those of the larvæ of the common meat fly, *musca vomitoria*. The fluid ejected after every attack of vomiting was found to contain the animalcula in as large numbers as when it was first examined; they were also found in the sanguineous exudation from the lining membrane of the mouth and nostrils. The vomited matters also contained a considerable quantity of altered blood corpuscles, epithelial cells, and a small quantity of mucus, but no trace of bilious admixture. Similar animalculæ were observed in blood taken from the capillaries of the skin, but in such small numbers that they escaped my notice for several examinations. Repeated observation, however, ultimately convinced me of their existence in the blood taken from the capillaries during life. At the autopsy, forty-eight hours P.M., they were still seen in large numbers in the fluid contents of the stomach, and in the blood taken from both sides of the heart, and the aorta, carotid, venæ cavæ, pulmonary artery and veins, brachial artery and veins, and the femoral artery and vein. They were also found, during life, in the fæces, but here they were never seen to exercise any movement. None could be detected in the gall-bladder or biliary ducts, in the pancreatic fluid, in the urine, or in the frothy mucus in the large bronchial tubes."

Dr. Goodfellow expresses his ignorance of the manner in which those animals got into the blood-vessels. He does not believe that they were introduced into the blood from the stomach, but rather that they passed, and they could do this readily, owing to their minute size, from the blood-vessels into the stomach.

HOCUSSING AS PRACTISED IN INDIA.

From the report of the native hospital at Bombay, we learn that the cases of poisoning were generally admitted in a short space of time, so as to give origin to

"An impression that the poisoning was systematically carried on by a gang of thieves, who reduce their victims to a state of insensibility, and then rob them. The poison chiefly used is the datura stramonii: the seeds are powdered, and given in sweetmeats or in the curry of the natives. The patients, after recovery, generally give the following account: that they had been invited to partake of sweetmeats by a stranger on the streets, which, after they had eaten, insensibility followed, when they believed they were plundered. The patients go through a number of ridiculous gesticulations, and are constantly rising up and sitting down. Strong emetics, the stomach-pump, and the use of douches, constituted the treatment."—*Transactions Med. and Physical Society, Bombay.*

CHEMISTRY, PHARMACY, AND MATERIA MEDICA.

A TEST FOR BILE.

M. Pettinkoffer, a German student, has discovered a test for the presence of bile. It consists in adding to the fluid supposed to contain bile, concentrated sulphuric acid, until it becomes hot, and then dropping into it a solution of sugar (syrup), the presence of bile is manifested by the mixture becoming of a deep pink or red colour, varying in intensity with the amount present.

*** This seems to be a merely accidental discovery, the reaction being inexplicable upon any known relation or analogy between the substances.

THE VOLATILE OILS OF BUTTER.

A new investigation has been made in the laboratory at Prague, of the volatile oils of butter, which are found to be four in number; their compositions and relations as follows:—

Butyric acid	$C_8\ H_8\ O_4$
Caproic acid	$C_{12}\ H_{12}\ O_4$
Caprylic acid	$C_{16}\ H_{16}\ O_4$
Capric acid	$C_{20}\ H_{20}\ O_4$

The third acid of this series was not known before. Sometimes a distinct acid takes the place of the butyric and caproic acids; it is termed vaccinic acid. Its composition is represented by the sum of these two acids, less one atom of oxygen, and it is readily resolved into them.

ANALYSIS OF ERGOT OF RYE.

100 grammes of ergot of rye dried at 50° (Cent.) had, according to M. Legrip, Pharmacien, the following composition:—

A fatty oil, very fluid at 25°, of a yellow colour	34·50
Amidine	2·75
Albumen	1·00
Inuline	2·25
Gum	2·50
Uncrystallizable sugar	1·25
A brown resin	2.75
Fungine	3·50
Organic matter (vegeto-animale)	13·50
Ozmazome	0·75
Fatty acids	0·50
Woody fibre	24.50
Colouring principles (two kinds)	0·50
Odorous principle (not isolated)	
Fungate of potass	2·25
Chloride of sodium	0.50
Sulphates of lime and magnesia	0·50
Sub-phosphate of lime	1·25
Oxide of iron	0·25
Silica	0·15
Water	0·15
Loss	2·35
	100·00

M. Legrip made some experiments upon the therapeutic action of some of these constituents. The oil of ergot and the alcoholic extract he found produced no apparent effect upon animals. He was not able to discover the principle denominated *ergotine*, said to be discovered by M. Vallet, who, however, has not published his process for obtaining it.

URINARY CALCULI IN REPTILES.

It is not only highly curious but instructive, to find that diseases to which mankind are liable extend also to animals widely differing in organization and the conditions of their existence. Vic d'Azyr has described an urinary calculus, found in the tortoise, which Vauquelin analyzed, and found it to be composed of chloride of sodium, phosphate of lime, uric acid, and animal matter. M. Lesueur has found that the *Trionix spinosus*, found in the river Wabash, in the United States of America, is subject to the formation of calculi. One which he extracted from the bladder of a female had an oblong form, weighing nearly 12 grains; its surface was uneven, of a yellow colour, and its specific gravity 1·780 at 42° Fahr. Within a small pearly lamina was perceptible evidently a portion of a shell. Analysis shewed it to be composed of

Phosphate of lime	64·70
Carbonate of lime	15·10
Organic matters and water	20·20
	100·00

The phosphate of lime consisted of—

Phosphoric acid	53·87
Lime	46·13

thus differing in composition from the phosphate of lime in bone, but nearly resembling Berzelius' neutral phosphate.

Another larger calculus, weighing 262 grains, was of a roundish, slightly flattened form, with a yellowish white colour externally, and white within. It was composed of concentric layers; its specific gravity 1.875. Its analysis gave—

Phosphate of lime	56·19
Carbonate of lime	3·04
Carbonate of magnesia	1·10
Silica (in transparent grains)	4·76
Salts and soluble organic matter	1·91
Animal matter, insoluble in water	13·00
Water	20·00
	100·00

M. Lesueur supposes that the peculiar mode in which the bladder terminates in the cloaca in these animals, permits, in some cases, the debris of shells to be forced into the bladder, and to become the nucleus of these concretions. The urine of the chelonia is a very watery, pale, limpid fluid. (*Comptes Rendus*, July 30, 1844.)

DECOMPOSITION OF TINCT. OPII BY AMMONIA.

It is of great importance for prescribers to remember that the addition of ammonia, either as carbonate or spiritus ammon. aromaticus, to mixtures containing tincture of opium or any salt of morphia, will, after some time, say 24 hours, precipitate the morphia in a crystalline form; so that if a mixture is made a day or two before it is taken, the patient may get several doses of morphia concentrated in the last portion left in the bottle, and fatal consequences may be produced. The presence of alcohol will prevent the precipitation. (*Chemical Gazette.*)

PREPARATION OF EXTRACTS OF NARCOTIC PLANTS IN SMALL QUANTITIES.

Scheidelmandel, (a pharmacien,) in "Buchner's Repertorium," recommends the extracts of hyoscyamus, belladonna, digitalis, conium, &c., to be prepared from plants which are found in a wild state.

To prepare extract of hyoscyamus, for example, the plant should be thoroughly dried, by a gentle heat, until it can be rubbed through a coarse hair sieve. The finest powder should be separated, and rejected. Place four ounces of the coarse powder in a funnel, the neck of which is partially closed by cotton, and place over it a piece of white filtering paper, covered with a layer of sand, which has been previously purified by hydrochloric acid, and well washed. Pour gradually on it so much spirits of wine, of specific gravity 0·950, as to penetrate the powder to half the depth of the funnel. In about half an hour the whole is moistened, and a dark-green solution begins to drop from the funnel.

When the dropping slackens, add small portions of spirit every half or quarter of an hour, for a whole day, using altogether about eighteen ounces of spirits. The funnel should be covered with a glass plate, and allowed to stand all night; then add pure water in successive small quantities of an ounce, until it drops no longer green, but brown—that is, until all the spirituous extract is displaced by the water. The filtrate should be removed, and the watery extract received in another vessel. The alcoholic solution will be of remarkably fine green colour, and strong characteristic odour. The treatment with water must be continued until it drops transparent. The spirit is distilled off until a few ounces only remain. The watery infusion is evaporated to the consistence of syrup; both are mixed, and carefully evaporated to a proper consistence. The extract will be of a fine green colour, perfectly soluble in water, and very active. Four ounces of the coarse powder of hyoscyanus yield one ounce four drachms of extract.

THE HYDROSTATIC BED.

To the Editor of THE LANCET.

SIR,—A few words more (if you can spare a corner) on the water-bed, in reference to a letter on the subject in THE LANCET of Saturday last. This letter affords a curious illustration of my position, that the public has suffered in consequence of Dr. Arnott's having made them a present of his invention, instead of retaining a control over the manufacture of the bed; for here a maker of the bed informs us, that the weight of the mattress would prevent the accumulation of air over the water!

This leads me to advert to another common error in the manufacture, of a character similar to that which I have mentioned. The mattress is generally so thick and unyielding, as materially to detract from the equability of the hydrostatic pressure; several folds of blanket is, in most cases, infinitely preferable. The ventilation may not be so good; but that is of minor importance.

The particular bed I mentioned in my former letter had one great advantage over many which I have seen. Being lined with zinc, instead of lead, and in other respects much lighter than the troughs of water-beds generally are, it was easily placed in a common bed-frame after removing the straw mattress. Might not the carriage of it be still further facilitated, and the original expense lessened, by removing the metallic lining altogether, and relying for water-tightness on well-joined planks, or on a good varnish or oakum for the seams, or on a lining of Macintosh cloth, or strips over the seams? How desirable were it that the expenses attending the use of the water-bed could be reduced. Within a few days, I have seen a poor man perish deplorably from extensive sloughing of the back, after all the symptoms of the typhus fever under which he had laboured had ceased. More than one imperfect substitute was tried for the water-bed, which was beyond the reach of his means.

The subject of reducing the present great expense of the water-bed deserves serious consideration, in order that it may be accessible to the poor. This innocuous means of procuring sleep, and preventing injury from, or curing the effects of, long-continued pressure on the weakened and morbid frame, is a great and certain addition to therapeutics. It does not preserve its station by the prop of theory, nor need it fear (like ninety-nine in a hundred of our new practices) the influence of fashion; but its present expense places it in the category of many other valuable remedies—such as change of climate, freedom from occupation and care, passive exercise, &c.—only to be commanded by the rich. The maker, therefore, who will materially reduce its price, will deserve highly of the community.

I have the honour to be, sir, your obedient servant,

MEDICUS.

Sept. 14.

CYSTS IN THE ANTERIOR CHAMBER OF THE EYE.

To the Editor of THE LANCET.

SIR,—In THE LANCET for August 31, 1844, a case of cyst in the anterior chamber of the eye is reported by Mr. Dalrymple. Such cases are rare. Mr. D. refers to some cases by Tyrrell, Delarue, Soemmerring, and Logan, *not* of the same nature as his. Why omit all notice of a case which appears very similar to it, related by Mackenzie, in his "Practical Treatise," third edition, p. 604? True, it is titled "Encysted Tumour in the Posterior Chamber;" but it was, in fact, in the anterior chamber also, before it could have been seen and punctured.

I observe Mr. Dalrymple writes "cysticercus cellulosa." Another learned Theban had it "cysticercus cellulosus," not long ago, in one of the periodical publications. This specific name of an animal needs not to agree with the generic name, neither in number, case, nor gender. At full length, the name is "cysticercus telæ cellulosæ."

Query—Are the cysticerci male and female, or are they hermaphrodites? I am, &c.

A STUDENT.

Edinburgh, Sept. 2, 1844.

THE LANCET.

LONDON: SATURDAY, OCT. 5, 1844.

AT the meeting of the MEDICAL PROTECTION ASSEMBLY, at Exeter Hall, on Monday evening last, A PROTEST against the Bill of Sir James Graham was unanimously and enthusiastically adopted. An exact copy of THE PROTEST will be found in another part of our journal, (p. 51,) and the committee who arranged the business of the meeting are entitled to the warmest thanks of the profession for framing and issuing that important document. The objections against the measure are stated with extreme clearness, simplicity, and brevity. They are unanswerable, and place the whole question, so far as the bill itself is concerned, within the narrowest possible limits. The feeling of hostility manifested against the Government Bill, was ardent, and could not be misunderstood. In the morning journals the numbers were (doubtless unintentionally) misrepresented; at nine o'clock there were upwards of three hundred gentlemen assembled, and considering the frequent recurrence, of late, of public meetings of the profession, many will consider this to have been a large attendance. We find that one effect has been produced by the powerful and noble labours of "The Times" newspaper which we did not anticipate—the profession already believe the battle to be won! Such a conviction may prove a fatal error. It would be the height of folly for medical practitioners to relax in their efforts against the bill, until the signs of a certain and final victory break upon them from within the walls of parliament. The last conflict must take place in the houses of the legislature, and it is upon that quarter that the members of the profession should direct all their powers and energies so as to produce the greatest effect.

Our contemporary the "Morning Chronicle," being in a sadly discomfited state of mind, in consequence of the successful exertions of "The Times" against the bill, seems disposed, after having lavished the most virulent abuse upon Sir James Graham, with reference to all other subjects and questions which he has handled, to take both the Home Secretary and his Bill under its especial protection. Be it so! but before the contest can terminate, the "Chronicle" may discover that it is neither just nor prudent to abuse or stigmatize the great body of medical practitioners of this country. By that journal, they have already been charged with the most vulgar species of selfishness; and now it is alleged in the same paper, that "the respectable portion of the profession give a moderate support to Sir James Graham's Bill." The "respectable" portion of the profession! So that the medical practitioners who have held such a vast number of public meetings in the metropolis, and in the counties, are not to be counted in estimating the numbers of the *respectable* portion of the profession! Those thousands of medical gentlemen who have been most unwillingly called from their homes to take part in the proceedings at public meetings, which have been held with the view of protecting their own interests and shielding the public against the destructive operation of a quack's protection bill, had little reason to expect that they and their conduct would be thus stigmatized by a journal which affects to uphold popular rights and to encourage the expression of popular opinion. Now, however, all those members of the profession who *publicly* take part against the Government Bill, are inferior and disreputable practitioners, and the only "respectable" physicians and surgeons are to be found amongst the silent members of our fraternity. After all, probably, the best thing for our cause, next to the advocacy of "The Times," is the hostility of the "Chronicle," as it points directly to the source of the atrocious monster-Bill.

Amongst the notices of the meetings on the subject of the Government measure will be found a series of resolutions which have been adopted by the Council of the British Medical Association. We have been long acquainted with the gentlemen composing this council, and we are not at all surprised to find that they have entered fully upon the principles and into the details of the bill, nor are we astonished to find that they have selected this opportunity for declaring what they conceive ought to be the leading provisions of a new medical law. But we cannot refrain from guarding our professional brethren against coming to any *qualified* expression of opinion relating to the monster-bill. The Government will take advantage of any softened opposition, and ask for leave to re-introduce the bill, for the purpose of retaining the unopposed portions of the measure, and of "attentively considering," if not rejecting, the parts which have been found the most obnoxious to the Profession. Our able advocate in "The Times" is for assailing the enemy directly in front, with a view of preventing the re-introduction of the bill into the House of Commons. This is the bold and the honest plan; and in order that we may secure the means of success, it is to be most earnestly desired that the deputations from the local medical associations who may visit members of parliament, should endeavour to learn distinctly from their representatives whether—ay, or no—they will vote against the re-introduction of the bill into parliament, and whether, also, they will vote in favour of every motion to obstruct its progress through the house, should the first vote be an unsuccessful one. The different members of the legislature, upon whom the deputations may intend to call, ought to have a distinct intimation made to them of the object for which the interview is sought. Of course, the Profession will be enabled to calculate with certainty only on the services of those members who, having been made to understand the question, will definitively state the course which it may be their fixed resolution to pursue.

During the last fortnight, an institution, which but few of our professional brethren had ever heard of, and which we ourselves scarcely knew, even by name, The London Cutaneous Infirmary, has enjoyed the advantage of engrossing a considerable share of public attention. Founded, it appears, about three years ago, by a private medical practitioner, under the auspices of a number of city gentlemen, it has occupied, until the present day, a small house in London Wall. The directors of this dispensary, or infirmary, as it is called, recently determined to change its locality, and they have taken a house occupying the corner of Earl Street and Bridge Street, Blackfriars.

As soon as the intended transfer became known to the respectable inhabitants of Bridge Street and the neighbourhood, they determined to oppose it to the utmost, being unwilling to allow such an institution to be established in the very centre of the part of the town which they inhabit, in a position so totally unsuited to the purposes for which it is designed. "The Times" has lent its powerful aid to the just representations of the indignant citizens, both by an able leading article, and by admitting into its columns a host of letters on the subject. There are so many objections to the establishment of a cutaneous infirmary in the midst of a crowded locality, that we are surprised how a committee of persons in their senses can have decided on such a course. These objections are twofold; firstly, the situation is one which is certain to be prejudicial to the patients themselves, and, secondly, the patients are nearly certain to prove a nuisance to the neighbourhood in which they are thus congregated.

That the presence, either as permanent inhabitants, or as casual visitors, of a number of persons affected with cutaneous diseases is likely to prove disagreeable to the neighbourhood can scarcely be denied. The house which has been taken abuts on three city thoroughfares, and has no back area at all. Consequently, it will be next to impossible to prevent applicants for relief, if numerous, from lounging about the house, much to the annoyance of passengers. We must, indeed, confess, that the dangers of their proximity have been exaggerated by those who have lately written on the subject. The very great majority of skin diseases are not contagious, and the small number that are so, with the exception of the exanthemata, are only caught by absolute, and, generally speaking, prolonged contact. As to the exanthemata, (measles, scarlet fever, small-pox,) they are scarcely likely to be sent to a cutaneous infirmary. A correspondent in "The Times," who boasts of having been attached to the hospital St. Louis in Paris, betrays such unpardonable ignorance on that score, that we much doubt whether he really ever was attached in any capacity to that noble institution. At the hospital Saint Louis, where there are eight hundred cutaneous in-patients, and where between two and three hundred out-patients, affected with cutaneous diseases, are treated *every* day in summer, contagion is perfectly unknown, unless the patients be handled without any precaution; and even then, scabies is nearly the only disease which is thus *occasionally* communicated. Still, cutaneous diseases are a subject of fear to non-professional persons, and the idea of contagion is intimately connected with them. We think, therefore, that unless the interests of the patients imperatively demanded the change, the very natural repugnance of the inhabitants of Blackfriars to the presence of a cutaneous institution amongst them ought to be consulted.

On the other hand, so far from the interests of the patients requiring that the infirmary should be situated in the heart of the city, they directly negative it.

Hospitals that are destined to receive the acute cases and the accidents of a populous neighbourhood, must necessarily be placed in the precincts of that neighbourhood. But there is no necessity of the kind with reference to skin diseases. The great majority of those who labour under cutaneous maladies are persons who enjoy good, or, at all events, tolerable health, and who are quite equal to the labour of walking a couple of miles, or

more. Charities destined to receive them ought therefore to be situated on the outskirts of the town, where the air is not contaminated by the thousand emanations of cities, and where grounds may be obtained in which they can take exercise. If it were found that the remoteness of such a locality diminished the utility of a charity by preventing the poor from applying for assistance, it would be an easy matter to separate the consulting from the receiving department. Let a dispensary be retained in the city for the facility of consultation, whilst the wards in which the patients are received and treated, are established in a more healthy locality. Thus proper ground for exercise might be procured, whereas, in the house in Bridge-street, as it would be impossible to allow the patients to promenade in the streets, they would have to remain confined to a room or two during the entire term of treatment, which in skin diseases is seldom very short, although not only perfectly able to walk about, but absolutely requiring exercise and fresh air as parts of their treatment. It must be allowed by all that the choice of the locality, on the part of the institution, is singularly infelicitous. That the proposed situation would be a good one, in a "business" point of view, there is no denying; that, even in a hygienic sense, it is a *slight* improvement on its present position in London Wall, owing to the proximity of the Thames, and the greater purity of the atmosphere, is probable. But the managers of a public institution, even so modest a one as the Cutaneous Infirmary, when they contemplate changing its site, ought not to be contented with a slight improvement. They should endeavour to adopt such a plan as will give their patients every possible advantage, and one of the most important points in all hospitals is the greatest attainable purity of atmosphere. Instead of coming further into London, the Infirmary ought to go further out; it ought to try to get quite on the outskirts of town. At a meeting held last Monday week, at Radley's Hotel, convened on a requisition signed by seventy of the most influential householders of the vicinity, petitions to the Court of Common Council and to the Court of Sewers were unanimously agreed to, and a committee was requested to wait upon the managers of the Infirmary, to represent the state of feeling in the neighbourhood upon the subject of its erection. We have not yet heard the result of these measures, but cannot for a moment suppose that the authorities will allow the establishment of the Infirmary in Bridge-street.

In the next LANCET we shall probably be sufficiently far advanced in our inquiry into the alleged abuses of the General Hospital at Birmingham, as to be able to state a considerable portion of the case of the malcontents.

UNIVERSITY OF LONDON.

WE are desirous, in the most prompt manner, to correct some errors which appear in our notice of the regulations for medical degrees in this university, inserted in the last LANCET. It is there stated, (p. 1 of this vol.) that the first examination for the degree of Bachelor of Medicine commences on the first Monday in July; and the second examination for the same, on the third Monday in July. Instead of these periods, the published regulations of the university for 1844, state that—for the degree of Bachelor of Medicine—

"The FIRST EXAMINATION shall take place once a-year, and commence on the first Monday *in August*."—Regul. p. 12.

"The SECOND EXAMINATION shall take place once a-year, and commence on the first Monday in November."—Regul. p. 16.

*** We earnestly recommend our readers to refer to the Student's Number of last week, and make the above corrections *at once*.

REVIEWS.

Chemistry, as exemplifying the Wisdom and Beneficence of God. By GEORGE FOWNES, Ph.D., Chemical Lecturer in the Middlesex-Hospital Medical School. London: J. Churchill, 1844. 8vo, pp. 184. (The Actonian Prize Essay.)

This interesting work of Dr. Fownes originated in a recent munificent bequest, the particulars of which are as follow:—

"In the year 1838, Mrs. Hannah Acton, widow of the late Samuel Acton, Esq., of Euston-square, from motives of respect and regard for the memory of her deceased husband, and in order to carry into effect his desire and intention, caused an investment to be made of the sum of one thousand pounds, in the three per cent. Consol. Bank Annuities, in the names of the trustees of the Royal Institution of Great Britain, the interest of which was to be devoted to the formation of a fund, out of which the sum of one hundred guineas was to be paid septennially, as a reward or prize to the person who, in the judgment of the committee of managers for the time being of the institution, should have been the author of the best essay illustrative of the wisdom and beneficence of the Almighty, in such department of science as the committee of managers should, in their discretion, have selected—the form and conditions of the essay being also, in great measure, left to the choice of that body. The subject chosen for the prize of the first period of seven years was, "Chemistry, as exemplifying the Wisdom and Beneficence of God."

The prize was awarded, in April last, to Dr. Fownes, the successful candidate, who has been allowed, by the committee of managers of the Royal Institution, to publish his treatise. This Dr. Fownes states that he has done, without alteration from the original manuscript, the property of the institution.

We are not at all surprised that Dr. Fownes should have been the successful competitor, for his treatise is certainly a most scientific, talented, and interesting work. Following in the footsteps of the learned authors of the Bridgewater treatises, he has been able, by taking a general view of chemistry in its relation to the earth, the surrounding atmosphere, and to animal and vegetable physiology, to accumulate an immense number of facts, affording the most satisfactory proofs of *design*, and of the wisdom, power, and benevolence of the Deity.

Dr. Fownes divides his subject into four sections: the chemical history of the earth and atmosphere; the peculiarities which characterize organic substances generally; the composition and sustenance of plants; and the relations existing between plants and animals. A slight sketch of the leading chemical laws which govern each of these sections, as also of the present state of our knowledge with reference to them, is first given; and the manner in which the laws are conducive to the integrity and welfare of the animated world is then forcibly explained and illustrated. Dr. Fownes has thus been able to present to his readers, in the most clear and readable manner, a summary of the modern discoveries of chemistry as applied to agriculture, on the one hand, and to the vegetable and animal kingdom on the other. Even the experienced chemist will find applications of phenomena familiar to him, which must strike him as novel; whilst the tyro will not only acquire a vast fund of invaluable information respecting inorganic, and more especially organic chemistry, but must be deeply impressed with the sublime profundity of the facts unfolded to him. Such is the rapidity with which chemical science progresses, that although the treatise was only written, we may say, a few months ago, additional light has since been thrown on one or two points discussed by Dr. Fownes; but this in no way detracts from the completeness and correctness of his work. Indeed, the fact would not have been worth mentioning, were it not to illustrate the difficulty of keeping pace with the progress of modern science. Dr. Fownes is an elegant and graphic writer. As a specimen of the forcible manner in which he handles the subjects of which he treats, we will extract the following passage, descriptive of the generation of animal heat.

"The internal capillary combustion is the source of animal heat.—Every part where blood-vessels are to be found; every part where nervous influence is perceptible; every organ, every tissue; muscle, and brain, and nerve, and membrane, waste away like a burning taper, consume to air and ashes, and pass from the system, rejected and useless; and where no means are at hand for repairing these daily and hourly losses, the individual perishes—dies more slowly, but not less surely, than by a blazing pile. He is, to the very letter, burned to death at a low temperature; the various constituents of the body give way in succession; first, the fat disappears; this is the most combustible, but at the same time the least essential; it is sacrificed; then the muscles shrink, and soften, and decay. At last the substance of the brain becomes attacked, and madness and death close the scene. This is starvation!"

We recommend the work strongly to our readers. To those who studied at a time when little attention was paid to organic chemistry, it will prove invaluable, from the very clear and concise manner in which the leading facts of that science are presented.

MEETINGS.

THE GOVERNMENT MEDICAL REFORM BILL.

MEDICAL PROTECTION ASSEMBLY.

On Monday evening about 350 gentlemen of the medical profession met at Exeter Hall, to agree to a protest against Sir J. Graham's proposed Medical Reform Bill.

Mr. Davis, of Hampstead, was called to the chair.

In opening the business of the meeting, the Chairman said, the fee-simple and estate of the medical professor was attacked by the bill proposed to be introduced by Sir J. Graham. This was not the first attack which had been made on their profession. The first was the odious Poor Law, which was put forward as a feeler. (Hear, hear.) That law he need not describe—it was a most odious and execrable one. (Loud cries of "Hear, hear.") The next attack or feeler was the charter granted to the College of Surgeons, and this bill was really the *coup de grace*. (Hear, hear.)

Mr. Asbury moved the first resolution. It related to the first clause of the bill, which went to repeal the Apothecaries' Act. This clause threw the profession entirely open. If the bill passed in its present shape, the general practitioner, who had spent a fortune on his education, under the faith of the existing law, would find his profession thrown open to any one. The plague of London would not be a greater curse to the inhabitants than this bill, if it passed. This was a bill of universal suffrage in physic. He concluded with moving the first resolution:—

> "That it is proposed in the bill to repeal so much of the 55th of George III., cap. 194, commonly called the Apothecaries' Act, 'as relates to the penalties for practising as an apothecary without having obtained a certificate,'—that provision of this existing statute being the only foundation which sustains the decisions of the courts of law against unqualified practitioners in medicine; and we feel that the destruction of the single barrier which now separates competently-educated practitioners in medicine from mere pretenders to medical skill would be a direct attack upon the just rights of the profession, and prove most dangerous to the public health."

Mr. James seconded the resolution, which was agreed to unanimously.

Dr. Lynch moved the second resolution, and said that the bill of Sir James Graham was evidently the production of two parties—of a free-trader, who allows his crotchets to carry him to absurd extremes, and of a monopolist or oligarchist, who is anxious to perpetuate the degrading distinctions which exist in the profession. The bill partakes of all the vices and deformities of such an unnatural paternity. Sir James Graham has, by some mysterious agency, allowed himself to be inoculated with the folly of the one and the mischief of the other. He advocates free trade in poison, though he is opposed to free trade in bread. He withholds the self-government from a learned profession, though he has given it to every corporation in the kingdom, and he maintains those divisions in a science which is one and indivisible, which are unknown in nature and unpracticable in medicine, and which have been the bane of the profession, by fostering and keeping alive jealousies and heart-burnings amongst men who ought to be equal and united. Our very existence as a profession is threatened. Annihilation stares us in the face. The tide of quackery, hitherto pent up, is to be let loose. The quack, whom Swift correctly describes as a vampire that lives on human blood, is hereafter to have the fullest liberty to puff himself into practice, as a man possessing skill and knowledge, with the express sanction of an act of parliament. What man in his senses would put his son into an arduous, expensive, and often perilous avocation, when he has to run the gauntlet for a livelihood with a daring, unprincipled, and reckless empiric? Napoleon, with the eagle-eye of genius—with his wonderful, intuitive sagacity—saw the evils quackery entailed on society, and at once prevented it. From the statistics of mortality at Manchester, we learn that only four per cent. of the children attended by medical men died. One-third of the deaths there, were from remediable diseases. They were killed, says the registrar, by ignorant persons. Every street, and every city, presents to your view the unfortunate dupes of their cruelty and cupidity. With their shattered frames, their hopes and future happiness blasted, life itself made a burden—the dead tell no tales—they leave no mark; "they are gone to the bourne whence no traveller returns;" they are no longer reproving records of such an infamous traffic in human blood. If they could throw off the cerements of the tomb, and appear in long regimental array before Sir James, appalled by this bloody panorama, he would abandon his abominable bill—a bill which "The Times" newspaper has aptly designated a bill to injure and destroy human life in Great Britain. No lawyer is allowed to give advice or to plead without previous examination. No clergyman is allowed to cure souls without a similar test. No engineer—no officer in the army or navy, can take command without giving evidence of competency. This is done for public protection—for the safety of life. A man was fined, the other day, £25, for pretending to be an attorney. This was done for the protection of property. The Trinity Board requires that every pilot who navigates our coast should know his business. Yet the profession in whose hands the legislature is compelled to entrust the most awful responsibility is to be open to every adventurer who chooses to practise it. He may obtain money under false pretences. No legislation could entirely prevent it; but hereafter it is to be openly and directly encouraged. To a man who properly pursues the study of his profession, how vast and varied the range that lies before him—Sir James knows not, he cannot appreciate it; it extends from the simplest process of pharmacy to the most sublime abstractions of transcendental philosophy. He takes within the field of his observation the relative properties and affinities of all created things. It brings to its aid the result of every other science. Nothing on, or above, or under the earth, can be excluded from the legitimate knowledge of the accomplished practitioner. When this is done, what are the emoluments? What the prospects? What the honours? What the rewards? What the incentive to exertion or discovery? None, really none whatever. A brilliant party speech may ennoble a lawyer; a fortress taken may command the laurel and the star and garter. By the barbarous and ignorant feudal laws, a discovery like Jenner's, which has saved millions, is precluded from the peerage—although a discovery in medicine is not confined to one country; it extends to all the world, and to the end of time; it is universal, it is eternal. There are some ignorant and shallow-pated people who think it witty to revile medical men. They fancy themselves little Molières. They know not that most of the practical triumphs in science are to be traced to medical men; that the knowledge of the power of steam, which has revolutionized the world, and other mighty miracles which chemistry has accomplished, are due to their labours. They know not that medicine has long been an inductive science, rich in accumulated facts, bearing upon the happiness of mankind, and in the inferences of numerous minds successively enlightening each other. Sir James, like the despot of old, wishes to have the government in his own hands; but we must be left to manage our own affairs. The composition and constitution of this council of health is a naked, undisguised conspiracy against the welfare and independence of the profession. We have now the age of brass; it would then be of iron. Bad as it now is, it would be infinitely worse then; the home secretary would be omnipotent. What successful opposition would the few medical men at the board give him? Would they be disposed to offer any? Who are they? They are the representatives of the corrupt corporations, whose interests are at variance with the great body of the members, and whose mercenary official career has retarded science: from such men we could expect neither consideration, respect, nor protection. They would form a mere cloak for any arbitrary act which a home secretary might adopt. Sooner than submit to the enactment of such a council, we would struggle for a college of our own, for the consolidation of the Hall and College of Surgeons into a college of medicine and surgery, where men of intellect and science would be placed in situations of emolument and honour.

(Loud cheering.) "The Times" newspaper, with all its mighty moral power, has espoused our cause. Every sentence is a broadside. Mr. Wakley, with extemporaneous talent, on the spot, ably exposed the fallacy, the injustice of the measure. It is another of the countless obligations we owe him. We cannot deny that Sir James is a great agitator. He has roused the silent science to speak out. He finds it has ten thousand voices. He has performed a great miracle: he has mesmerised the latent power of medicine into action. Once in arms, we must never disband until we have vindicated our rights, reformed abuses under which we suffer, and protected ourselves against the aggressions of corrupt and irresponsible corporations on the one hand, and of reckless, unprincipled, and homicidal quackery on the other. To do this, we must concentrate our strength; sectional or local meetings must have one common head. We must act simultaneously, as one man, for one object. The man who advises otherwise is a fool or an enemy. Our subscriptions must be raised from shillings to guineas: no great object has ever been achieved without the sinews of war. Mr. Wakley has subscribed thirty guineas. Every member of the committee has subscribed largely. Such individual sacrifices are unjust; the interests were common—the danger common; ALL should contribute to defeat this abominable bill. (The Doctor concluded his eloquent address amidst loud cheering.)

Mr. WEBB seconded the resolution. Not only Sir James Graham supported it, but the political economists supported it, and the English chemists supported it, and the Scotch practitioners supported it, and it would require their strongest exertion to prevent its passing, as it had many supporters both in and out of the house. He was in favour of the establishment of a general college of practitioners, in which men should have equal rights, and where honours should be awarded according to merit.

Mr. HILLIES came forward to propose the third resolution:—

> "That the proposal not to register any person as a surgeon until he is twenty-five years of age, or any person as a physician until he is twenty-six years of age, whilst it is provided that persons of the age only of twenty-one years shall be licensed to practise both as physician and surgeon, is absurdly contradictory, and in practice would throw into discredit the qualifications and capabilities of an immense majority of the medical practitioners of this kingdom."

But one clause of the proposed bill related to the medical profession, and that abolished all protection to practitioners, and threw the profession open. The remaining thirty-one clauses were devoted to constituting what was termed a "Council of Health." It ought rather to be termed a "Council of Death," to the profession and to many out of it. (Hear.) The registration was a complete farce. Pay £5 to get registered, and they stood a chance of getting an appointment of £30 a-year! But the registration would never have been thought of had it not been necessary to provide some means of supporting the Council of Health, and this registration fund afforded it.

Mr. COOPER seconded the resolution. From the beginning to the end of the bill it was all "money, money," without the slightest privilege or advantage in return. If the funds were wanted to put down quackery, no medical man on public grounds would have hesitated to subscribe them; but to support this Council of Health was a perfect farce. Before the public "became enlightened," they would be pretty well disposed of. (Laughter.) Suppose he were to meet with an accident in the street, and he were stunned and taken to one of the quacks allowed by this bill to practise, the quack might use his lancet upon him, and probably finish him instead of recovering him. As a citizen, he was not prepared to submit to such a state of things. The public ought to be protected; for there were times when individuals were helpless, and if not protected from the impudent quack, they might be sacrificed. Medical men ought not to be allowed to practise without a qualification for the awful responsibility which they took upon them.

The resolution was agreed to.

Mr. D. O. EDWARDS said, all former laws, both in this and every other country, had denounced quackery; but Sir James Graham—the A 1 policeman—carefully forebore denouncing quackery, but treated it as one of the fine arts (a laugh); for he said—

> "Doubtless the pleasure is as great
> Of being cheated as to cheat."

He stated his opinion, that quackery was highly immoral in its tendency, and in support of his view read portions of several disgusting quack advertisements which appeared in the pages of a country newspaper of the week—a paper which was sent weekly to a highly-accomplished lady of his acquaintance. He concluded with moving—

> "That the advantages to be derived from the proposed scheme of a general registration would not offer the slightest equivalent for the repeal of the penal provision of the 55th of George III., inasmuch as qualified medical practitioners are already registered in the colleges which have granted their diplomas, and it is thus proved that the mere adoption of a system of registration does not afford to the public or the medical profession the least protection against the intrusion into society of unauthorized practitioners."

Mr. CURTIS seconded the resolution. He advocated the formation of branch societies throughout the country, to organize an effective opposition to the bill.

The resolution was agreed to.

Mr. COLEBORN briefly proposed the next resolution. He hoped they would not be satisfied with merely quashing the bill, but would obtain one which would satisfy themselves. The resolution was—

> "That the proposed exclusion of all unregistered practitioners from medical offices in our public institutions offers no excuse or justification for the repeal of the prohibitory section of the Apothecaries' Act, inasmuch as all unregistered candidates are now held to be unqualified, and they are wholly excluded from offices in our public institutions."

Dr. VASSAL, of Windsor, seconded the resolution.

On the motion of Mr. Ross, seconded by Mr. GODDARD, the following resolution was agreed to:—

> "That the proposed bill is narrow and restricted in the scope and tendency of its operation; because it affords a less security for the public health than is furnished by the existing law; because it is entirely inconsistent with the prayers of a vast number of petitions which have been presented to the legislature; and because it altogether withholds from the medical practitioners of Great Britain and Ireland the principle of representation in the government and management of their own institutions."

Mr. COX proposed "that the foregoing resolutions should be embodied in a protest, and as such adopted by the meeting." If the abuses and sad effects of quackery were shewn to Sir J. Graham, he thought that some means would be provided to put it down.

Mr. BRADY seconded the resolution.

Mr. WAKLEY being loudly called for, rose to speak to the resolution. He attended meetings of that kind to be instructed and to ascertain the feelings of the profession, in order that he might give a faithful report of what he saw and heard elsewhere. He had never, during a long public life, been more gratified than on that night. They had met the enemy boldly and manfully, and had taken the "bull by the horns." They knew their position, and were resolved to make use of it. They had not come forward with any half-and-half resolutions, such as he had seen reported with great regret to have been agreed to at Leeds by the respectable practitioners of that town. If such resolutions were generally adopted they would almost prove fatal to their exertions. He knew that those very resolutions would be thrust under his nose in the House of Commons. The medical practitioners of Leeds first "expressed their pleasure" that her Majesty's ministers had at length admitted the necessity, so long felt by the profession, of some alteration in the laws affecting the medical profession being made. Then, secondly, they resolved that "they viewed with satisfaction" the approximation by this bill towards the attainment of a high and uniform standing for all the members of the medical profession. Where did they find this? Not in the bill. And thirdly, they resolved that "some more stringent measures than those proposed by the bill ought to be inserted in it for the protection of the public against unqualified persons." Why, the effect of the bill was to abolish the only protection the public had. What was to become of the profession if resolutions of this kind were passed? (Hear.) Lastly, they adopted a resolution which was most extraordinary in connexion with those that preceded it—they thanked "The Times" newspaper for its able advocacy of medical reform. "The Times," on this subject, had penned some of the most able and argumentative articles that had ever appeared in any periodical. (Cheers.) It had torn the bill into shreds and fragments, and had held up its authors to ridicule, to condemnation, and contempt. The finger of scorn would be pointed at the framer of this bill in every street of the metropolis, if they could discover him, (cheers,) owing to the powerful exertions of that paper. Those very gentlemen who saw food for "pleasure" and "satisfaction" in the bill, expressed their thanks to the very paper which had blown up the scheme to atoms. These resolutions must surely have been adopted after dinner;

and if such resolutions were to be passed, he would advise that gentlemen should meet in the morning. (A laugh.) He hoped that their protest would be disseminated throughout the kingdom, because the committee thoroughly understood the effects which would ensue from the bill, and had clearly explained their opinion in this protest. If the profession would only be united, and act on the principle of this protest, they must be successful. He hoped, also, that they would not rest satisfied simply with condemning this measure, but that they would bring forward a measure themselves, of which they could approve. He had heard that spleen, in a great measure, had been at the bottom of the bill. He had heard it whispered in another place that the medical practitioners were complained of for making most exorbitant demands on the poor-law unions, (laughter,) and it had been stated that if there were free trade in the practice of physic, gentlemen would not stand out for quite such high salaries from the poor-law unions. (Laughter.) About a penny a visit, (loud laughter,) or fivepence a case. Why, gentlemen would not allow their dogs to be treated in the same way. He called on them to labour at all points—to ascertain what progress they made, and to endeavour to obtain pledges of opposition to the bill from members of parliament. If twenty members of parliament could be got resolutely to oppose the bill, the ministry would have more difficulty in passing it than they ever had in passing any bill. He called on the profession to exert itself strenuously, for this was not the time for lukewarmness; if the bill passed into a law there was an end to the medical profession. He concluded amid loud cheers.

It was then moved by Mr. SIMPSON, and seconded by Mr. PHILBRICK,—

"That the subscriptions of the members of the Medical Protection Assembly be increased to 10s., and that an appeal be made to the profession generally to assist the committee with the funds necessary for carrying on the opposition to the Medical Reform Bill introduced by Sir James Graham."

Mr. NIX, seconded by Mr. WALTON, moved,—

"That this meeting authorize the appointment of deputations to the College of Physicians and Apothecaries' Hall, to ascertain their views on this measure."

The thanks of the meeting were then moved to the chairman by Mr. CARPUE, and the meeting separated at half-past eleven o'clock.

PROTEST

OF AN AGGREGATE PUBLIC MEETING OF MEDICAL PRACTITIONERS, HELD AT EXETER HALL, SEPT. 30TH, 1844, AGAINST THE GOVERNMENT MEDICAL REFORM BILL

WE, the medical practitioners, forming this great public meeting, consisting of graduates and licentiates in medicine and surgery of the various Colleges of Physicians and Surgeons in the United Kingdom of Great Britain and Ireland, and of the Companies of Apothecaries of London and Dublin, having bestowed the most earnest and anxious attention and reflection on the principles and details of the Government Medical Reform Bill, consider it to be our imperative duty to PROTEST against the enactment of that measure into a law, for the following, amongst other, reasons.

First,—Because it is proposed in the bill to repeal so much of the 55th Geo. III., cap. 194, commonly called the Apothecaries' Act, "as relates to the penalties for practising as an apothecary without having obtained a certificate,"—that provision of an existing statute being the only foundation which sustains the decisions of the courts of law against unqualified practitioners in medicine; and because we feel that the destruction of the single barrier which now separates competently-educated practitioners in medicine from mere pretenders to medical skill would be a direct attack upon the just rights of the profession, and prove most dangerous to the public health.

Second,—Because the council of health, as proposed in the bill, would be so constituted as to place the affairs of the medical profession in this country in submission to the will of a minister of the crown, without involving any responsibility on the part of the executive government; and because the individuals selected to compose that council would not command the confidence or respect of the profession, inasmuch as there would not be found amongst them a single representative from the great body of the medical practitioners of this country.

Third,—Because the proposal not to register any person as a surgeon until he is twenty-five years of age, or any person as a physician until he is twenty-six years of age, whilst it is provided that persons of the age only of *twenty-one* years shall be licensed to practise both as physicans and surgeons, is absurdly contradictory, and in practice would throw into discredit the qualifications and capabilities of an immense majority of the medical practitioners of this kingdom.

Fourth,—Because the advantages to be derived from the proposed scheme of a GENERAL REGISTRATION would not offer the slightest equivalent for the repeal of the penal provision of the 55th Geo. III., inasmuch as qualified medical practitioners are already registered in the colleges which have granted their diplomas, and because it is thus proved that the mere adoption of a system of registration does not afford to the public or the medical profession the least protection against the intrusion into society of unauthorized practitioners.

Fifth,—Because the proposed exclusion of all unregistered practitioners from medical offices in our public institutions offers no excuse or justification for the repeal of the prohibitory section of the Apothecaries' Act, inasmuch as all unregistered candidates are now held to be unqualified, and they are wholly excluded from offices in our public institutions.

Sixth,—Because the proposed bill is narrow and restricted in the scope and tendency of its operation; because it affords a less security for the public health than is furnished by the existing law; because it is entirely inconsistent with the prayers of a vast number of petitions which have been presented to the legislature; and because it altogether withholds from the medical practitioners of Great Britain and Ireland, the principle of representation in the government and management of their own institutions.

BRITISH MEDICAL ASSOCIATION.

EXETER HALL, SEPT. 24, 1844.

AT a meeting of the Council, held to take into consideration the medical bill of Sir James Graham, it was unanimously resolved,—

I. That the bill is exceedingly defective and illiberal in many respects, and should it be passed by the legislature in its present state would be highly injurious to the welfare of the public and the rights of the profession.

II. That it nevertheless recognises and contains several important provisions, founded on the great principles of medical reform, for which the British Medical Association has been strenuously contending since 1836, and that it would be inexpedient and unwise recklessly to oppose the entire measure, because it is defective in some respects and illiberal in others.

III. That the chief defects of the bill are,—

1. The absence of the true representative principle in the election of the ruling bodies in the medical corporations.
2. It contains no provisions for uniting the medical profession into *one body*, or faculty of medicine, upon the acknowledged principle that medicine and surgery, with their subdivisions, (for public convenience,) are but parts of *one science*, which can only be effectively taught *as a whole*.
3. The want of *all efficient protection* to the public and the profession against the evils arising from the practice of unqualified persons.
4. The unjust and illiberal constitution of the proposed "Council of Health and Medical Education," in which the great majority of medical practitioners would have no voice, while the influence of the home secretary would be overwhelming.
5. The obvious effect of the bill, in connexion with the charters recently granted to the College of Surgeons, would be to *degrade general practitioners*, and improperly to *elevate pure surgeons and physicians*.
6. The omission of any summary and inexpensive mode of enforcing penalties, (such as by information before two of her Majesty's justices of the peace,) against those persons assuming medical titles, or falsely pretending to be on the register.
7. The absence of any defined method of sufficiently making known to the public the names of registered practitioners.

IV. That the features of the bill, which the council recognise with satisfaction, and which, *if properly carried out*, would be beneficial to the profession, as well as to the community, are the following:—

1. The appointment of a "Council of Health and Medical Education," which, if justly constituted and judiciously worked, implies a greater concern for the public health than government or parliament have hitherto evinced.
2. The legitimate connexion, for the first time, of the profession with the government, and thereby a much readier access to the ministers of the crown and to parliament, through the secretary of state for the home department.

3. The general superintendence of medical education, with uniform tests of qualification for practice.
4. The erection of the "Council of Health and Medical Education" into a court of appeal against any oppressive or unjust acts of the medical corporations, and which have hitherto passed with impunity and without redress.
5. The general registration of all qualified practitioners.
6. The right to practise in all parts of her Majesty's dominions after being duly qualified and registered.
7. The provision against the assumption of medical titles by unregistered practitioners.
8. That none but registered practitioners can legally recover charges for medical or surgical advice, attendance, or operations, or for medicines prescribed or administered.

V. That the council having found, from previous experience, that all former attempts at medical legislation by individual members of parliament had failed, and this association having, by deputations and correspondence, strongly urged upon Sir James Graham the propriety of the government undertaking the conduct of a bill to regulate medical qualifications and practice, *upon liberal and broad principles*, are of opinion that no measure would be likely to pass the legislature unless introduced (or at least sanctioned) by government; and therefore that it is the duty of all medical reformers to endeavour to obtain such modifications of Sir James Graham's bill, that it may be calculated to give satisfaction to the profession, and to confer the greatest amount of benefit on the public.

VI. That any medical bill which does not contain powers *effectually* to restrain ignorant and unqualified pretenders from practising the healing art in any of its departments, will be most deceptive and injurious to the community, and most unjust to medical practitioners, who have, at much cost of time and money, qualified themselves for the service of the public.

VII. That separate and united representations should be made to government, and to both houses of parliament, setting forth the liberal and just principles which any medical reform bill ought to contain; and that the members of the profession, in their various localities, should immediately wait upon their respective representatives, to impress them with the importance of the subject, and endeavour to gain their support to such a measure.

VIII. That the council strongly recommend that deputations from the various organized associations, and from the different counties and towns where meetings have taken place on the subject of the bill, should hold a CONFERENCE IN LONDON at the commencement of the next session of parliament, or when the measure is before the legislature, to adopt such energetic and united measures to modify the bill as may be deemed requisite.

IX. That the best thanks of the council be given to the Editor of "The Times" newspaper for his powerful advocacy of the cause of the profession and of the public health; and especially to Thomas Wakley, Esq. M.P., the unflinching advocate and the long-tried friend of the profession and of medical reform.

Signed, on behalf of the Council,

GEORGE WEBSTER, M.D., President.

Sept. 29, 1844.

VOTE OF THANKS TO MR. WAKLEY.

Dulwich. Sept. 30, 1844.

DEAR SIR,—At a special meeting of the council of the British Medical Association, held last week, to consider Sir James Graham's medical bill, a cordial and unanimous vote of thanks was passed to you for your unflinching advocacy of medical reform, &c. (See resolution.) In the absence of the secretary I have great pleasure in conveying to you this mark of their sense of your valuable labours in the cause of the profession, firmly believing, as I do, that without THE LANCET and your untiring exertions medical reform would never have been heard of, far less been in its present hopeful state.

I am, my dear Sir, yours very faithfully,

GEORGE WEBSTER.

Thomas Wakley, Esq., M.P., &c. &c.

CHATHAM.

MEETING OF MEDICAL PRACTITIONERS.

ON Tuesday, the 17th ult., a meeting of all the medical gentlemen practising in the borough of Chatham, was held at the residence of Richard Martin, Esq., to take into consideration the provisions of the Medical Relief Bill, introduced into the House of Commons by Sir James Graham.

The various alterations proposed to be carried into effect by the said bill having been fully discussed, it was unanimously resolved —that a petition against the same be submitted to the House of Commons, and that it be presented by the Hon. G. S. Byng, the member for the borough, and with a request that he will support the same in his place in parliament. It was also agreed, that a copy of the said petition be forwarded to the members for the western division of the county, requesting their support and assistance.

The able exertions of Mr. Wakley, in behalf of the profession, were cordially appreciated by the meeting.

ESSEX.

At a county meeting of medical men resident in Essex, held at the Shire Hall, Chelmsford, on the 26th ult., the following resolutions were unanimously adopted:—

Moved by Mr. THOMAS KING, of Chelmsford, and seconded by Mr. W. R. BARLOW, of Writtle—

I. That this meeting, fully admitting the necessity which exists for a well considered plan of medical reform, has learnt with astonishment and regret the nature of many parts of the bill for the better regulation of medical practice throughout the United Kingdom, recently introduced into the House of Commons by Sir James Graham, Bart.

That this meeting considers the repeal of the Apothecaries' Act of 1815, and the consequent permission to unlicensed persons to practice, will be injurious to the public at large, and unjust towards the great body of the medical profession, who have expended a considerable amount of time and money in submitting to the requirements of the present law, the benefits resulting from which they are now to be deprived of, if the proposed bill should pass.

That the intended constitution of the Council of Health is objectionable, being too much under the influence of the Government, whilst the profession has little or no control in its formation or management; and from there being no general practitioner nominated upon it an insult is offered to the great body of the profession.

Moved by Mr. COCKS, of Hatfield Broad Oak, and seconded by Mr. POTTER, of Ongar—

II. That it is unjust towards the present legally qualified practitioners to put them to further expense and inconvenience, by compelling them to register themselves every year; having already complied with the law, by no after legislation ought their just privileges to be taken from them.

That the proposed inducements for persons properly to qualify themselves hereafter for practice will be wholly inadequate to accomplish that object, the consequence of which will be, that the country will abound with incompetent medical men, the suffering and death resulting from which it is fearful to contemplate.

That this meeting pledges itself energetically to oppose the obnoxious clauses of the bill, and earnestly invites the co-operation of all the medical men resident in the county.

Moved by Mr. S. A. PHILBRICK, of Colchester, and seconded by Mr. GEORGE MABER WHIMPER, of Tillingham—

III. That an association be now formed, to be called the Essex Medical and Surgical Association, for the purpose of watching over the progress of the bill, as well as the general interests of the profession.

That each medical man in the county contributing five shillings towards its funds shall be a member.

That Dr. Miller be president.

That Messrs. Foaker, King, Cremer, Hutchinson, Barlow, Gilson, Bird, Lovell, C. Butler, jun., and Tomkin, be the committee.

That Mr. Oswald Copland, of Chelmsford, be the secretary.

Moved by Mr. TOMKIN, of Witham, and seconded by Mr. JAMES GRICE, of Dunmow—

IV. That a petition against the bill be signed by the medical men of the county, and forwarded to both Houses of Parliament; and that the members connected with the county be requested to support its prayer.

That Lord Rayleigh be requested to present it in the House of Lords, and Mr. Bramston in the House of Commons.

That the committee be instructed to draw up a statement of the objections this Association entertains against the bill, and be a deputation to convey it to each member of parliament connected with the county.

That each medical practitioner be requested to exert what influence he has with any member of parliament in opposition to the bill.

Moved by Dr. ROWE, of Chigwell, and seconded by Dr. HENRY BIRD, of Chelmsford—

V. That the grateful thanks of this meeting are due, and are hereby tendered, to the editor of "The Times," for his able and powerful advocacy of the public welfare in the cause of medical reform, and for his opposition to the proposed bill.

Moved by Mr. E. G. PROCTOR, Witham, and seconded by Mr. J. S. HARRISON, Braintree—

VI. That the thanks of this meeting be given to the editors of the "Chelmsford Chronicle" and "LANCET," for their clear and forcible objections to the contemplated bill; and to the Magistrates for the use of the Shire Hall on this occasion.

Moved by Mr. COCKS, of Hatfield Broad Oak, and seconded by Mr. BARLOW, of Writtle—

VII. That the thanks of this meeting be given to Mr. Oswald Copland, for his able services as honorary secretary to this meeting.

Moved by Dr. ROWE, Chigwell, and seconded by Dr. HENRY BIRD—

VIII. That the thanks of this meeting are due and are hereby offered to T. Wakley, Esq., M.P., for his able and constant exertions where the honour and interests of the medical profession are at stake.

Dr. Miller having vacated the chair, it was proposed by Dr. GEORGE MAY, of Maldon, and seconded by Mr. JOHN HUTCHINSON, of Great Waltham—

That the thanks of this meeting be given to Dr. Miller, for the able manner he has presided over the business of the day.

VOTE OF THANKS TO MR. WAKLEY.

Chelmsford, Oct. 1, 1844.

SIR,—I beg to inform you, that at a public meeting of the medical men of the county of Essex assembled to oppose Sir J. Graham's bill, a resolution was unanimously carried, offering a vote of thanks to the Editor of THE LANCET for his opposition to the contemplated enactment; and also one to you as a member of parliament, "for your powerful and valuable opposition in the House of Commons to the proposed measure." I beg to forward a report of the proceedings on the day of meeting as given in the "Essex Herald." I am, your obedient servant,

OSWALD COPLAND, Hon. Sec.

Thomas Wakley, Esq., M.P., Bedford-square.

ISLINGTON.

MEETING OF MEDICAL PRACTITIONERS.

ON Thursday evening, Sept. 26, a numerous and respectable meeting of medical practitioners residing in the parish of St. Mary, Islington, was held at the Mansion House, Lower-road, to take into consideration the bill introduced by Sir James Graham for the regulation of the medical profession. The meeting was attended by all the leading practitioners of this extensive parish, including Messrs. Clifton, Hunter, Burrows, Bateman, Jeaffreson, Semple, Kesteven, Fullerton, Allan, Cattlin, Mann, Drewry, &c.; and the proceedings throughout were characterized by the utmost harmony and unanimity. Mr. CLIFTON, of Cross-street, was unanimously called to the chair.

The CHAIRMAN commenced by observing that he was gratified to meet so numerous an assemblage of his brother practitioners on the present occasion, as he felt convinced that the medical men of Islington were inferior to none in the zeal and assiduity with which they cultivated their profession, or in the talents and acquirements which they exercised in its practice. He was happy to find, that throughout the profession in this country, the opposition to the bill of Sir James Graham was growing stronger in proportion as the provisions of that bill were more generally understood; and he would not hesitate to say, that the bill, as now constructed, was injurious to the best interests of the medical profession, as well as of the public generally. The bill was of a most sweeping character: it repealed all those enactments on which the medical profession relied for protection in the just exercise of their calling, while, on the other hand, it was calculated to produce no other effect than to provide places and salaries for persons, many of whom did not belong to the medical profession. Free-trade notions were certainly not applicable to medicine; for although the public might be competent to appreciate the qualities of the ordinary articles of food, or drink, or clothing, they were quite unable to discriminate a well-qualified physician or surgeon from an uneducated person; and therefore it became incumbent upon the legislature to afford some test by which the qualifications of medical men might be ascertained. The bill of Sir James Graham subverted all that was held respectable by the profession, at least by that great branch of it which comprehended the general practitioners; for the bill of 1815, although it fell short of what was intended by those who secured its enactment, yet had tended much to raise the character of the profession by diffusing scientific knowledge among the mass of practitioners. The present movement, however, would be a retrograde one; for, as the Apothecaries' Company had done so much to elevate the profession while other corporations had lain dormant, it was evident that the abolition of the privileges granted to the company must reduce the profession to a worse state than that which existed before 1815. He should urge upon the meeting the necessity of unanimity in their proceedings, and would recommend the gentlemen present to act in concert with other associations, as it was by union and harmony that they would be best enabled to defend their rights and privileges, and secure to themselves the benefits of sound legislation. There was no reason why the medical profession, comprising, as it did, the names of so many honourable and learned men, should yield in importance or dignity to any other profession whatever; the education of medical men was quite as expensive and as complete of its kind as that of clergymen and lawyers; and there was no reason why the medical profession should be left unprotected while the kindred pursuits of law and divinity were powerfully defended by the legislature. He could not refrain from observing the unjust manner in which the proposed Board of Health was to be constituted; by which it appeared that the secretary of state and six members, not medical men, would possess almost unlimited control over the medical profession. When was it ever proposed that lawyers or clergymen should be governed by persons not belonging to their own body? and if those professions were competent to make laws for themselves, why were the members of the medical profession to be deemed unable to do so? The Council of Health was to consist of the regius professors of the universities of Dublin, Edinburgh, Glasgow, Oxford, and Cambridge, in common with others; but as those professors must be often necessarily absent from London the greater part of the year, the whole duties of the council would often devolve upon the secretary of state and his six non-medical nominees. The protection afforded by the present bill was very slender, and in practice was perfectly ridiculous; unqualified persons were rendered incompetent to fill public offices; but as the only public offices within the reach of the great mass of medical practitioners were the appointments to the union workhouses, there was no great motive to stimulate their ambition by this proffered boon (laughter). Unlicensed persons were also prevented from recovering their bills in courts of law; but this provision was quite ineffective, because it was well known that physicians and pure surgeons always received fees; and in the instance of quacks of all denominations, they took care not to give credit, but to receive their money before delivering their nostrums. The chairman proceeded to observe that the present meeting emanated from the Book Society established in Islington; and in conclusion again urged upon the meeting the necessity of unanimity; that the medical men whom he saw around him should on all occasions maintain their high character and respectability; that they should cultivate among each other a high tone of gentlemanly and liberal feeling; and by such means would the profession obtain its just rights, and make themselves respected by the public.

Mr. BURROWS, in moving the first resolution, remarked that the bill under consideration had justly excited a general feeling of alarm among the medical profession throughout the country, for it proposed to sweep away the only legislative enactment—namely, the bill of 1815—which afforded the slightest protection to the profession, or the public; an act which, whatever objections might be raised against it, had unquestionably been productive of the most beneficial results, in improving the education of that numerous body, known under the name of general practitioners, and ensuring to the public the attendance of a highly-educated and most useful class of men. The resolution was as follows:—"That this meeting views with considerable alarm and apprehension several provisions of a bill for medical reform, lately introduced into parliament by Sir James Graham; and that it conceives this bill to be calculated to inflict the most serious injury upon the medical profession, and upon the public at large."

Mr. HUNTER felt great pleasure in seconding the resolution, as he thought that it tended to promote unanimity among the members of the profession, all of whom were interested in opposing the bill as it now stood. The physicians and pure surgeons had not exerted themselves much upon the present occasion, and, indeed, they were not much affected by it, except in the constitu-

tion of the council, the construction of which must be objectionable to every class of the profession, inasmuch as it allowed persons who were not medical men, to exercise control over medical subjects. Much of the present bill was useless; it repealed a number of unimportant acts, which had long become obsolete; and where it was not useless it was mischievous. Sir James Graham, by repealing all former bills, clears the way for making work for his own council, who will exercise an unbounded control over medical affairs. He is not aware that his bill will introduce quacks into the profession; a result which he (Mr. H.) could not but deplore, however he might feel indifferent to the practice of quacks, who were notoriously practising as such. The profession had hitherto maintained its respectability; and this respectability was, in great measure, owing to the exertions of the Apothecaries' Company; for he (Mr. H.) knew, from personal observation and experience, the beneficial effects of the bill of 1815. Before that period, the apothecaries were plunged in a state of the most profound ignorance: they knew little or nothing of the nature of the drugs which they employed, or of the diseases in which they were administered, and they were compelled to resort to physicians and surgeons to teach them the nature and treatment of disease; and they often did mischief by meddling with instruments, the use of which they did not understand, and with medicines which they knew not how to administer. In the present day, however, the general practitioners were so well educated, that they were enabled to undertake medical, surgical, and obstetric cases, with great benefit to the large majority of the middling classes, and of the poor, who thus secured good and efficient medical attendance at moderate charges. But if this bill became law, students would not endure the severe course of study imposed by the Apothecaries' Company, but would at once commence practice, without any qualification at all. Mr. Hunter concluded by recommending unanimity in opposing the repeal of the bill of 1815; which, though it fell short of the expectations of medical men, had yet produced the most beneficial results, in improving the education of the general practitioners. (Hear, hear.)

The resolution was then put, and carried unanimously.

Mr. R. H. Semple, in proposing the second resolution, remarked that he was not disposed to argue that the Apothecaries' Company had always exercised the powers confided to them in the most judicious manner; for instead of prosecuting ignorant and unqualified persons, they had too often interfered with gentlemen who were regularly educated as surgeons and physicians. He was disposed to believe, that gentlemen who had finished their education at any of the Scotch or Irish universities or colleges, or who had studied in the continental schools, were as well qualified to practise their profession as the licentiates of Apothecaries' Hall; and to that part of the bill which equalized the rights of medical men he could offer no objection; but he most decidedly objected to those parts of the bill which would allow persons to practise without any education at all, which he thought an extension of the doctrine of free trade of the most injurious tendency. Whether the large powers conceded to the Apothecaries' Company ought to be retained by them or transferred to some other corporation, was a question which he would not venture to discuss; but he perfectly agreed with the preceding speakers, in thinking that some compulsory system of study and examination should be enforced by the legislature. He had passed the Apothecaries' Hall, not because he entertained any profound veneration for that body, but because the law obliged him to do so; and he thought it unfair, if after having obeyed the law, he should be placed in a worse position than those who had disobeyed it, as he certainly would be if that bill were allowed to pass. The resolution was as follows:—"That while this meeting fully admits the justice of allowing an equality of professional privileges to all who have received an adequate medical education, without reference to the school or college where they may have studied, yet they cannot but remonstrate against the provisions of a bill which removes the slight protection already afforded to the profession, and which virtually lays open its practice to ignorant and illiterate pretenders."

Dr. Ballard, in seconding the resolution, concurred in the views of the last speaker as to the justice of allowing equality of privileges to all who had been adequately qualified; and remarked, that the school of Giessen, for instance, which had attained a universal reputation through the researches of Professor Liebig, was as well qualified to send forth well-informed practitioners as any other university. The resolution was carried unanimously.

Mr. Kesteven proposed the third resolution, and remarked, that the preamble of the bill set forth that it is for the good of the community that competent medical practitioners should be distinguished from unskilful and ignorant pretenders; but by its subsequent enactments it repealed all laws containing such restrictions as shall establish this desirable distinction. The beneficial results of the act of 1815 might be traced, in the contrast presented by the general practitioners of 1844, to the state of the medical profession before the passing of that act. The College of Surgeons now required a more complete course of study from their candidates than they did thirty years ago, because they had been stimulated into activity by the Apothecaries' Company to require a higher qualification from those who sought their diploma. The exertions of the Apothecaries' Company had received the commendations of the highest authorities in the medical profession, some of whom, as Sir A. Cooper, Sir D. Barry, Sir H. Halford, Mr. Guthrie, and others, had declared, when giving their evidence before the House of Commons in 1834, that the Apothecaries' Company had raised the standard of the profession higher than any other examining body. Sir D. Barry even stated it as his opinion, that "a man may pass an examination at the College of Physicians, who is a good classical scholar, but who knows nothing of chemistry, nothing of medical jurisprudence, nothing of surgery, little or nothing of anatomy, nothing of the diseases of women in childbed, and nothing of the manner of delivering them." Now there was no one in the room who would have ventured before the board of examiners of Apothecaries' Hall with such glaring and dangerous deficiencies; for, if he did, he would be pretty sure of rejection. The pure surgeons, as they were called, had in fact the same examination at the College of Surgeons as the general practitioner, but the latter was obliged, in addition, to undergo an examination at Apothecaries' Hall, which required a much more extensive course of study; so that the pure surgeon, so far from being superior in point of attainments to the general practitioner, was actually inferior to him. Then the College of Physicians required five years devoted to the study of medicine, with attendance on lectures; but the Apothecaries' Company required eight years, with attendance on a greater number of lectures. The resolution was as follows:—"That this meeting considers the improved state of the medical profession at the present day, in England and Wales, to be in great degree attributable to the exertions of the Apothecaries' Company, and that the repeal of the act of 1815, without the substitution of a more efficient measure of protection, is calculated to retard the progress of medical science in this country."

Mr. Mann seconded the resolution, and observed, that the present system, though imperfect, was much better than that proposed by Sir J. Graham. Instead of removing restrictions on irregular practice, he (Mr. M.) would recommend a more summary mode of treating illegal practitioners: and if the government had the power summarily to convict persons who dealt in snuff or tobacco without a licence, he thought the same protection might be extended to the case of medical practice.

Mr. Bateman concurred in the opinion that the Apothecaries' Company had done much service in elevating the character of the whole profession, and bore personal testimony to the strictness of the examination at Apothecaries' Hall. But that corporation had too often prosecuted qualified medical men, while they totally neglected quacks and bone-setters. The physicians had been improved indirectly by the operation of the act of 1815; for whereas formerly they would not soil their hands by opening bodies, they were now happy to conduct post-mortem examinations.

The resolution was carried unanimously.

Mr. J. Hunter proposed, and Mr. Jeaffreson seconded a resolution, that a committee should be appointed to prepare a petition to parliament, in accordance with the preceding resolutions; and that Mr. R. H. Semple and Mr. Kesteven should act as secretaries; which was also unanimously carried.

A vote of thanks was then passed to "The Times" newspaper, for the able and energetic manner in which the interests of the medical profession had been advocated in that journal; and it was determined to advertise the proceedings in "The Times," The Lancet, and the "Medical Gazette," and to commence a subscription to defray the necessary expenses.

A vote of thanks was then passed to the chairman, which was suitably acknowledged, and the meeting separated.

ROCHDALE.

MEETING OF MEDICAL PRACTITIONERS.

A meeting of the medical practitioners of Rochdale and the neighbourhood was held on Thursday, the 26th ult., to take into consideration the provisions of Sir J. Graham's Medical Reform Bill. There were present—Mr Dunlop, chairman, Dr. Edwards, Mr. Wood, F.R.C.S., Mr. Bower, Mr. Dicken, Mr. Barker, Mr. Sellers, Mr. Lumb, Mr. Lawton, Mr. R. Barker, Mr. Schofield,

Mr. N. Buckley, Mr. Collingwood, Mr. Coventry, Mr. Taylor, Mr. Thomasson.

A petition to the House of Commons, strongly condemnatory of that portion of Sir J. Graham's measure which proposes to repeal the act of 1815, without the substitution of any other equally stringent enactment for the protection of the legally qualified practitioner, was unanimously agreed to. A deputation was also appointed to wait on the member for the borough, to request him to present the petition at the meeting of parliament, and to support its prayer.

ROCHESTER AND STROOD.

MEETING OF MEDICAL PRACTITIONERS.

At a meeting of the medical practitioners of Rochester and Strood, held at the house of Dr. Martin, on Friday, the 20th of September, 1844,—present, Dr. Martin, Dr. Drawbridge, Mr. Seaton, Mr. Bevan, Mr. Jacob, Mr. Steele, and Dr. Ely,

Mr. SEATON, in the Chair,

The following resolutions were unanimously agreed to:—

1. That this meeting considers that the Apothecaries' Act of 1815 has tended much to elevate the character and protect the interests of the general medical practitioner, and to secure efficient medical attendance to all classes of society; and that the abrogation of it, in the present state of the law regarding the medical profession, would be a serious injury to that profession and to the community at large.

2. That the meeting is of opinion that, in the formation of the council of health and education, as stated in Sir James Graham's proposed bill, the interests of the general medical practitioners will not be duly represented unless a fair number of the council consists of members chosen from among that class.

3. That this meeting cannot help feeling regret that this proposed bill affords no protection to the public against unqualified practitioners; and is of opinion that the aforesaid bill is of so injurious a tendency towards the medical profession as well as to the whole population of the country, that every legitimate means should be used to oppose its further progress through parliament.

4. That Dr. Martin, Dr. Drawbridge, and Mr. Seaton, be a committee, to embody the above resolutions in a petition, to be presented to parliament; and that the same gentlemen make the preparations necessary for a public meeting of the profession.

5. That the attention of the local members of the House of Commons be called to this subject by a letter,—to be drawn up and approved of by the public meeting; and that a deputation wait upon them to explain and urge the views of the profession.

6. That the best thanks of this meeting are due to the editors of "The Times" newspaper, "The Medical Gazette," and THE LANCET, for their strenuous opposition to the objectionable bill.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled,

The petition of the undersigned Physicians, Surgeons, and Apothecaries of Rochester and Strood, residing therein, and being legally qualified to practise medicine and surgery,

SHEWETH,—

That although your petitioners regard with satisfaction some of the clauses contained in the proposed Medical Bill of Sir James Graham, yet, on the whole, they view it with disappointment, disapprobation, and alarm; for while it professes to protect the medical profession and the public health, they believe it to be directly and seriously injurious to both.

That your petitioners are of opinion that the act passed in 1815, and called the Apothecaries' Act, has tended much to elevate the character and protect the interests of the general medical practitioner, and to secure efficient medical attendance to all classes of society. That the abrogation of that act, in the present state of the law regarding the medical profession, would, they believe, prove a serious injury to the members of that profession, and to the community at large, the real interests of both being inseparably connected; and that they think ample security should be afforded against all unqualified practitioners, and feel great regret that the proposed bill contains no clause to such effect.

They therefore humbly and respectfully pray of your honourable house to give to the proposed bill your most serious and mature consideration, and not to pass it into a law in its present form.

And your petitioners will ever pray.

At a public meeting of the Physicians, Surgeons, and Apothecaries of Rochester and Strood, held at the house of Dr. Martin, on Friday evening, the 27th of September, 1844,—present, Messrs. Stephenson, Seaton, Bell, Bevan, Jacob; Drs. Drawbridge, Martin, Ely, and Bevan,—

Mr. SEATON in the chair,

The following resolutions were unanimously agreed to:—

1. That the petition, as drawn up and read, be adopted, and that the members for the city be requested to present it and support its prayer.

2. Resolved, that, together with the petition and a copy of the resolutions, a letter be sent to each of the city representatives; that Drs. Martin and Drawbridge, and Messrs. Seaton and Jacob, do take an early opportunity of waiting on the members of the city with the said petition, resolutions, and letter, and, if necessary, to confer with them more particularly on the subject of Sir James Graham's bill.

3. Resolved, that the thanks of this meeting are due and be given to Mr. Seaton for his conduct in the chair.

VOTE OF THANKS TO MR. WAKLEY.

To the Editor of THE LANCET.

SIR,—As chairman at the meetings of the medical practitioners of Rochester and Strood, held on the 20th and 27th inst., I beg, on their behalf, to enclose you copies of the resolutions and petition then adopted by them.

The resolutions, which passed unanimously, contain one of thanks to you, it being considered justly due for the powerful aid afforded by your journal to the medical profession and the public, in opposing so ably as it does Sir James Graham's proposed bill relative to medical reform.

I have only to add that the whole number of persons residing in Rochester and Strood qualified to practice medicine and surgery is eleven, ten of whom met.

I remain, sir, your obedient servant,

E. SEATON.

Rochester, Sept. 30, 1844.

SHREWSBURY.

MEETING OF MEDICAL PRACTITIONERS.

THE members of the medical profession of the county of Salop met, by public advertisement, on Tuesday last, at the Lion Inn, Dr. H. JOHNSON in the chair. The meeting was both numerous and respectable, and the resolutions, deprecating and denouncing Sir James Graham's doomed bill, which would seek to create a subordinate class of empirical practitioners, in order, as we presume, to restore the ancient congenial incorporation of the worthy fraternity of barbers therewith, were passed unanimously. It continues an entire mystery to the whole and undivided profession what could be the motive or object of the home secretary in such a bill, for it were difficult to conceive that the thing could have been projected in utter carelessness or ignorance. Though there are here in Salop, as in most other counties, an order of professional dummies, who would willingly leave the work of efficient duty to active and more decided minds, and endeavour to "draw it mild" when it is necessary to confront "the powers that be," some diluted propositions which they had prepared, and which were read at a preliminary meeting, by the local aristocracy of the profession, were vigorously met by others, and so far overruled or amalgamated with better elements, as to constitute a mixture of adequate pungency on being proposed at the meeting.

Mr. J. M. COLEY, of Bridgnorth, the senior practitioner present, in proposing the first resolution, congratulated the meeting on the respectability of the attendance, the promptitude and spirit with which they had come to the rescue of the profession in a time of peril, and the unanimity which prevailed among all departments of the art in resisting those provisions of Sir James Graham's bill, when sought to restore and legalize the days of quackery, and to institute a council of health, essentially consisting of the nominees of ministers. He regretted that some one better known in Shrewsbury, and more able than himself, had not been fixed upon to introduce the leading resolution; but he would never shrink from any duty imposed on him where the honour of the profession, or the welfare of the public were concerned. Mr. C. then went into an historical review of the different stages by which medical science had attained its present distinguished eminence, and remarked, with considerable force and humour, on so remarkable an absurdity in the present enlightened age, as a renewal of legalized nostrum-mongers, who, in times long past, and when the public were less able to distinguish between competent and incompetent persons, had been sentenced, as convicted offenders, to ride backwards through the public streets, laying

hold of the tail of the brutes on which they were ignominiously exhibited. Mr. C. then took a comprehensive view of the general character of Sir James Graham's bill, and its capabilities to benefit the profession, subject to certain emendations and additions.

The other resolutions were proposed by different professional gentlemen of the town, and carried by the cordial concurrence of all present. A petition, embodying the substance of the resolutions, was then proposed and carried.

RESOLUTIONS.

1. "That this meeting views with pleasure the attention which has been bestowed by government on the subject of medical reform, and whilst it hails with satisfaction some of the provisions of the bill about to be introduced into parliament, yet this meeting is firmly persuaded that the profession, wherever its voice may be heard, will be unanimous in protesting against the unconditional repeal of the Apothecaries' Act, as a measure fraught with danger to the public, as well as to the profession, by throwing open the practice of medicine to unqualified persons."

2. "That this meeting do resolve that a petition be presented to the House of Commons, signed by the medical profession of Shropshire and North Wales, praying that if it be deemed expedient in the proposed bill to repeal the act of 1815, such legislative enactments may be introduced as shall prevent all unqualified persons from engaging in the practice of medicine and surgery.

3. "That whilst it is admitted that it may be exceedingly difficult entirely to suppress quackery, this meeting is decidedly of opinion that some measures more stringent than are contained in the proposed bill may and ought to be adopted for the protection of the public and the profession against irregular practitioners."

4. "That it is very desirable that the voice of the profession should be heard in the proper quarter; that a deputation, therefore, be formed to wait upon each of the borough and county members, for the purpose of explaining the glaring objections to which the bill, as now proposed, is subject, and to request the said members to watch carefully over the interests of the profession while under the consideration of parliament."

5. "That the following gentlemen be requested to form the deputation to wait upon the County Members for North Shropshire—J. Y. Arrowsmith, Esq. and Peploe Cartwright, Esq. For South Shropshire—T. J. Drury, M.D. and W. J. Clement, Esq. For the borough of Shrewsbury—H. Johnson, M.D. and H. Keate, Esq. For the borough of Ludlow—H. Hodges, Esq. and — Valentine, Esq. For the borough of Bridgnorth—J. M. Coley, Esq. and W. Thursfield, Esq. For the borough of Wenlock—W. Brookes, Esq. and A. Bowyer, Esq."

6. That the members for the county of Salop, and the members of the boroughs throughout the said county, be requested to form a deputation to wait upon the home secretary, to endeavour to obtain the introduction into the present bill of proper protective clauses against unregistered practitioners, and that the medical gentlemen appointed to wait upon the different members of parliament do solicit them to form such deputation.

7. That the cordial thanks of this meeting are hereby given to Thomas Wakley, Esq. M.P., and to the editor of "The Times" newspaper, for their able advocacy of the cause of medical reform and of the interests of the profession.

8. That a subscription be now commenced, to defray the expenses of the present and future meetings.

9. "That the cordial thanks of this meeting be given to Dr. H. Johnson, for his efficient conduct in the chair."

MEETING OF THE BRITISH ASSOCIATION AT YORK.

THE MEDICAL SECTION.

THE meetings of the medical section of the British Association for the Advancement of Science, were held in the Great Hall of the York County Hospital, and were generally exceedingly well attended by the very distinguished practitioners of York and its neighbourhood, who, as well as their fellow-townsmen, entered warmly into the spirit of the meeting, and extended the most cordial hospitality to those of their brethren who attended from a distance.

The following is a list of the officers of the medical section:—

President—J. C. Prichard, M.D.

Vice-Presidents—W. P. Alison, M.D.; H. S. Belcombe, M.D.; George Goldie, M.D.; Thomas Simpson, M.D.

Secretaries—I. Erichsen, Esq.; R. S. Sargent, M.D.

Committee—H. Bacchetti, D.M. et Chir. of Pisa; T. Hodgkin, M.D.; J. Black, M.D.;— Formby, M.D.; — Stewart, M.D.; T. Laycock, M.D.; W. Bevan, M.D.; C. Williams, Esq.; R. Hey, Esq.; B. Dodsworth, Esq.; James Allen, Esq.; W. D. Husband, Esq.

Sept. 26th.—Mr. Erichsen read an elaborate report on asphyxia. After discussing at length the various theories that have been entertained on this subject, the author detailed a series of carefully conducted and very interesting experiments, from which he deduced the following conclusions:—First. That although the persistance of the respiratory movements has some influence in maintaining the circulation through the lungs, yet that their arrest is not by any means the sole cause of the cessation of the circulation. Second. That a diminution in the force and frequency of the contractions of the heart, consequent upon the altered quality of the blood circulating through its muscular substance, is one of the principal causes of the cessation of the circulation in asphyxia; as is evident from the fact that when the force of the heart's contractions is maintained by a supply of arterial blood to its muscular substance, it is enabled to propel black blood through a collapsed lung. Third. That the obstruction which has been proved to take place in the pulmonary and systemic circulation, is due to the venous blood exciting the contractility of the minute divisions of the arteries and pulmonary veins, by acting upon their special sensibility. Fourth. That the cause of the stoppage of the circulation in asphyxia is therefore three-fold,—depending first, upon the arrest of the respiratory movements; second, upon the weakening of the heart's action; and third, upon the obstruction offered to the blood (propelled with diminished force) by the refusal of the smaller divisions of the arterial system to receive venous blood.

The author next adverted to the treatment of asphyxia, and after criticising the different plans usually recommended, stated the interesting fact, as determined by a considerable number of experiments, that if artificial respiration be set up, even after the heart has entirely ceased to act, the left cavities of that organ will fill themselves with arterial blood, the congealed condition of the lungs be removed, and the pulmonary artery be emptied of its blood; and this without the action of the heart being in any way renewed. These effects take place much more rapidly when the lungs are inflated with pure oxygen, and by these means the author had succeeded in restoring the contractions of the ventricles after these had entirely ceased; he therefore recommended the employment of this gas in cases of asphyxia from drowning, and the irrespirable gases.

An interesting discussion followed, in which Dr. Sargent, Dr. Prichard, Mr. Bevan, and Mr. Erichsen took a part.

A paper was then read "On a peculiar Disease of the Tongue," by Dr. Heming, illustrated by cases and coloured drawings. The disease appeared to resemble psoriasis of that organ, and generally occurred in patients of a broken constitution.

Sept. 27th.—A paper was communicated from Dr. Perretti, of Rome, by Dr. Hodgkin, "On the Bitter Principles of Vegetables." The paper, which chiefly related to pharmaceutical chemistry, contained an account of the resins of the bitter plants usually employed in medicine, and the author spoke highly of the effects of wormwood in several diseases requiring tonics. A very interesting paper from the pen of Dr. Merriman was then read, "On the comparative Frequency of Uterine Conception in Women." Dr. Merriman found, from a long table of births, that the greater number of conceptions took place in the following months, arranged according to the frequency of conception:—April, March, June, May. According to Malorine, the months are July, May, June, August: in either case, four consecutive months, differing, however, a little in the time of the year. The section then adjourned to hear a paper by Professor Matteucci, of Milan, at the chemical section.

Sept. 28th.—Dr. Hodgkin read a very interesting paper "On Tape Worm," as occurring in a native of Abyssinia, who came to this country, in the service of Dr. Beke. The Abyssinians use the kopo, a violent drastic purgative. The tape-worm, which Dr. Hodgkin was anxious to examine, was of a large size—the tænia solium. This case enables us to extend the geography of this parasite, which seems to occur where the bothriocephalus latus does not occur, and *vice versâ*. The bothriocephalus latus is found in Russia and Switzerland, where its presence may be regarded as amongst the records of the invasion of those north-eastern hordes which contributed to the subversion of the Roman empire. Again, amongst the natives of Southern Africa, whether the diminutive Hottentots or gigantic Caffres, we find indications of the stream of population having taken its course from the north-east. The doctor then concluded a most interesting and instructive paper, by some curious observations on the kopo, or remedy employed by the natives of Abyssinia &c., as a powerful

anthelmintic. Amongst others, that it was held in such high repute, that in some countries of the African continent its employment was confined to the royal families. Where its employment is not so restricted, the natives make a practice of purging themselves in company regularly every two months, when a certain day of the Allemah months comes round. An interesting discussion followed, in which Mr. Williams, Dr. Sargent, Dr. Laycock, Dr. Alison, Dr. Goldie, and Dr. Fowler took part.

Dr. Laycock next proceeded to read an important communication "On the Reflex Function of the Brain." He argued that the brain, although the organ of consciousness, was also the seat of the reflex actions, and thus did not differ from other ganglia. After giving a short summary of the general phenomena of reflex action he proceeded to prove, by a series of facts, that the brain and the cerebral nerves were susceptible of the reflex actions just as much so as the spinal system. In order to develop the reflex actions of these nerves it is necessary to excite each by its appropriate stimulus; thus, the optic nerve by light, the auditory by undulations of air, &c. Thus, in hydrophobia the excito-motory phenomena are excited just as readily by the action of reflected light upon the retina, the *sound* of dropping water, or the *idea* of water, &c., just as readily as by the actual touch of water, &c. The author related several cases from various writers on hydrophobia illustrative of this. Dr. Laycock next referred to the pathological action of colours, especially of red, and of odours, more especially the delicate ones. The paper, which was a most interesting one, was, however, of such a nature as not to admit of justice being done it by any abstract. A most interesting discussion ensued, in which Dr. Goldie, Dr. Alison, Dr. Thurman, Dr. Sargent, Dr. Fowler, and Dr. Laycock took part.

A paper was next read by Dr. Goldie, from Dr. Bacchetti, of Pisa, entitled, "Some particulars of a case of Extra-Uterine Pregnancy." A woman, mother of six children, shewed, in Dec. 1836, the signs of a seventh pregnancy. At the ninth month all signs of true labour manifested themselves; these phenomena recurred for fifteen days, when they entirely ceased. The tumour did not change in volume. In 1838 she became the subject of a natural pregnancy, and again in 1841, both of which terminated happily. Ten months after this the tumour in the abdomen became painful, and the patient gradually sunk, in March, 1842. On examination, a large tumour was found, which had contracted adhesions to surrounding organs: on examining this, a male fœtus was found, which was entire, with the exception of the cranium, the bones of which were separated; no traces of placenta or funis could be found. The case was interesting in consequence of the complete development of fœtus, its continuance for several months in the abdomen, and the woman having become pregnant twice, with an extra-uterine fœtus in the abdomen. Remarks were made in French by Dr. Bacchetti, and some remarks by other members of the section.

A very instructive paper was then read by the Venerable Dr. Fowler, on "Some cases of Congenital Deafness, Dumbness, and Blindness," as well as a letter from Dr. Howe, on the same subject, addressed to Dr. Fowler, of which an abstract can scarcely be given. After remarks from Dr. Alison, Dr. Fowler, Dr. Goldie, Dr. Sargent, and others, the meeting adjourned till Tuesday, Oct. 1.

Section E.

Tuesday, Oct. 1.—Dr. Kemp read a paper "On the Functions of the Bile." After stating that the bile is not merely an excrementitious fluid, the author proceeded to point out that it was recrementitious, and then went on to the discussion of the question of how the elements of the bile re-enter the system. This, he thinks, can be best ascertained by a comparison of the composition of the ingesta and egesta. The author also stated, that the bile, when healthy and fresh, was always neutral; but that the mucus of the gall-bladder, being a proteine compound, readily underwent decomposition, giving rise to the formation of carbonate of ammonia, and that he had noticed the bile to become alkaline in consequence of this change taking place; and also, that in typhus fever and death from severe burns he had observed the bile to become alkaline. The cystic bile is essentially different from the hepatic bile, and that this difference is owing to the admixture of mucus or epithelium with the cystic bile. The paper, which was a very interesting and valuable one, was followed by a brief discussion, in which the author, Dr. Sargent, and Dr. Goldie, took part.

Dr. Thurnam, of the Retreat Asylum, next made some very interesting remarks "On Dr. Carus's Scientific Cranioscopy," an abstract of which it would be impossible to give.

A report was then read, from the pen of Mr. James Blake, "On the Physiological Action of Medicines." The author, after stating that isomorphous substances, when introduced into the blood, exert an analogous influence on the animal economy, proceeded to detail some very interesting experiments that he had made on tartrate of antimony, the salts of palladium and platinum, and with the chloric, hydrochloric, bromic, and iodic acids. Tartrate of antimony gives rise to precisely the same phenomena as the arsenic and phosphoric acids; the quantity required to cause death was about a drachm and a half. Chloride of palladium was found to be very poisonous, arresting the action of the heart in smaller quantities than any other substance. A grain of this salt injected into the jugular vein caused death in twelve seconds. The salts of platinum act in a similar way, but are not so poisonous, requiring three or four grains to destroy a dog. The other members of this isomorphous group have not been experimented upon, on account of their rarity.

The next group experimented on were the iodic, bromic, chloric, and hydrochloric acids. These exert an influence on the passage of the blood through the lungs, and appear to prove fatal, by inducing asphyxia.

The following is the evidence on which Mr. Blake rests his law of the analogous action of isomorphous substances:—1st, the similarity of action of the isomorphous substances belonging to the magnesian class—viz., magnesia, lime, manganese, iron, cobalt, nickel, zinc, cadmium, copper, and bismuth; 2nd, those of lead, strontia, and baryta; 3rd, of palladium and platinum; 4th, of phosphorus, antimony, and arsenic; and 5th, of chlorine, iodine, and bromine. Mr. Blake concluded a most interesting and valuable paper, by supposing that isomorphous substances form definite analogous compounds with the blood and tissues. This report concluded the business of the section, although two papers had been received, but too late for reading. The medical men who visited the city on this occasion all expressed themselves most highly gratified by the kind and cordial hospitality with which they had been received by their brethren of York, more especially by Drs. Belcombe, Goldie, Simpson, and Williams.

MEDICAL SOCIETY OF LONDON.

Monday, September 30, 1844.

DR. THEOPHILUS THOMPSON, PRESIDENT.

This was the first meeting of the new session.

The President, on taking the chair and commencing the business of the session, remarked that it was a privilege to take a part in the proceedings of a body of intelligent men, assembled, not for purposes of selfishness or vanity, but for the discovery and diffusion of important truth. Such meetings, by the frankness with which important suggestions were communicated and discussed, contributed to the good of the public, and contrasted strongly with the conduct of professors of mysterious methods, or the proprietors of secret remedies for the pretended cure of disease. It might indeed be well if some suitable authority could investigate the claims of those who professed to have discovered important remedies, so as to reward the discerning and screen the public from dangerous impositions. It was truly lamentable that patent medicines should be sanctioned by an enlightened legislature, and the bearings of our gracious Queen be permitted to decorate packets of poison for her subjects. He trusted that this matter would secure attention in the further consideration of a government measure, introduced, as he believed, with good intentions, but, he feared, with bad success. He hoped that any discussion of that measure in the council of the society would not tend to disunion. He believed that such societies as that over which he had the honour of presiding were favourable to a mutual kindliness of feeling among the departments of the profession, by teaching individual members to forget accidental distinctions of grade, to imitate without injuring, and admire without envying, and to cherish a fraternal feeling towards all who distinguish themselves by assiduous observation, patient thought, and honourable conduct. The president concluded by expressing his hope that the supply of dissertations would, this session, be more abundant, and that the discussions would be conducted with still more animation and instructiveness than in former years.

Dr. Theophilus Thompson read a paper

ON THE CONNEXION OF CERTAIN FORMS OF INDIGESTION WITH THE HABITS OF CIVILIZED LIFE.

He commenced by remarking on the great frequency of indigestion, not merely as a primary disorder, but also as induced, in the course of other diseases, as a result, sometimes, of the accompanying fever—at other times, of the remedies employed. He believed that a discriminating classification of the varieties of dyspepsia (provided it be not too elaborate) would materially assist in establishing definite and successful plans of treatment.

The inflammatory form of indigestion, having no marked relation to civilized habits, was only cursorily noticed. The author dwelt chiefly on the *atonic* and the *irritable* varieties. He described the *atonic* as characterized by weight and distention after food; heartburn; insipid or fœtid eructations; a clammy, furred, pale, flabby, or sodden tongue, covered with mucus; intolerance of a diet abounding in milk, sugar, or fat; sick headache; sleepiness after meals; timidity; hypochondriasis; cloudiness over the intellect; unnatural captiousness; a want of command over the intellectual powers, and sometimes even a tendency to suicide.

Irritable dyspepsia was described by the author as characterized, not by a simple sense of weight, but rather by various uneasy sensations—as of emptiness or fulness, gnawing or grinding; by redness of the tongue and fauces, capricious appetite, and by great sensitiveness to medicines and to moral impressions. Atonic dyspepsia required simple, compact, and nutritious diet, warm aperients, and, when the tongue becomes clean, tonics. Irritable dyspepsia was best treated with anodynes, alkalines, and prussic acid. In the former variety, coffee often agreed; in the latter, it was injurious. The former was induced by simple exhaustion, or distention of the stomach, sometimes by deficient stimulus of body or mind; the latter by causes which excited while they weakened—such as irregular diet, protracted fasting, professional or maternal anxiety. Dr. Thompson observed, that in regulating diet, it was a common error to apply to diseased conditions the rules adapted to a state of health. He proceeded to shew that nervous energy, muscular power in the stomach, and healthy blood, were essential to the adequate performance of digestion; and he enlarged on the tendency of a sedentary life, of long intervals between meals, succeeded by full repasts, as well as of confined air, elevated temperature, and the use of stoves, to interfere with these conditions; but of all the unfavourable influences exerted by modern habits, he believed none to be more detrimental than disturbed sleep, study unduly and anxiously prolonged, corroding care, unsatisfied ambition, and perturbed passions. The author illustrated, by a reference to certain physiological principles, the manner in which the elaboration of nervous energy, essential to mental processes, may be expected to induce exhaustion; and in conclusion, especially urged, in the treatment of individuals with dyspeptic tendencies, exercise in the open air, systematic repose, moderate vicissitudes of temperature, and rural occupations, and argued that only partial benefit could be expected from medicine, unless ambition were restrained within the limit of power, and the mind preserved in a state of equanimity and content.

Mr. KINGDON expressed his approbation generally of the views advanced in the paper, and inquired if the good effects said to be derived from taking milk in cases of irritable dyspepsia were permanent, or only temporary. He thought that a large quantity of milk undiluted was likely to be prejudicial, as it would form a hard curd not easily to be digested. The effect of warm water was often beneficial in this form of dyspepsia.

Mr. PILCHER expressed his approbation of the manner in which the author of the paper proposed to treat the forms of disease alluded to—viz., by *general* treatment rather than by *specific* remedies. He related the case of a gentleman who suffered from dyspepsia, the result of close and anxious attention to the management of a large mercantile concern. He suffered successively under symptoms of disease of the heart, lungs, and kidneys, and for the relief of these had been subjected to a variety of treatment without any relief. He was cured by relinquishing for a time the cares of business, and going into the country. Milk, he (Mr. Pilcher) thought, was unsuited to dyspeptic patients.

Dr. LEONARD STEWART suggested that the present fashion of taking large quantities of tea and coffee tended to the production of atonic dyspepsia.

Dr. WILLSHIRE said that dyspepsia was very prevalent among the poor as well as the rich. He divided the subject into the irritative, and atonic or asthenic forms; and the former, which he considered most common in men, into—first, the irritative from ingesta, and second, from the influence of particular trades, as, for instance, the shoemaker, from pressure of the last on the pit of the stomach, &c. The atonic, most common in women of the lower order, he considered to arise mainly from excessive tea-drinking, and the living upon poor and squashy food, which produced distention, flatulence, and similar symptoms. This kind of dyspepsia also had its origin in an inveterate form of leucorrhœa. To cure asthenic dyspepsia, he proposed the avoidance, as much as possible, of all fluids, and the administration of solid food. As a medicine in this disease, he had found great advantage from the liquor potassæ, and tincture of hops and henbane, in infusion of columba or gentian. The irritative form of the disease was best treated by hydrocyanic acid in infusion of columba. If there was vomiting, creosote should be given also. If the disease were produced by a particular trade, the occupation must be discontinued. The irritative form of dyspepsia was more common among the upper than the lower classes.

Mr. KINGDON agreed with the last speaker respecting the injurious influence of swallowing large quantities of tea.

Mr. HEADLAND drew the attention of the society to the title of the paper—viz., "Indigestion connected with Civilized Life," and inquired whether indigestion was met with in the savage state. He was disposed to think that it was mainly a disease connected with civilization. He would inquire whether it had its origin so much in the use of tea, as in exertion of mind, crowding together in large towns, and other like depressing causes. He alluded to the prominent position which dyspepsia occupied in the modern compared with ancient medical writings. Heart diseases he considered to be decidedly on the increase, as the result of the anxieties and over-exertions consequent upon our advanced state of civilization.

Dr. RISDON BENNETT questioned whether the injurious influences attributed to exertion of mind were not over-estimated, and whether the diseases in question were not to be attributed to something more than mere mental exertion,—as anxiety, disappointed ambition, &c. He did not think that exertion of the mind, to its fullest extent, if unaccompanied by anxiety, interfered much with the digestion, or tended to shorten life. He instanced the fact of clergymen, mathematicians, &c., as being long-lived as a class; while, on the contrary, poets, and that class of men in whom intellectual excitement was not kept under control by the moral qualities of the mind, were, comparatively, more subject to these diseases, and shorter-lived.

The discussion was adjourned.

HOSPITAL REPORTS.

LONDON HOSPITAL.

PARTIAL SOLUTION OF CALLUS FROM LOW LIVING.

JOHN A—, aged 16, a labouring lad, admitted under Mr. Scott, Sept. 14. He complained of considerable pain in the right thigh, increased materially during progression. He moved about very slowly, with a faltering gait and great caution.

On examining the thigh it presented a considerable bulging forwards, a little above the centre, in which situation the medium that had united the two originally separated portions of the bone had become partially absorbed, the upper and lower part of the femur admitting of slight but obvious independent movement when grasped by the hands: he appeared thin and weak, the features being pale, and the pulse small and hurried.

About two years ago he was an in-patient, having received a simple fracture of the right thigh, near the upper third. He was under treatment about nine weeks, and when he was discharged, the limb was perfectly firm, and he could walk with facility. From the hospital he became the inmate of a neighbouring union, where he remained till the period of his second admission. His diet during this time consisted of five ounces of meat three times in the week, soup three times, and bread and cheese once; and for about six or eight months, at different periods, he had, by request of the medical attendant, half a pint of porter daily. The symptoms of the uniting medium giving way were first indicated by local pain, afterwards by imperfection of gait, and increased prominence of the thigh bone, forwards and outwards, at the original seat of fracture. The pain commenced about three months before he entered the hospital. He was placed on full diet, by which he was allowed fifteen ounces of meat in the week more than he received in the workhouse, and a quantity of soup, equal in volume and strength to what he drank there; he took, also, a little decoction of bark, and half a drachm of sesquioxide of iron, three times in the day, and an occasional rhubarb purge. The recumbent position was strictly enjoined. Having been under this treatment for seven weeks he left the hospital, firm union of the bone having resulted.

PARTIAL SOLUTION OF CALLUS CONSEQUENT ON AN ATTACK OF RHEUMATIC FEVER.

James M— aged 46, occasionally subject to severe attacks of rheumatism, admitted under Mr. Scott, with a simple fracture of the left tibia and fibula, about two inches and a half above the ankle. Firm union resulted in six weeks. In three or four days after this an attack of rheumatic fever supervened: it lasted three weeks, and at the end of this period the union of the bones had become so far impaired as to allow of the easy separation of the upper and lower portions from each other, (ligamentous structure

apparently forming the only means of connexion.) The condition, however, that existed prior to the rheumatic attack was again established in about a fortnight.

These cases well illustrate the lesser degree of vitality existing in newly formed than in the original textures of the body. In the latter case a degree of febrile excitement of the circulation, which produced only such an amount of inflammation as was compatible with the integrity of the structures in which it was seated, was attended with sufficient vascular disturbance in the uniting medium of the bone, to occasion its partial absorption. In the former case a similar result also was produced, owing to the powers of the circulation having been simply reduced to so low an ebb as to be incapable of maintaining the consistence of the structure that had been deposited between the separated portions of the bone.

DISLOCATION OF THE FEMUR ON TO THE ISCHIATIC NOTCH.

William C—, plasterer, aged thirty-five, of rather spare build, admitted under Mr. Scott, June 3rd. He was in a state of boisterous intoxication, and had fallen, while in this condition, a considerable height from some scaffolding. The injury sustained was confined to the left hip, the femur, on careful examination, being found dislocated on to the ischiatic notch. The extremity was about half an inch shorter than the right, and admitted of but very slight movement. The toe was directed to the ball of the great toe of the opposite side. The knee was directed forwards and inwards, inclining to the inner edge of the opposite patella. In the region of the sciatic notch was observed marked rotundity, or rather fulness of the soft parts, arising from the presence of the head of the bone, which was distinctly felt on rotating the thigh inwards.

Reduction was effected in the usual manner in about seven or eight minutes; *no audible snap* accompanied the head of the bone regaining its normal position. The patient was immediately placed in bed; the lower extremities were bound closely together, and fomentations were applied to the glutæal region. On the following day, the man, who had recovered from his drunkenness, was not at all conscious either of having dislocated his thigh or of having been subject to the operation necessary for its reduction.

From this period to June 26 nothing untoward occurred, no swelling of the soft parts around the joint having resulted, no pain either existing or other symptom indicative of inflammation. He was kept quiet in bed for about three weeks, at the end of which time he walked about the ward with crutches, and complained only of occasional stiffness of the joint.

BACKWARD DISLOCATION OF THE CARPUS.

David B—, aged eighteen, admitted under Mr. Scott, Sept. 4th, He had fallen from the mainmast of a brig, and besides having driven in the lower part of the outer wall of the frontal bone, in the situation of the sinus, and dislocated the middle finger of the right hand, had also displaced the left carpus backwards, the dislocation being evidenced by the following symptoms:—Lower ends of the radius and ulna prominent, both styloid processes being entire, a marked depression beneath, or rather in front of them. Hand partially adducted and thrown backwards; a prominent tumour, formed by the carpus, extending from the level of the radius and ulna backwards, i. e., towards the elbow, for about an inch and a half; a marked depression above the tumour, i. e., towards the elbow; movements of the hand almost lost, there remaining only slight power of extension, none of flexion.

No inconvenient symptom resulted subsequent to reduction, which was effected by making extension from the hand, the elbow being fixed by the knee. The fore-arm and hand were placed in splints for about three weeks, and he soon after this regained perfect movement of the joint.

LOCK HOSPITAL.

SYPHILITICAL RUPIA.

William A—, aged twenty, admitted Sept. 7th, 1843, under Mr. Lane. From the patient's history it appears that in February last he contracted a sore upon the prepuce; that he was at once subjected to mercurial treatment, this being continued for one month, at the expiration of which time the sore healed, though with considerable induration remaining, his mouth at the same time being severely affected. Seven weeks after the healing of the sore the rupial spots began to make their appearance, commencing upon the arm, and extending successively over the legs, thighs, and face; he was then submitted to another course of mercury, combined with sarsaparilla; the mercury has been continued up to the present time, (three months.)

Appearance on admission.—His whole face is covered with sores, having large and elevated incrustations, more particularly upon the forehead and lips; upon the thighs also they are of the size of crown pieces, and surrounded by a much inflamed areola. There is great constitutional debility, loss of sleep, and of appetite, constant pain over the eyebrows, and a weak, tremulous pulse, which beats 140 in the minute. The second and long-continued course of mercury has produced no effect upon the mouth. Ordered, compound decoction of sarsaparilla, one pint, and diluted nitric acid, one drachm, to be taken daily. Acetate of morphia, half a grain, to be taken each night at bed-time. Bread-poultices to be applied to the sores. The diet to consist of beef-tea and light pudding, with porter.

Sept. 20th.—Under this treatment improvement has been most rapid. The crusts have separated, leaving healthy sores, healing, both in the centre and at the circumference; many have separated, leaving a sound surface beneath; appetite very good; sleeps well, and gains strength rapidly. To have meat diet, and continue the remedies as before, and to apply very diluted nitric acid lotion to the sores.

25th.—Has been attacked with diarrhœa, and the sores have lost their healthy appearance. Ordered to omit the sarsaparilla. To have a rhubarb draught, and, if diarrhœa continues, to take occasionally a draught containing chalk mixture and a few drops of laudanum.

28th.—Diarrhœa has quite subsided. Ordered to take again the sarsaparilla, substituting fifteen grains of iodide of potassium for the one drachm of diluted nitric acid, and to use a lotion of sulphate of zinc (two grains to the ounce of water) to the sores.

Oct. 23rd.—He was discharged, cured, the above treatment having been persisted in throughout.

In the above case no other secondary symptom except the rupia (if that be one) presented itself; no sore throat or pains in the bones, or nodes, which might have been expected from the severe mercurial treatment.

THE MEDICAL MEETING AT CHELSEA.

To the Editor of THE LANCET.

SIR,—I feel assured you will allow me an opportunity, in your next number, to correct a mis-statement in your report of the above meeting, relative to one of the resolutions laudatory of the Society of Apothecaries, in which Mr. Morrah and myself are represented as having declared ourselves against the upholding of the present organization of the Apothecaries' Society, as well as concurring in some remarks by no means laudatory of the Court of Examiners. I beg to state, and I have the authority of Mr. Morrah (the worthy chairman) to do so, that neither of us expressed any disapprobation either of the Society or Court of Examiners, and that the resolution itself was carried by a majority of 18 to 2.

If you will do me the justice to insert this explanation, you will greatly oblige your well-wisher and constant reader,

WILLIAM DICKINSON,
Surgeon to the Chelsea, Brompton, and Belgrave Dispensary.

Sloane-street, Sept. 30, 1844.

THE APOTHECARIES' COMPANY, AND SIR JAMES GRAHAM'S BILL.

To the Editor of THE LANCET.

MR. EDITOR,—According to the bill for Medical Reform, lately introduced by Sir James Graham, three classes of medical men are to be recognised—medical practitioners, surgeons, and physicians. The old and respectable class hitherto known under the name of apothecary is to be for ever abolished; and it is to be presumed that the important duty of compounding medicines, for the future, is to be entrusted to the persons calling themselves chemists and druggists.

Now, with all due respect to the home secretary, this alteration of things is neither wise nor judicious. It is well known throughout the country and in this metropolis, that the great majority of modern apothecaries are intelligent men, and well educated in their profession, and that they only receive their qualification after a long course of study, and when their abilities have been tested by a careful and impartial scrutiny. Hence the charge Sir James Graham has made against the Board of Examiners at

the Apothecaries' Hall is untrue and unjust. Admission into the class of licentiates of that body is not obtained by "parentage, interest, or purchase," but by the test of a rigid, practical, and extensive examination. How, then, is it possible that a person presuming to legislate on such a subject could be so profoundly ignorant, or so culpably careless, in ascertaining the correctness of a statement in which he attacked the interests and properties of a large class of individuals. He may call them "traders" if he please, but we who have passed the examination they require, know well that it was both strict and particular—that it was one well calculated to test our knowledge in nearly every department of medical science—that it was one through which an ignorant man could not pass, and, though severe, it was conducted with impartiality and discretion. Perhaps this is as great praise as can deservedly be bestowed on any other examining body in the kingdom. Yet, through some jealousy, this board is to be abolished and done away with; and because it was useful and good, no mercy is to be shewn it.

But what substitute for it is proposed? What class of persons professedly engaged in the compounding of medicine is offered to the public in their stead? The chemists and druggists unquestionably have many learned and intelligent persons among them. But can that be said of all? Is it not notorious that masses of them know nothing of what they are engaged in.

Are these the persons to whom physicians and surgeons are to commit their prescriptions? Are these the substitutes Sir James Graham proposes to the public for the apothecaries? Wo unto the people who are blessed with such rulers!

Now, so sure as sickness will prevail, so sure will medicine be required; and so long as physic is regarded as a means of preserving health, so long should the persons employed in its composition be instructed in its nature, and acquainted with its effects. Does Sir James Graham's bill afford any security on this head?—does it propose any effectual plan for the attainment of this desirable purpose? Does it not rather remove the only one that existed? and has it not opened the door and invited and encouraged every unprincipled quack and pretender?

If the apothecaries are to be done away with, the chemists must discharge their duties; and if they must, let Sir James Graham insist that they shall become men of education—that, like proper tradesmen, they shall be made acquainted with the tools they work with; but let him not, by removing the test of an examination, deliver over the public to the tender mercies of every illiterate and ignorant person who has the presumption to call himself chemist, and the audacity to administer medicines, the very names of which he cannot utter with propriety.

Yours, &c., AN APOTHECARY.

August 14, 1844.

ADAM SMITH, CULLEN, AND MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—You may reasonably suppose that the perusal of Sir James Graham's "Medical Reform Bill" made no slight impression on the mind of "A General Practitioner," and that considerations arising out of such an impression are far, very far from being favourable to the interests of that bill. Allow me, therefore, to add my mite to the opposition raised against it, and to express my admiration for the unceasing exertions you have all along, and still *earnestly* continue to use, in behalf of the much-abused interests of our honourable profession; exertions which of themselves are looked upon as a host, and if persevered in, through good report and bad, must ultimately give a healthy tone to our profession, such as it does not at present enjoy, partly owing to the conduct of many medical men themselves, and partly to opposing interests being allowed to rule over us. What can be more disgraceful or contrary to the interests of the profession than medical contracts, either for attendance upon clubs or unions? However, let us proceed to the address delivered by Sir James Graham on the occasion of his introducing the "Medical Reform Bill" into the House of Commons. Almost at the commencement of his address, he says—

"All interference by law had, it was true, been stigmatized by many able men, and there was a letter extant from Adam Smith to Cullen on this subject, in which, with more playfulness than was generally characteristic of that author, Dr. Smith deprecated all legislation in the strongest terms. On the other hand, the practice in this country had not been to leave this matter unguarded by all legislative interference."

Herein rests the matter which evidently has guided the secretary of state in permitting every facility for the practice of quackery. At the same time, by bringing in his Medical Reform Bill, he has admitted the necessity of guarding, by legislative interference, the practice of medicine, as has hitherto been "the practice in this country;" yet, strange to say, he only wishes such interference to have relation to educated and licensed practitioners; for he wishes it to be understood, that the law must not interfere with uneducated men, further than in a very few points, so few as to affect in no degree their impositions: by such means he thinks he will be enabled to carry out Adam Smith's views. Thus he imposes stringent rules in cases where there ought to be no stringency, and treats with extreme lenity the very instances where there ought to be no lenity shewn—at once yielding to Adam Smith, and again following out "the practice of this country;" in fact, wishing to make two opposites agree, which he must know is an impossibility.

Celsus, in some part of his third book, gives us to understand, that the man to be trusted—in the treatment of disease—is he that knows his profession. Sir James Graham will undoubtedly acknowledge Celsus to have been as great an authority in medical affairs as Adam Smith was, and therefore, I trust, will see the necessity of forbidding men to interfere in those things (especially where life and comfort are concerned) which they are perfectly ignorant of. Had Sir James said, we will require no particular course of study for a man to undergo prior to his commencing the practice of medicine, but we will require that all men so intending to practise must assure the public that they are competent to undertake it, and that competency must be ascertained by a fitting examination; and again have said, when once a man is found competent, he shall, as far as legislation is concerned, be unfettered in his practice as to place, &c., then, in our humble estimation, he would have had some excuse for quoting Adam Smith, for he would have been following out to a great extent the doctor's views. From the bill he has delivered, we are inclined to think, should it ever become law, that such a reversion will take place in medical affairs, that before the passing away of a few generations, there will not be found forty scientific practitioners in England, whereas at present there are almost as many thousands.

Neither capital, respectability, education, nor intellect, have ever been or ever will be necessary for the practice of quackery; on the other hand, scoundrelism, in all its phases, is its only sure requisite. We do not wish to prevent the sale of simple medicines by unlicensed men—some such medicines are part and parcel of almost every man's toilet; but to give free scope to ignorant imposition is more than I think any man, after due consideration, would like to risk his reputation by sanctioning—the sale of simple medicines might be accomplished without legalizing nostrums. Do not our pharmacopœias and prescription-books abound in such remedies, and may they not be obtained at any respectable druggists?

My prayer is, that Sir James Graham will reconsider his "Medical Reform Bill," as it requires decided modification, to be adapted to the interests of the body or mass of practitioners, and not to the interests of the few, or of persons alienated from the general good by selfish motives and distinct interests, as we may observe is the case with the heads of a royal college we have the felicity of being a member of. Also, that Sir James will altogether treat medical men according to their deserts, and will follow up by appropriate deeds the language he has already handsomely applied to them—viz., that "he," Sir James Graham, "was glad to pay a tribute of respect to the great body of medical practitioners throughout the kingdom, and it was not lightly or unadvisedly he should presume to interfere with them." (LANCET, No. 21, vol. i. 1844, page 617.)

I have the honour to remain, sir, yours,

A GENERAL PRACTITIONER.

THE CURRICULUM AT THE UNIVERSITY OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—I shall feel greatly obliged by your informing me, through the medium of your valuable Journal, whether or not three years' residence at Queen's College, Birmingham, is recognised by the University of Edinburgh, (previously to one years' residence there,) for the purpose of graduation?

It appears that King's College, London, is recognised, and I suppose that Queen's will be also. I have consulted "Churchill's Almanac," but cannot find the requisite information, which I will thank you to insert in this week's LANCET.

I remain, sir, yours very respectfully,

A CONSTANT SUBSCRIBER.

September 18, 1844.

*** As we cannot answer the question of our correspondent satisfactorily, not being in possession of precise information on the point, we hope that it will not escape the authorities of the University of Edinburgh, from whom we shall be glad to receive a communication on the subject.

THE DELIGHTS OF SERVING AS SURGEON IN MERCHANT VESSELS.

To the Editor of THE LANCET.

SIR,—Will you allow me, through the medium of your valuable journal, to draw the attention of the junior members of the profession to a most important subject, as I know many of them, after they have obtained their diplomas, in consequence of their youth, are diffident about settling in private practice, and will gladly avail themselves of an opportunity of making a voyage as surgeon in a merchantman. Most, probably, are novices to seafaring ways, and are little aware of the treatment they will receive from the hands of some captains, very many of whom are uneducated, illiterate, brutal, and men of very low ideas, and by no means proper associates for a well-educated man: and beware, should you happen to offend them in any way; they will take every opportunity of venting their malice against you, knowing that you are not in a position to better yourself, or indeed help yourself, and thus render your life unhappy. The motive that induces me to trouble you with this subject is in consequence of having seen an advertisement on Monday in the "Times," to the following effect:—"An eligible opportunity for a surgeon to proceed in a first-class vessel to the East and West Indies, for which a premium will be required, in lieu of passage-money." Now, here is a regular bait laid for the unwary. Government has allowed ten thousand hill coolies (or Indian agricultural labourers) to be imported to the West Indies, and this ship is chartered, on her arrival at Calcutta, to proceed with her live cargo to the West Indies; and a *premium*—God knows to what amount—is required for the honour of the pleasant office of surgeon to an Indian emigrant ship. Many of the unfortunate individuals, when they come on board, are affected with loathsome diseases, and it is by no means uncommon for the small-pox to break out after you have been at sea a few days. Here is a pretty system, and I think it high time it should be checked. The captain or the owners pocket the gratuity money allowed by government, and in many instances, where troops are sent out to India, and the East India Company have no officers of their own to send, the owners of the ship having the power of selecting a surgeon, have pocketed 15*s.* a head for each soldier, and given the surgeon-superintendant £20 for his services, and, in some instances, nothing. Another point: in many ships of a certain class, the *doctors*, as they are termed, are no more than druggists' boys, and instances have come under my own personal observation, where buboes have been treated for hernia, and a dislocation of the os humeri for a sprain. Pray, is there no method of checking such a monstrous evil? In conclusion, I trust you will excuse me for troubling you, but I am wishful to open the eyes of my fellow brethren, so that they may not be caught by some artful broker, and subscribe myself, sir, yours, very obediently,

AN OLD SAILOR, AND ONE WHO HAS BEEN ENGAGED IN THE COOLIE TRADE IN 1843.

Sept. 3, 1844.

MIDWIVES' MIDWIFERY.

NO. II.

BY W. H. REED, ESQ., M.R.C.S., TIVERTON, DEVONSHIRE.

I HAVE just read, with much interest, in page 699 of the last volume of THE LANCET, the account of a midwifery case, detailed by Robert Barnes, Esq., and cannot repress the impulse of imparting to you and the medical world a short notice of a similar piece of consummate ignorance on the part of a midwife in our neighbourhood, which I shall feel obliged if you will insert, as I think no time should be lost at this juncture in shewing the non-medical world to what horrible dangers they are exposed when not under the surveillance of qualified medical practitioners.

I was requested, some time since, by my friend Mr. Quick, surgeon of this town, to accompany him to the house of a cottager, about three miles in the country, where there was some supposed difficulty in a midwifery case, and a female midwife was in attendance. On arriving there, we were told that the child was just born, but dead, which we found to be a very fine male infant of full size. In the course of our inquiries, the following remarks fell from the midwife, in the peculiar dialect of this county:—"I tell'ee what I did, zur. The chield com'd footlung, and as zoon as he com'd down zo fur that I cou'd git at the string, (the umbilical cord,) I tied 'en, and cut 'en; and that was right, wazzen it?" (nodding her head with much self-satisfaction at the clever feat she had performed.)

As the husband and three or four friends were in the room where this information took place, I did not make any remark, thinking that perhaps he might feel disposed to push the old woman into the river Ex, which was hard by, but earnestly requested Mr. Quick, at his next visit, to explain to her that she had, through sheer ignorance, caused the death of a fellow-creature, and to recommend her never more to have anything to do with midwifery.

This case requires no comment further than this: that I would solemnly request Sir James Graham and his advisers to pause, and consider well, before they persevere in getting a bill passed into a law which is calculated to increase, rather than diminish, the miserable consequences attendant on ignorant persons, with shameless audacity, boldly undertaking the highly responsible duties which ought to devolve exclusively on properly educated medical men.

"Ne sutor ultra crepidam."

MEDICAL TITLES.

To the Editor of THE LANCET.

SIR,—As it appears evident that the council of the College of Surgeons have finally resolved to abide by the illiberal construction they first put on the charter lately granted to *them* by her Majesty, I beg leave to suggest to my medical brethren who are surgeons, and also to those who are physicians, (no matter where their degrees come from,) the utility of adding their medical or surgical qualification to their signatures in all prescriptions, all certificates, and all letters of an official or medical character: thus, in place of M.R.C.S.E., which is not understood by the majority of non-medical people, I would say, John Jervis, surgeon; Richard Banks, M.D. or M.D. and surgeon. This would help to prevent the *moral effect* which the F.R.C.S.E. is intended to produce on the public, and would be retaining titles exactly as they stand at present. The public would soon learn that Sir B. Brodie and Mr. William Lawrence can claim no greater honour than that which Sir A. Cooper and Mr. Abernethy were so proud of—viz., to be surgeons, in the enlarged sense of the word, not *pures* or *fellows*.

As to myself, and others similarly situated, we feel ourselves precisely the same as before the charter was granted, that is, we do not consider ourselves a bit lower, or Brodie, Lawrence, &c., a whit higher than heretofore.

I am, sir, your obedient servant,

W. SIMPSON.

High-street, Bloomsbury, Sept. 17, 1844.

THE CASE OF JERVIS-STREET HOSPITAL, DUBLIN.

WE have received the following letter from the gentleman who reported the case of operation for presumed aneurism inserted in THE LANCET of Sept. 21:—

In reply to a letter from Mr. Ellis, which appears in the LANCET of Sept. 21, relative to the report made by me of the unfortunate case which lately occurred at the Jervis-street Hospital, I beg to say that no unkind feeling actuated me in bringing it under the notice of the medical profession.

Mr. Ellis complains of his name being unjustly used, and states that he was not consulted about this case, consequently he could not agree or disagree on the propriety of an operation. I never said that Mr. Ellis agreed to an operation; I had no means of knowing whether Mr. O'Reilly consulted with the other surgeons of the hospital or not. I said that Mr. Ellis assisted in the operation, which I now again distinctly repeat; and I cannot for the life of me imagine what Mr. Ellis means by denying that he assisted in the performance of the operation. Was he not nearly opposite to Mr. O'Reilly while he applied the ligature? Did he not tell Mr. O'Reilly, when he was about to tie the ligature, that all was right, when some of the other surgeons said a small nerve was included? Mr. Ellis says, an ordinary reader would infer from the manner the following sentence is reported, that Jervis-street Hospital was only attended by three surgeons.

"The operation was performed on the 20th of July, in the usual manner, by Mr. O'Reilly, assisted by Professors Harrison and Ellis, (the other surgeons of the hospital,) *and* Mr. Adams, one of the surgeons to the Richmond Hospital."

I maintain that the above sentence is quite correctly written; but Mr. Ellis alters it materially by the addition of a parenthesis. Now, if any extraordinary reader has fallen into the serious error of imagining Jervis-street Hospital, with its thirty patients, is attended by only three surgeons, I beg to set him right by telling him that it has the benefit of seven surgeons, two physicians, and an apothecary. I hope Mr. Ellis will not surround the two physicians in a parenthesis, and imagine them the same as the seven surgeons. In justice to Mr Kirby, I beg to state that he was not present at the operation.

Dublin, Sept. 25, 1844.

CLINICAL LECTURES AND HOSPITAL PRACTICE.

To the Editor of THE LANCET.

SIR,—I very much fear that there will be the same cause of complaint this session against the hospital physicians and surgeons, with regard to clinical instruction, that there was last year, chiefly owing, I believe, to the ridiculous hours which are devoted to hospital practice. Sir, at the hospital I am attending, the time named for the visit is from half-past one till three o'clock, just one hour and a half, during which time the patients are to be seen, operations occasionally performed, and, according to the advertisements, clinical lectures delivered. Now can anything be more absurd than such a regulation? During this short space of time attention is to be paid to one of the most important subjects which are brought under the notice of medical students—viz., the practical study of disease; it is, indeed, literally "walking the hospitals." I am quite at a loss to imagine why the excellent example set by our neighbours the French surgeons, (that of visiting the hospitals early in the morning,) is not followed in this metropolis, by which means, not only would much more time be devoted to this, as I before said, most important subject, but also it would have the great advantage of leaving the remainder of the day free for attendance upon lectures, and the pursuing of dissections, &c.

As it now is, if a clinical lecture happens to be occasionally delivered, most of the students are unable to avail themselves of the opportunity of attending it, because they have their three o'clock lecture to attend, and consequently, the physician or surgeon, as the case may be, has but a small class, which he then makes use of as an excuse for his not lecturing more frequently, an excuse, which, like most others, will not bear looking into; for I consider that, if he allows it to be stated in the advertisements, that he gives clinical instruction once or twice a week, he is bound to do so, whether he has three or four hearers or three or four dozen. By so doing he will only be acting up to his engagement and fulfilling his duty.

I have been induced to trouble you with this letter, in the sincere hope that something will be done, at the commencement of this new medical year, to render further complaints unnecessary, and also because you were so kind as to found the leading article in your journal of the 11th of May last on a letter of mine, on clinical instruction.

I must also state that I have not mentioned the particular hospital to which I allude, because I believe that the same complaint can be made with regard to almost all, and also because it is only necessary for this department to be remodelled to render it "one" of the best of the London schools.

I have the honour to be, sir,
Your most obedient servant,
A MEDICAL STUDENT.

September 30, 1844.

MEDICAL REPRESENTATIVES IN THE HOUSE OF COMMONS.

To the Editor of THE LANCET.

SIR,—It affords me the highest satisfaction to observe the spirited and unanimous determination which the medical practitioners of Bedford and its neighbourhood have evinced, in opposition to the bill recently introduced into the House of Commons for the destruction of human life, as well as of the best interests of the profession. The sooner that bill is "burked" the better, and I know of no means so likely to accomplish that object as for the profession to assume, at this critical juncture, a political attitude or character.

The example set by the medical men in Bedfordshire will, I hope and trust, be followed from one end of the kingdom to the other, and I believe that nothing will be found more advantageous than to adopt at all such meetings a resolution to the following effect:—"Resolved, that the members of this meeting pledge themselves, both individually and collectively, to oppose, by their votes and interest, any candidate for the representation of this county, city, or borough, (whatsoever his political creed may be,) who shall support the medical bill of the present Secretary of State for the Home Department."

It is necessary to our success not only that we should so pledge ourselves, but that we should firmly and *bonâ fide* adhere to our pledge. There must be no faltering, no flinching, no evasion, no violation of compact, for I verily believe that a want of good faith towards each other has not only entailed upon us more obloquy and disgrace, but has also more effectually retarded the progress of medical reform than ever our want of union. How completely did this destitution of integrity place us at the mercy of the poor-law commissioners! *To my certain knowledge*, not only verbal but *written* engagements were basely, shamelessly, infamously violated; but to return to the more immediate object of this communication. The necessity for the acquisition of a direct medical influence in the House of Commons, was first pointed out by me so far back as the year 1834, in an address "On the State and Wants of the Medical Profession," delivered in the Town Hall, Ipswich, in the following words:—

"Another great disadvantage under which our profession labours is to be attributed to its being without influence or representation in the House of Commons. We have, at this time, only Mr. Wakley and Mr. Hume who understand or take any interest in our affairs;* but what are two amongst so many? If these gentlemen accomplish any good for us, it will be miraculous. Here, also, we shall do well to follow the example of the other professions: physicians, surgeons, and general practitioners throughout the kingdom, must unite to return a certain number of medical men to the House of Commons, to watch over, protect, and advance their interests."

The same subject was again brought forward in my "Address to the Medical Profession of Great Britain and Ireland," which appeared in the first volume of THE LANCET for 1841-2, p. 153, and to this address, at this most momentous period, I beg leave respectfully to direct your attention, as well as that of your readers. The same cause I also advocated in the "Dublin Medical Press;" and the more I think upon it, the more fully I become convinced, not merely of its *expediency*, but of its *vital* importance to the dearest interests of humanity, and to the honour and best interests of the medical profession.

I remain, sir, yours very respectfully.
JAMES BEDINGFIELD.

Stowmarket, Suffolk, Sept. 1, 1844.

INSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—On the 29th August I received by post a printed letter, with the usual queries. The latter I returned, with the following reply, written in the blank space left for the answers:—

"Queen's Elms, Aug. 29, 1844.

"Sir,—I beg to inform you that I must decline answering your queries, without the fee. On your sending me the fee of one guinea, I shall be happy to afford the required information. I remain, sir, your obedient servant,

"A. WM. WARDER.

"R. Tucker, Esq., &c."

On the 4th September, a gentleman called from the office, and left me another copy of the questions, and the fee. I remain, sir, your obedient servant,

A. WM. WARDER.

Queen's Elms, Chelsea, Sept. 11, 1844.

THE EDINBURGH ROYAL COLLEGE OF PHYSICIANS AGAIN.

To the Editor of THE LANCET.

MR. EDITOR,—Our piscatory amusement is succeeding pretty well, although the weather is rather unfavourable, and the fish are not much inclined to bite. We have, however, had a nibble or two, and have hooked one or two small university fish. Time and patience, Mr. Editor, will conquer almost every difficulty; a little more patience and perseverance, and I have no doubt we shall catch the "atrocious royal college" by and bye.

You have published in your last volume, page 789, a letter from Dr. Craigie. What a polite and civil gentleman that is! The doctor says that he should have deemed it unnecessary to notice my letter, convinced as he is that the statement therein contained, though it might mislead a few, would not obtain credit with well-informed readers. In another part of his letter, Dr. Craigie observes, "I feel it my duty to contradict these averments in the most explicit terms. The College of Physicians, ever since they were aware that the degrees of foreign universities could be purchased, have conferred the fellowship upon no foreign graduate without previous examination by the college," &c. Now, sir, I do veritably believe that some Edinburgh people conceive they have a right to use the metaphysical talent which has descended upon them from the manes of a Dugald Stewart, a Brown, and others, in some way like to an epileptic aura — to prove that black is white, or that white is black. We must, sir, come to close quarters with Dr. Craigie, and I shall take the liberty of asking him a few questions, and of requesting straight forward, honest answers.

* Mr. Warburton has since proved that he is not the friend of the profession.

First. On how many gentlemen possessing purchased degrees has the fellowship of the College of Physicians been conferred since 1840?

Second. Does Dr. Craigie know any gentleman whom he has assisted, within the last three or four years, by introducing his friend, either personally or by letter, to Dr. Nægele, through whose instrumentality a doctor's degree was procured from the doctor manufactory of Heidelburgh? Did Dr. Craigie propose or second this gentleman's nomination to the fellowship? and does not this gentleman, by means of Dr. Craigie's instrumentality and friendship, append to his name the cabalistical letters, M.D., F.R.C.P. Edin.?

I am, Mr. Editor, your obedient servant,

CIVIS.

Birmingham, Sept. 22, 1844.

THOUGHTS ON MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Many meetings have now been held for the consideration of the measure on medical reform, recently introduced by the Home Secretary, and the general burthen of the resolutions adopted, or petitions framed, has been, "suppression of quackery," and "protection," while the hon. gentleman has been lauded for his intentions, and, in the same breath, his "bill" more or less condemned; it is thought by many, and I have heard some openly avow, that all *we* ought to do is to *express opinion* on the measure, whereas it seems the more rational to speak out, so that *all* may know what we want; and they who can give, what we ask, and how to give it.

The constitution of the profession claims our first attention; for it is still a questio vexatio whether its usefulness is increased—nay, if not rather diminished by the present subdivision; and it is argued, that as the required qualification is in all instances nearly the same, and by far the majority of cases (even the so-called surgical) treated on like principles, that so there is required only one class of practitioners. At the same time, however, it seems desirable to meet the requirement of the public, which, from remote time, has recognised the surgeon and the "doctor of advice," and that, at least, there should be two classes. The difficulty is in part obviated by a clause of the proposed measure, the three grades being still sanctioned—as licentiate in medicine, in surgery, surgeon, and physician; the only distinction being, that the first shall be considered *competent* at the age of *twenty-one*, while the second must be *twenty-five*, and the last, *twenty-six*. Now, sir, it is material to know under what circumstances the surgeon-pure, or physician, is called in—certainly only when, from the necessity (real or supposed) of the case, a second and *better* opinion is wished. For such purpose, then, whither will the man who has had five years' *actual practice*, or he of the same period of *book learning*, or *hospital residence*, be the more competent—public opinion supplies the answer; and the man who has "learnt experience" is preferred. Would it not then be desirable, retaining the present subdivision, to require that, before taking the degree of doctor in medicine or surgery, the candidate shall have ten or fifteen years in *actual practice*; it certainly seems to me that the position of the profession in public estimation would, in this way, be much improved.

To ensure uniformity of qualification, the power of examination and granting licence, or degree, should be with one central body, (London, the capital of the United Kingdom, is certainly the best suited for its sittings,) and to this the practice of candidates affords no objection, as the degrees granted in either division of the kingdom are sought for by parties from all. It should also be the governing body of the whole profession, having power, without further interference of the legislature, to alter the regulations and restrictions as the exigencies of the time demanded. This body, call it Council of Health, and Medical Education, if you please, should be first appointed, *and all* vacancies, occasioned by death or otherwise, supplied by a collective assembly, at which every member of five or more years' standing (by licence, diploma, or degree) to have a vote, personally, or by proxy.

Quackery, or what is generally understood as the practice of unqualified (unlicensed) persons, is the crying evil of the day; and though I have already trespassed too much on your valuable space, I must crave indulgence for a few further remarks. As Mr. Baller of Bideford remarks, in the "Provincial Medical and Surgical Journal" of Sept. 18th, "I rather fear the emolument derived from stamps will induce him (Sir James Graham) to let loose on the public the whole host of quacks;" and if we consider the immense source of revenue stamped medicines are, fear is natural, at least unless *compensation* can be made, for which I think there is no safer or surer plan than the licensing vendors of medicines, with an additional duty on imported drugs. I think all will allow that the practising druggist is a great nuisance, as is also the druggist-surgeon; and the prevention of these anomalies should be matter of consideration under any measure for medical reform. Perhaps the licensing of druggists with the registration of the surgeon might be effective, especially if the lists of licensed and registered were published annually, by proclamation or otherwise, and the forgery of a licence or register made an impeachable offence.

I do not pretend to more than an individual opinion on this momentous question, while I have ventured to express it, solely in the hope that others more able may follow, and that good will come.

I am, your obedient servant,

M. R. C. S.

Sept. 28th, 1844.

NEWS OF THE WEEK.

WESTMINSTER HOSPITAL.—At a special quarterly board held at the hospital on Tuesday fortnight, various propositions were taken into consideration relative to the election and duties of a dentist. Much discussion ensued on the subject. The chief point of contention was the question whether the future dentist should be a member of the College of Surgeons. The majority of the medical governors present were in favour of such qualification, but others as strongly insisted that the diploma of the college afforded no guarantee of the fitness of a dentist for any office, for it was well known that the examiners of the college never put questions that had any relation whatever to dental surgery. It was contended, also, that the best dentists were not "qualified" men, and that as drawing teeth was a mere mechanical operation, a blacksmith was as good a dentist as a surgeon; indeed, Dr. Roe declared that a dentist with whom he was acquainted had been originally of that calling, and the learned doctor considered that his early education rendered him more eligible as a dentist than though he had been educated as a surgeon. The various arguments urged against this strange mode of reasoning took so little effect upon the lay-governors, that it was decided that the dentist need not be a surgeon. The office, however, will be so hampered in consequence of the "rules" that were carried, that it is probable that no candidate for it will be found.

It may be as well to observe that the membership of the College of Surgeons has been made a *sine qua non* in the dentists of the chief hospitals in London: Mr. Bell, at Guy's; Mr. Rogers, at Bartholomew's; Mr. Saunders, at St. Thomas's; Mr. George, at University-college, are all members of the college. Besides, it is well known that there is a feeling among the higher order of dentists, that some qualification is really necessary at the present time, to prevent the entrance into the dental part of surgery of hosts of charlatans and unprincipled and ignorant pretenders. No one is more strenuous on this point than Mr. Cartwright, whose son and nephew are both members of the college. Indeed, a petition was lately presented to parliament by the more respectable dentists in London, praying that some qualification should be made essential to a man practising as a dentist.

In a late number of "The Times" (Sept. 26th) is an advertisement headed, "To dispensing chemists and druggists," which runs thus: "The patrons of a benevolent institution require copies of the late Sir H. Halford's usual prescriptions for indigestion, biliousness, and the ordinary bowel complaints. Address all particulars as to fee &c. to—" No doubt this ingenious notice has been inserted, as suggested to us, by some person or persons preparing for the free trade in medical matters, promised by Sir James Graham. The advertiser, backed by a few of Sir Henry Halford's prescriptions, would most likely, were it carried, announce himself as the successor to the late president of the College of Physicians; thus making the reputation of the dead serve the living.

POISONING BY ARSENIC.—M. Grimaud, a chemist at Poictiers, has proposed a mode of rendering poisoning by arsenic more difficult. He recommends that this article shall be sold only when mixed with a certain quantity of sulphate of iron and cyanure of potash. About one per cent. of each substance would, he alleges, be sufficient. The arsenic, thus qualified, shews itself either by colour or smell, when used in the various aliments fit for man. Thus, arsenic prepared this way, and thrown into warm meat soup, gives immediately a green bronze colour; into hot milk, an opal; into red wine, a violet; into bread, a deep blue; and so on for 20 mixtures, on which M. Grimaud has made experiments. (Galignani's Messenger.)

MEDICAL MEETING AT NEWARK.—A meeting of the medical practitioners at Newark was held on Monday, September 23rd,

for the purpose of opposing Sir James Graham's bill on medical reform. We will give the details of the meeting in our next number.

Saint Bartholomew's Hospital.—The winter session at this hospital opened on Tuesday evening, with an introductory lecture from William Lawrence, F.R.S., of which the following are the heads:—

First, an exposition of the advantages which the hospital holds out to students, followed by his opinion of the liberality of the governors, and the munificence of the treasurer; next, of a manifesto of his *present* religious sentiments, with offers of assistance to the students; and lastly, of copious abuse of the Apothecaries' Society; finally concluding with his old opinion of the advantages "of an approving conscience." The learned lecturer withdrew, amid the plaudits of those both within and without the theatre, to the great hall of the hospital.

APOTHECARIES' HALL.

NOTICES TO STUDENTS.

The attention of pupils intending to enter at the different medical schools, in October next, is particularly directed to the following regulation of the Court of Examiners—"That no ticket will be registered unless it be dated within seven days of the commencement of the course of lectures to which it has reference." By order of the Court,

Henry Blatch, Secretary.

August, 1844.

The registration books at the Hall will be open on the undermentioned days in the month of October, from the hours of eleven till three, for the registration of entrance upon the different classes during the ensuing winter session.

Students are required to bring their schedules and tickets, signed by the teachers of their respective classes, but no ticket will be registered unless it be dated not less than seven days from the commencement of the course of lectures to which it refers.

Old Students only.—On Friday, the 11th of October, for those gentlemen who have already registered any previous lectures at the Hall, and whose names begin with the letters A, B, C, and D; on Saturday, the 12th, E, F, G, and H; on Monday, the 14th, I, J, K, L, and M; on Tuesday, the 15th, N, O, P, Q, and R; on Wednesday, the 16th, S, T, U, and V; on Friday, the 18th, W, X, Y, and Z.

New Students only.—On Saturday, the 19th of October, for those gentlemen who have not registered any lectures whatever at the Hall, or who have registered them only in the country, and whose names begin with the letters A, B, C, and D; on Monday, the 21st, E, F, G, and H; on Tuesday, the 22nd, I, J, K, L, and M; on Wednesday, the 23rd, N, O, P, Q, and R; on Friday, the 25th, S, T, U, and V; on Saturday, the 26th, W, X, Y, and Z.

On Monday, the 28th, and Tuesday, the 29th, the books will remain open for the accommodation of those gentlemen who have been prevented from attending on the days appropriated to their respective initials; and each gentleman will be required to produce a certificate of the cause of his absence.

Sept. 12, 1844.

BOOKS RECEIVED FOR REVIEW.

Observations on the Treatment of Acute Rheumatism by Cinchona Bark. By John Popham, M.B., one of the Physicians to the North Infirmary, Cork. Ext. from "Dublin Journal of Medical Science."

Hints to Mothers for the management of Health during Pregnancy and in the Lying-in room. By Thomas Bull, M.D. Fourth edition. London: Longman and Co. 1844. 12mo. pp. 367.

CORRESPONDENTS.

We are much obliged to the medical practitioners of Shrewsbury for the very lengthened account of the late meeting which we have received from them, and are sorry that it arrived too late for us to make as much use of it as we should have wished to have done.

A Poor Man.—We are sorry to say that we cannot prescribe in The Lancet.

A correspondent informs us that the physicians of the Marylebone Infirmary have ceased to take pupils.

Messrs. Smith will find their communication in the present number. We have been utterly unable to insert it earlier.

We will look for the cases sent by *Mr. W. C.*, and give him our answer next week.

We will answer next week, without fail, those correspondents whose communications we have not been able to notice in the present number.

Communications have been received from An English Surgeon—Mr. Drury (Shrewsbury)—An Interested Practitioner—Mr. Hodgkinson (Newark)—Mr. B. Humpage—Dr. Robert Barnes—One of the Sufferers—Mr. Roberton—A Subscriber—(A. B. S.)—M. R. C. S.—Deter digniori—Mr. Jonah Clarkson—Dr. W. Roden—A Subscriber to The Lancet (Brighton)—Dr. B. Raygarth Launceston, (Van Diemen's Land)—Mr. B. H. Kemp—F. M.—A Stranger in London—Mr. J. H. Horne—Mr. Protheroe Smith.

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No. II., "Advice to Medical Students," will be published next month.

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DISEASES AND ACCIDENTS REQUIRING OPERATIONS,

DELIVERED AT UNIVERSITY COLLEGE, LONDON, IN THE SESSION OF 1844,

BY ROBERT LISTON, ESQ., F.R.S.

Senior Surgeon to the University College Hospital, and Professor of Clinical Surgery in the College.

LECTURE IX.

Diseases of the velum.—Abscess.—Enlargement of the tonsils; removal.—Enlargement of the uvula.—Ulceration of the tonsils and velum.—Gum-boils.—Fungous growth of the gums.—Epulis.

I NOW proceed to speak of affections situated at the posterior part of the mouth—of the fauces.

In the first place, you have to treat inflammatory affections of the soft palate and tonsils. These affections are common enough, and many of them do not require more treatment than the patient himself or his friends can conduct. They arise from the exposure of the external surface, or of the mucous membrane, to the influence of cold and moisture. The pain and the swelling will disappear on adopting some means to restore the functions of the skin—warm water, and the exhibition of a diaphoretic.

But now and then these inflammations run so high, as to demand the attention of the surgeon: the swelling becomes greater and greater, deglutition is performed with great effort, and the breathing, perhaps, becomes affected. The latter cannot be seriously interfered with, unless the passage to the nostrils is obstructed as well as that by the mouth. Patients have been suffocated by the inflammatory swelling, whether attended by the formation of matter or not. This has occurred where the tonsils have been affected before, and have swollen to a great extent. By the inflammatory action you frequently find the tonsils enlarged; the whole of the parts are called into such violent action, so that there is no passage down the throat, and it has been followed by sudden suffocation. The patient has died in a moment, in the same way as from affection of the rima glottidis—by the entanglement of mucus in the narrowed fissure of the fauces, betwixt the two tonsils.

The swelling is sometimes occasioned by the formation of matter between the folds of the velum, and these abscesses sometimes require active surgical interference. If an abscess is allowed to form to a great extent, and the breathing becomes embarrassed, there is even some risk, by its sudden and spontaneous opening, of the matter getting into the windpipe, and causing suffocation.

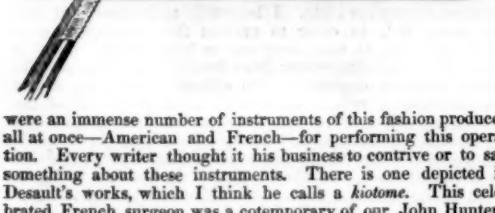
You will be called upon to remove this collection of matter; and it is, in general, very easily effected. There is no necessity for providing yourselves with this instrument—a pharyngotome, a sort of lancet, in a spring case, with a screw in the handle to regulate the extent of the incision and the length to which the blade can be protruded. An abscess in the throat may be opened quite well with a common pocket bistoury. By feeling the parts, ascertaining that the swelling is elastic, and perceiving that it is red and turgid, you make up your mind that there is matter there, and that it is necessary to evacuate it. You also consider the duration of the inflammatory action, in determining as to the existence or not of purulent fluid. You depress the tongue with the finger of one hand, and having wrapped lint round the blade of the knife to within three quarters of an inch of the point, you introduce it, with its back towards the tongue. The patient's head must be uncommonly well secured, lest he should make a sudden effort, and the incision should be made either in a wrong place, in a false direction, or too deep. The operation may be performed with perfect safety, if you employ these precautions. The instrument must be directed straight backwards: if you incline it to one side, towards the pterygoid process, and the patient were to make a sudden movement of the head forwards, you might push the instrument among the large vessels, and even wound the internal carotid: cases have occurred where fatal hæmorrhage has been produced. It is advisable to interfere with these cases early, because now and then abscesses of an unhealthy kind destroy the parts; perhaps the abscess at last bursts spontaneously, the ulceration proceeds, large vessels may be opened, and the patient have violent and even fatal hæmorrhage from the throat. The matter is generally collected between two folds of the velum palati, and occupies one side.

There are some other operations practised here; they may be of little moment, but still all these operations in deep cavities require some precautions, and are often of more difficult execution than may, by the uninitiated, be supposed.

Sometimes it is advisable to remove portions of the tonsils. When they are in a state of hypertrophy the patient breathes with difficulty; he perhaps is subject to occasional inflammatory attacks, and he runs the risk, in some of these, of being suffocated. Children often labour under this affection; the voice is altered considerably, and it is desirable to have the swelling removed. I do not know that there are any possible means of doing so except by attacking them with a cutting instrument. You find these swellings occurring in people of delicate habit, and in scrofulous children; but they may take place in persons enjoying apparently a very good constitution. The affection of the tonsils may be accompanied by swelling in the lymphatic glands of the neck, and you may try to reduce them by iodine. Attempts are made to promote absorption by the employment of gargles, and touching the surface with dry powdered alum or nitrate of silver; but these means seldom answer any good purpose. You cannot by the constant application of the nitrate of silver expect to get rid of the swelling, except you produce deep ulceration, and it would be rather a painful business to burn away the tonsils by escharotics, and might be attended with considerable annoyance and risk.

You may be called to the case of a young subject—a child, where the swelling has arisen to such an extent that it threatens suffocation during the night. I have seen such cases over and over again, and, in order to prevent fatal consequences, it may be necessary to take away one or both tonsils. Where a patient has suffered long under this affection, does not speak with freedom, performs deglutition with difficulty, and every means have been tried in vain, it becomes desirable to get rid of the swelling, and this may be done with facility if you go the right way about it. It is stated in old surgical writings, (in "Cheselden's Anatomy" there are plates representing the manner in which it is to be performed,) that the swelling of the tonsils is to be removed by ligature; and even in the "Medico-Chirurgical Transactions" of the present day, there are papers giving an account of the best mode of tying the tonsils. I am not sure that some surgeons do not resort to it even to this day. If ligatures succeed, the patient is subjected to a tedious process, and a very painful one. It is some days before the ligatures come away; there is a discharge of putrid matter from the throat; and, as in the cases of tumours of the mouth attacked by ligature, there is profuse salivation. The parts swell, and the patient is obliged to have a basin under the chin to catch the discharge. This is the instrument of Mr. Chevalier, who published a paper on tying the tonsils. It was intended to transfix the tonsil, and then to separate the ligatures, and tie one on one side and one on the other. This was to be turned so as to bring the point through the tonsil from behind forwards. The needle I used to tie the tongue or erectile tumours will answer the purpose if you propose to try this proceeding, but it is one that I do not advise. There is no necessity for tying these tumours, because the swelling is a mere enlargement of the tonsils; there is no necessity for taking the whole of it away; you see the follicles containing sebaceous matter, which smells very offensively; the swelling is by no means vascular, and any wound made in it heals up with great rapidity. There is nothing malignant about the swelling, nothing scirrhous or cancerous, and if the patient is at all steady you may take it away with great ease. You place the patient in a good light, and lay hold of the tonsil by means of this instrument, to which the French writers give the name of "pince airigne," meaning forceps with hooks, or "pince de Museux," from the inventor. Operating on the right tonsil, you hold the forceps in the right hand, and an assistant hands you a narrow, straight-pointed bistoury, or you hold it in your lips with the handle towards your left hand. You then put down the patient's tongue with the fore-finger of the left hand, and get a view of the tonsil; you carry the knife along the tongue, with its back towards this organ, slip it under the tonsil, and with a sliding motion cut it off, and draw it out with the forceps, taking care not to wound the velum or lips. You repeat the operation on the left side, using the forceps with the left hand, and the bistoury with the right. You do not attempt to extirpate the whole of the tonsil; if you did, you would endanger the vessels. You merely cut off, by a perpendicular section, the prominent part of the tonsil, to give room to the patient to swallow and breathe. In adults, this operation is preferable to any other, that is, when you have to deal with sensible people, who will afford every facility.

I have even performed the operation thus in a good many children, and I have very often found them willing enough to submit to it. They have been often suffering previously from difficult breathing, and, afraid of suffocation, they have come to me with their mouths open, and have borne the operation without wincing. I once saw a little lady under these circumstances, with my friend Dr. N. Arnott, and her only remark after the affair was over, and when she saw a little blood hawked up, was—"Dear mamma, I think they must have hurt me a little." But you sometimes find that they will not open their mouths, and then you will have great difficulty with them. Of course, you will not have recourse to the operation in children unless under urgent circumstances, because it is possible that as they attain maturity, improve in health perhaps, or have it improved by proper treatment, the swelling may subside to some extent. Children are brought now and then by their parents, who have noticed that they do not speak well, and on looking into the throat you find the tonsils swelled; the parents become fidgety about it, and are anxious to have it removed; but you must not always please them in this point. It is not always necessary to perform the operation, and you may find a difficulty in accomplishing your object, even in young people of sixteen or eighteen, who are brought to you on account of an indistinctness of voice, their parents being anxious perhaps that they should sing like their neighbours' young ladies. If you can get them to keep steady and open their mouths, you may take off the part in the way I have described, but where there is difficulty you may employ such an instrument as I now shew you. Two or three years ago there

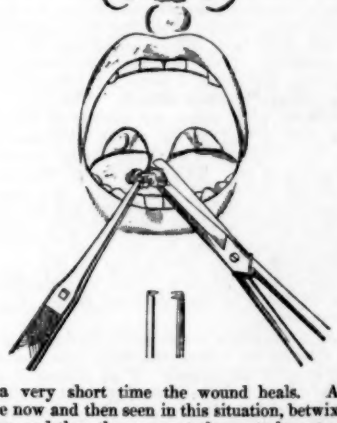


were an immense number of instruments of this fashion produced all at once—American and French—for performing this operation. Every writer thought it his business to contrive or to say something about these instruments. There is one depicted in Desault's works, which I think he calls a *kiotome*. This celebrated French surgeon was a cotemporary of our John Hunter; he used the instrument, if I am not much mistaken, for various purposes, for opening cysts in the bladder, but he recommends the excision of tonsils also to be made with it. You must first of all, then, endeavour to get the tonsil within the range of the instrument, and you must have them of different sizes. You will find it advisable to provide yourselves with a hook, or small valsellum, with which to pull the enlarged gland more completely through the opening or fenestra of the instrument than you can do by other means. Having effected this, you push the slipping blade forwards, and cut off the prominent part of the tonsil. I have seen some of these machines provided with a sort of skewer, which is to be thrust forward first, and when the tumour is so transfixed, it is raised up by another contrivance of a hinge. All this is for the use of those gentlemen practising surgery who are deficient in dexterity, and for the benefit of the cutlers. But although this is a very nice-looking instrument, it is not a very useful one, and I would not advise you to burden yourselves with it, though I must have almost every instrument that has been contrived, both old and new. This operation of excision, however managed, is very much preferable to tying the tonsil; it is a proceeding accomplished at once without any great difficulty, in ordinary cases, and scarcely with any pain to the patient. It is quite effectual; there is no return of the swelling; and under any circumstances it is an exceedingly satisfactory proceeding.

You have sometimes to treat affections of the uvula. It is sometimes enlarged to a great extent; it is so in all inflammations of the throat. It hangs down upon the tongue; it sometimes comes on the rima glottidis, and causes irritation and coughing, b it that goes off, along with the swelling of the neighbouring parts, by general treatment. By applying some slight astringent gargle the parts resume their natural condition. In cases of that kind you would not have recourse to any active surgical operation.

But the uvula sometimes continues enlarged, and it causes occasionally unpleasant feelings to the patient. It may be swollen, in consequence of repeated attacks of inflammation, and the enlargement of it never entirely disappears. It swells more and more at each attack, and at last hangs down, so as to cause considerable inconvenience. Sometimes the uvula is naturally long. I saw a patient some time ago in whom the uvula coiled up in an extraordinary manner on the tongue. It was so long that you could have easily taken hold of it with the fingers, for it could be blown out almost to the tip of the tongue, and so as to come in contact with the incisors. I have seen the uvula often bifurcated, and sometimes there are one or more warts, of considerable size, on its extremity. Here is a specimen of a very large one, which I removed lately; it is as large, as you perceive, as the kernel of a filbert.

You will be called upon to take away this elongated uvula at the request of the patient, but not otherwise. The patient to whom I just now referred, still keeps his enormously elongated uvula; I never said anything to him about removing it. But if a patient wishes to have it removed, how is it to be done? You cannot take hold of it with the forceps in common use; it will constantly escape; and yet you cannot attempt to cut it off with a chance of success, unless you can seize and hold it fast. Scissors have been contrived for this purpose, and are referred to and delineated by Mr. Cooper, in his "First Lines of Surgery." There is a sort of bend upon the blade, and a blunt end coming across one of the blades. It is proposed to put this behind the uvula, and snip it. You may catch the uvula in that way, but you cannot be certain of it, nor of the size and length of the portion you remove; you may take away much too little to give relief, or you may snip away the greater part of the organ; this would not answer, as the articulation is sometimes rendered indistinct by the loss. In order to be sure that you take away just as much as you wish, you must lay hold of it with these long forceps with hooks at the point, something like the artery forceps. These are more suited for the object. You thus take hold of the uvula lying on the tongue or dangling about, and with a pair of long scissors carried back in the throat, cut it away. It relieves the patient of all the symptoms,



and after a very short time the wound heals. Adventitious growths are now and then seen in this situation, betwixt the layers of the velum, and then they are not always to be got away easily. I have removed some loosely connected, by merely laying them bare and detaching their cellular connexions. A tumour deeply and firmly attached, of course cannot be meddled with. Occasionally, pendulous tumours are found here, and may be removed by the same means as the enlarged uvula is.

The tonsils and the uvula are the seat of ulceration; but this subject was, no doubt, partly treated of by my worthy and excellent colleague, when he spoke of syphilis and the effects of mercury on the constitution. All ulcers that occur in this situation are generally attributable either to the one cause or the other. Syphilitic ulcers are to be treated by general measures, such as affect the constitution and remove the poison from the system. But many of the small ulcers which are seen in patients who have suffered from syphilis or taken mercury, do not require any general management; they heal up very rapidly, by local applications. You touch them with some substance that will destroy the surface, and put them in a more healthy condition. Phagedænic ulcers are often stopped by touching them with a solution of mercury and nitric acid. You may pencil them over very lightly once or twice, at a considerable interval, with the nitrate of silver in substance or solution. I do not mean to say that attempts should not be made to improve the patient's health, by the exhibition of preparations of sarsaparilla and iodine. The iodide of potassium is often very beneficial. It is very desirable to put a stop to these ulcers, but you will not succeed unless you employ active local measures. You must attack them vigorously, and make such an application of the remedy as will destroy the sloughing edge, or the edge where the ulcer is going on rapidly. You

then find the same effects follow here as in other situations; the ulcer is checked, and the healing process commences. If this be not had recourse to, the velum becomes destroyed, the parts are deformed, and their functions seriously impeded. Deglutition is performed with great difficulty; unless the patient is careful in attempting to swallow liquids, a portion comes through his nose; his voice is considerably affected, and when the parts become stretched, it is so much altered that the patient snuffles, and in a very unpleasant fashion indeed. The voice of a friend of mine who has lost nothing but the uvula is so indistinct, that he never makes an observation but I am obliged to ask him to repeat it. To be obliged constantly to ask a man when he is talking to you, "Eh, eh; what did you say?" is very annoying both to the individual and to those who come in contact with him. You must be very careful to prevent the spread of these ulcers; sometimes they go on to a great extent without being detected, and unless a surgeon has his eyes about him and all his faculties, he will often be deceived. The patient complains of a slight sore throat, and the ulceration may not be noticed. I have seen ulcers, over and over again, occur on the posterior aspect of the velum; these have been neglected, and at last, gradually, from the destruction of the parts, perforation has taken place through the velum; the anterior surface has first of all become discoloured, it has then become whitish, and ulcerative absorption has gone on. This opening will not heal up again without the parts being inconveniently stretched; and even after it has healed, some inconvenience remains.

I have thus given you a slight sketch of the diseases of the soft parts, and I will now talk to you about some affections of the jaws.

I have already spoken of the bad effects of decayed teeth and stumps, and have told you that an abscess occasionally forms at the fangs of the teeth. You will find now and then, on taking out the stump of a tooth, that there is a swelling, and on examination you discover that it is a cyst, containing puriform matter. Sometimes these cysts are of very large size. I have seen a cyst—a complete abscess—as large as the tip of the finger, come away on removing a tooth. These abscesses even break externally, and if any of the cyst is left, matter will continue to be discharged for some time. These abscesses sometimes so increase in size as to lead to a swelling of the jaws. An abscess formed at the socket of a tooth, now and then makes its way along the tooth. If the sockets have been a great deal absorbed, the matter at last comes up, and presents itself under the gum. It is described under the name *parulis*—gum-boil. There is a superficial swelling of the gum, followed by suppuration; but the troublesome cases are those in which abscesses form in the very sockets of the teeth; they are attended with great pain, swelling of the face, and so on. The abscess gradually advances, and may be discovered fluctuating very distinctly. You open the mouth, and see a large swelling on the upper or lower jaw, which you find to be elastic, and on putting a lancet into it, there is a great escape of putrid matter, which is attended with much relief to the patient. If a patient has suffered from this once, the cause ought to be explained, and means ought to be taken to prevent the recurrence of it. He is unwilling to have the teeth taken out when the parts are quiet and going on well, but some of these collections form deep in the jaws; they go on increasing, the parietes of the abscess expand, and cavities in the bone are at last formed of considerable size. When formed in the upper jaw, the abscess may burst into the antrum, and sometimes there is a cavity, independently of that in the upper jaw, a large chronic abscess. The same thing occurs in the lower jaws. Sometimes the plates of the bone separate to a great extent, and if neglected for some time, you find tumours formed, of very large size, which are gradual and slow in their progress. These cases are known under the name of *spina ventosa*. It is only in patients who have been neglected, and in whom the disease has been allowed to increase from month to month, that anything of this kind is observed.

Then, again, in removing decayed teeth, or portions of them, which have been allowed to remain long, you will now and then perceive a fungous growth on the extremity—a soft, pulpy swelling, adherent to the apex of the fang. Again: if you notice a carious tooth when extracted, you will sometimes find a soft fungus in the hollow of it, and if you take the trouble of splitting it up with a pair of cutting pliers, you will find that the whole canal is filled up by a swelling, which expands like a mushroom. These swellings often increase in size; they fill up the remainder of the crown of the tooth, and sometimes form a connexion with the spongy gums. In other cases, the swelling commences at the gum, by the side of the decayed tooth, it gradually increases in size, and perhaps involves the gums of the adjoining teeth. Some of these swellings are as hard as the gum; some are soft and pulpy, and bleed on a slight touch; and some again, though very seldom, assume a malignant character. These tumours are generally of a benign nature, they are firm in their consistence, and, if thoroughly extirpated, are not reproduced, but if any portion is left, they return. If the socket of the tooth, in which the disease commenced, is not taken away, and indeed the whole gum, the disease is sure to come back in a few months, following the analogy of tumours in other parts. I have told you that, however benign in its nature a fibrous or fatty tumour may be, if any portion of it be left, it will be reproduced; but take away the whole, and there is little chance of the patient being again troubled with it.

These tumours sometimes are of a bad character; but even in those of a contrary nature, where the operation is imperfectly performed, there is a return of the disease. The patient, much annoyed of course, again recurs to his surgeon; caustic is perhaps applied from day to day; becoming alarmed, he at last places himself under a person of more experience; the whole is then taken away, and there is no further trouble. Here are some drawings from preparations belonging to Mr. Nasmyth, of Edinburgh, shewing tumours of the gums. One represents a tumour occupying the posterior part of the upper jaw, with all the stumps stuck in the middle of it. The teeth are all in a bad state. Those

persons who are foolish enough to allow useless portions of the teeth to remain may lay their account to suffer from this disease. The pain has gone off, the nerve is destroyed, and they think there is no occasion for interfering with the teeth, or having them taken out. They do not care about the fœtor of their breath; they have perhaps arrived at a time of life when they think nothing of it; but there is always a deal of mischief if these stumps in the jaws or gums are not taken out. They keep up the swelling and the tumours in the gums. Here is another drawing, shewing a tumour of the gum, where the swelling has gone up from the interior of the tooth, and has spread over in a mushroom-like form,

and becoming adherent to the spongy gums, has formed a large swelling. The following is an extract from a letter which I lately received from Mr. N.:—

"I was much interested in a notice of a clinical lecture of yours in THE LANCET of Feb. 18th, and as I have some casts and preparations of cases which have had their origin very distinctly in carious teeth, I thought you would like to have some notice of them. You have often, I doubt not, observed a fungous growth sprouting up in the hollow of a carious tooth. This often goes on till it fills a large cavity, or rather the whole excavated crown of the tooth." My attention was drawn to this fact years ago. "By and by, the caries advancing, the attenuated walls give way, the growth in the centre of the tooth forms a connexion with the gum, and then increases with rapidity. In the case No. 1, the tumour was connected with its base by a narrow neck; in No. 2, the base was broader, and, as you will observe, had spread the roots very much asunder.

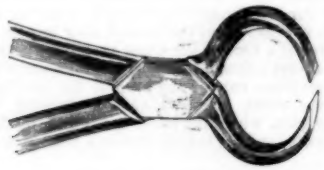
"The principal value of these cases is of course to shew that

it is best in general to get rid of broken teeth, especially where there is a tendency to the fungous growth, or a relaxed spongy state of the gums."

From what I have observed, I have no doubt that he is correct in saying that these tumours of the gums, these cases of epuli, often depend upon a growth in the interior of the tooth, as well as in the gums.

In order to get rid of these tumours effectually, you must take away the whole of the growth. Most frequently you find them connected with the decayed fangs of the small grinders upon one side or other of the jaw, and most frequently the lower jaw. Sometimes you find them far back in the lower jaw, growing from the decayed roots of the last large grinder, and spreading their influence to the gums of the wisdom-tooth and the grinder anterior to it. It is then a difficult matter to get quit of the swelling. If it be of large size, the patient can only open his mouth with difficulty, and you get but an imperfect view of it. In the fore part of the mouth there is no difficulty at all. All you have to do, then, is to extract a tooth, sound or unsound, on each side of the tumour; the gums are more or less involved in the disease, and you can take them out with the forceps. If the disease were connected with a canine tooth, you would then take out the first small molar tooth, and the lateral incisor; or suppose it were confined to the gums of the canine and first molar, then you would take away the lateral incisor of that side, and the second small molar. You then apply a small saw (such as this) to the socket,

and cut down the jaw, with a view of getting rid of the parts from which the disease has commenced, of removing the alveoli and the diseased sockets of the teeth. Before you apply the saw you carry your knife round the base of the tumour, and having applied it, and cut down the bone on each side, then, by means of cross-cutting pliers, you remove the teeth and the



sockets, together with the tumour. Here is a drawing, representing a case in which the tumour had been taken away over and over again from the neck of the tooth, but it always grew again. The epulis was found adhering to the neck of the tooth, having commenced in the periosteum, but on that being removed there was no reproduction. When the gums of several teeth are affected, you must take away a tooth on each side, and cut away the sockets of all the teeth. If you do this, there is no necessity for any further proceeding. Some surgeons recommend that you should employ an escharotic, as the potassa fusa, to remove the disease more effectually, but this is unnecessary. It is better to go far enough with the saw and the forceps. In order to get rid of tumours far back, and to avoid the necessity of cutting open the cheek, it is necessary to have forceps of various sizes and forms. Although

these instruments look very large and coarse, and such as one might say farriers would employ, yet they enable you to remove the affection with less trouble and pain to the patient than if you use small and inefficient forceps. If you were to apply forceps half the size, you would find that you could not cut the sockets through cleverly; that they would bend, and you would have to repeat the operation; whereas, if you go properly to work, you will have no difficulty in accomplishing your object.

FOREIGN DEPARTMENT.

ACADEMIE DE MEDECINE (PARIS.)

August & September.

ABSCESSES OF THE LIVER IN ALGERIA.

A letter to the Academy from M. Ferrin, army-surgeon in Algeria, contains the following statement: "The intermittent, remittent, and continued fevers, which attack the inhabitants of Algeria, at first disturb the entire economy, without affecting any particular organ. If the attack persist or return, it is followed by congestions and hypertrophies of the viscera, especially of the lungs, the spleen, and the liver; thus it is evident that these accidents are the effects, and not the causes, of the vital reaction. Abscesses often form in the liver, as in the East Indies. We have had twenty illustrations of this pathological fact during the present year. In one case, an abscess opened into the bronchi; the patient having died, the progress of cicatrization was found to be considerably advanced in the liver."

ELIMINATION AND EXPULSION OF THE ENTIRE UTERUS BY M. ESTEVENET, (TOULOUSE,) COMMUNICATED BY M. VELPEAU.

A woman, residing at Toulouse, thirty-six years of age, had been suffering for two years under an affection of the uterus, which her medical attendant considered to be cancerous, although on examining per vaginam at an early period of her illness, he had not found any evidence of uterine degeneration. She had only borne one child a short time after her marriage, which took place when she was seventeen. On the 12th of June, 1844, M. Estevenet was called in, and shewn a fleshy mass, which had escaped from the vagina. To his great surprise, he recognised in this mass the normal structure of the uterus. The internal uterine cavity, with the opening of the fallopian tubes, were distinctly visible. The os uteri was rather deformed, and the annexed organs appeared to have been separated at their union with the body of the organ. The lateral and superior margin, as also the anterior surface, were irregular, and not covered by peritoneum: this membrane was retained on the posterior surface. The Medical Society of Toulouse, to which it was presented, did not agree with M. Estevenet; but all doubts were rased a few days later by the demise of the patient. For the first six days she went on very well; but at that epoch she was seized with symptoms of general peritonitis, and died eleven days after the expulsion of the uterus. Previous to the invasion of the peritonitis, a singular symptom had been observed: although she passed her urine through the meatus naturally, every time she assumed the vertical position, a certain quantity of fluid, partly urine and partly pus, passed from the vagina. On examining per vaginam, about two inches above the orifice of the vulva the finger met with a hard, prominent, nearly circular thickening, above which was a large cavity, the parieties of which were uneven. This cavity was considered by some who examined her as the uterine cavity, the thickening as the uterine neck, and the fleshy mass as a polypus.

The cavity of the abdomen was carefully examined after death, and it was ascertained, in the most satisfactory manner, that the expelled mass was the uterus, that organ being entirely absent. In its place there was a large cavity circumscribed by the surrounding organs—viz., the sigmoid flexure of the colon, and the omentum superiorly, the bladder anteriorly, and the rectum posteriorly. All these viscera were formerly united to one another and to the peritoneum by false membranes. The ovaries, fallopian tubes, and round ligaments, formed, along with inflamed and tumefied lymphatic ganglions, a confused mass, lying underneath the sigmoid flexure of the colon. The bladder was intact, but the right ureter was perforated. This accounted for the issue of urine by the vagina previous to death. All the organs which by their union formed the abnormal cavity, were lined with false membranes towards the cavity, but were internally healthy; there was no trace whatever of cancerous degeneration. M. Estevenet states, that in the absence of any accurate details respecting the previous state of the organ, it is impossible to do more than make a surmise as to the cause of this extraordinary elimination of the entire uterus; he is, however, inclined, from the post-mortem examination, to think that the inflammation began by the large ligaments, that it passed along the side of the uterus, and that urinary infiltration, occasioned through the perforation of the ureter, was followed by gangrene, which completed the separation of the uterus.

M. VIDAL'S NEW OPERATION FOR VARICOCELE.

M. Velpeau delivered the report of the committee appointed to investigate M. Vidal (de Cassi's) new operation for the radical cure of varicocele, of which the following is a brief account:—

An incision, of a line or two in length, having been made in the scrotum, so as to include a fold of the skin, a small silver thread is passed behind the veins of the cord, and a second thread, of the same metal, through the same apertures, anteriorly to the vein. The extremities of the two threads are then united and twisted, on each side, until the space which separates the veins is so reduced as to strangulate them.

The twisted metallic thread, which thus embraces the spermatic veins, is then turned a certain number of times, so as to roll the veins on its axis. When this rolling of the veins appears to have been carried to a sufficient extent, the two free extremities of the metallic ligature are brought forward, crossed, and twisted on a small roller bandage. A metallic sound, or a piece of stick, being placed in the angle formed by the union of the twisted extremities, constitutes a kind of tourniquet, by the means of which pressure is applied to the veins, and daily increased, until they, and the parts comprised between the thread and the bandage, are entirely divided: this generally takes place in from ten to fifteen or twenty days, and the cure is completed in the space of from one to two months.

The committee assisted at one of the operations performed by M. Vidal, in his wards, (Hôpital du Midi,) and found it to coincide perfectly with the description which he had given of it. They did not consider M. Vidal's operation easier, less complicated, or less dangerous, than the operations resorted to within the last few years by the Paris surgeons; but they thought that it might prove more efficacious in its subsequent results than any now in use, owing to the extensive destruction of the veins.

M. VIREY ON THE LAWS OF VITALISM.

In a memoir entitled, "Critical Examination of the Laws relating to Vitalism," M. Virey has come forward as the champion of vitalist doctrines. According to some physiologists, says M. Virey, nature is one, and physico-chemical phenomena are so nearly allied to physiological phenomena, that they alone suffice to explain life and organization. Those who adopt these views believe that *matter reigns*, and that the telluric elements possess within themselves the scattered forces of vitality. Such are the German pantheists; such were also the doctrines of Leibnitz, of Spinosa, and, in our own days, of Schelling, Larmark, Cabanis, &c. They recognise in the universe only one substance, presenting, at the same time, *extent* and *intelligence*; only the latter is not susceptible of being manifested, unless in animals whose organization is highly developed.

Whatever may have been the origin of things, says M. Virey, we can conceive, and are obliged to admit, the pre-existence of brute matter on our planet to that of any living being. The living world is materially formed from the dead, but not indiscriminately. It is not every kind of matter that is susceptible of receiving life. Arsenic, mercury, copper, lead, &c., resist organization, or destroy it. Other mineral elements may penetrate living tissues, form a part of them, but *they live not*. The mineral molecule possesses within itself the reason of its existence (Kant); it concentrates its action on itself by a physico-chemical force—crystallization. The mineral being thus entirely composed of crystals is permanent, can only increase by juxtaposition, and, consequently, neither feeds, procreates, nor dies.

These inconvertible radicals are not consistent with the moveability of life. The only inorganic elements susceptible of vitality are combustible substances, such as carbon, nitrogen, hydrogen, oxygen, to which we may add sulphur and phosphorus. These combustible elements constitute, by their harmonious union, *organization*; but we must not confound, with some physiologists of our own days, organization with *life*. The former is the instrument, the latter, the functional or acting state. The material elements of organized life do not live by themselves, but by the central action which governs their temporary association. The physico-chemical sciences are powerless to explain life. The statico-hydraulic mechanism of Boerhaave does not account for the repairing and conserving tendencies of animal or vegetable bodies; the irritability of Haller does not explain the embryogenic formation of the chicken in the egg; the incitability of Brown does not satisfactorily elucidate the transmutation of alimentary substances into our tissues and tumours; the living chemistry of modern writers cannot create the faculties of sensibility or myotility; neither are the vital properties of Bichat able alone to organize the smallest viscus. Chemistry destroys, separates, disperses the intimate organization of blood, milk, sperm, to analyze them, without being able to reconstruct; whereas life associates and synthesises their elements to protect them from putrefaction, and to assimilate them.

We may therefore assert that, contrary to opinions now adopted by various medical schools in France and in Germany—

1st. There are materials of an essentially brute nature, forming the mineral mass of our globe, which *resist* vitality. Life emanates not from them, as the pantheists believe.

2nd. That true life only exists in organic bodies emanating from an original spherical form (egg or cell) *by generation only*. These bodies are constituted by an harmonious combination of molecules, which tend to a central unity, and resist, to a certain extent, the laws of the physical world during a definite period.

3rd. That these materials, susceptible of anatomical combination and of evolution from the centre to the circumference, are essentially combustible. Differing in this respect from minerals, they can only constitute themselves on the surface of the globe with the assistance of water, atmospheric air, heat, and light.

4th. Crystallization is the forming principle of the non-living mineral kingdom. On the contrary, everything that lives emanates from a germ; even the microscopic infusoria, as Ehrenberg and other modern observers have discovered. Chance can no more unite scattered atoms, and form the viscera of an imperceptible mite, than it can those of an elephant.

5th. This harmonious co-ordination also manifests itself in the series and groups of animals and plants. These families of corresponding creations attest a general plan, and are conclusive evidence against spontaneous or chance productions. It is impossible not to recognise in them the result of an order and an intelligence incompatible with brute materials. A *vital principle* presides over organized productions—a principle which circulates in them without ceasing by successive generations.

M. Rouchoux considered the pantheism of the Germans, and all other nonsensical theories of the same kind, unworthy of notice; nor did he think the atomism of Leibnitz much more reasonable. The latter was only the system of Epicurus falsified. The atomism of Epicurus was alone able to resolve all difficulties. It is easy to understand that if there were no primitive forms, there would be no figures in bodies. The existence of forms is the best proof that can be given of the existence and of the primitive form of atoms. There is no immoveability in nature; all movement, all activity, are inherent in the atom; all may therefore be reduced to indivisible atoms, possessing form and activity. With these three conditions, it is possible to admit the formation of living bodies without the intervention of an active force, foreign to matter. M. Virey admits that elements devoid of reason may assume determined forms, constitute crystals and chemical combinations. If M. Virey can explain how a cube is formed, we will tell him how a mushroom, an insect, or a man, is formed. As to the vital principle, to admit its existence, it must be proved to be necessary; and why admit distinctions and separations, when everything proves that nature is one?

M. Royer Collard, after attacking the opinions of M. Virey, recapitulated his opinions by stating, "That the arguments made use of by M. Virey applied to doctrines which no one now supported; that vitalists place a fresh hypothesis in the room of those which they attack; and that the reproach of pantheism could not be justly made to the physico-chemical doctrines."

THE CAUSES, MODE OF REPRODUCTION, AND PERIOD OF INCUBATION OF THE PLAGUE.

M. Louis de la Porte, a naval surgeon, has addressed an interesting paper on the above subjects to the Academy. He believes that the plague is a very ancient disease, and is alluded to in the scriptures, and by Herodotus. M. Pariset, the reporter of the committee appointed to examine M. de la Porte's memoir, does not think that this opinion can be substantiated. Hippocrates did not describe the plague, nor does Galen speak of it, although he had studied at Alexandria. M. de la Porte attributes the origin of plague to infection, the elements of which he has met every where in the East, at Alexandria, Jaffa, Smyrna, Constantinople, Rhodes, Jerusalem, &c. In these countries the streets are every where narrow, tortuous, and unpaved. The houses are made of mud and earth; the ground-floors are low, obscure, and damp. Everywhere stagnant waters, and vegetable and animal remains, are found rotting on the surface of the soil, and even in the interior of the houses. Indeed, such is the state of Egypt, and the surrounding countries, that it would be marvellous were the plague not to exist there.

The plague is transmitted, according to M. de la Porte, by contact, by emanations from the respiratory and digestive organs, but more especially by the linen and clothes which the patients have used. He does not allow that merchandize is capable of propagating the disease. The period of incubation he believes not to be more than seven days. M. de Cigalla, says M. Pariset, in a memoir lately addressed to the Academy, states that the period of incubation varies from seven to fifteen days. In the eight years extending from 1832 to 1844, according to M. de Cigalla, there have been twenty apparitions of plague in the Grecian archipelago, all of which were imported in vessels from the continent.

ON DISLOCATION OF THE ASTRAGALUS, WITH THE LOWER ENDS OF THE TIBIA AND FIBULA INWARDS. Illustrated by Cases.

By Henry Hancock, Surgeon to the Charing-Cross Hospital.

(Read before the Royal Medical and Chirurgical Society.)

(Concluded from page 37.)

The particulars of the next case are taken from the surgical notes of the late Mr. Howship, now in the possession of the authorities of the Charing-cross Hospital. The preparation is in the museum of the College of Surgeons.

"An old man, of the name of Hall, a gentleman's servant, in April, 1827, fell down stairs, and dislocated his ankle. Mr. Howship was sent for, and found that his foot was thrown outwards, the fibula fractured, and the inner lateral ligaments of the ankle-joint ruptured. The limb was placed on splints for more than two months, by which means the fibula and foot were kept in fair position; but as the man was very impatient of confinement he was allowed to get upon crutches, and move about, but at the same time told on no account to bear any weight upon the limb. He neglected this caution. Gradually the strain upon the malleolus, unassisted by any restraint on the inner side of the joint, induced the recently united bone to give way, and he eventually walked with a stick, lame, and his ankle turning very much over to the inner side."

He lived for nearly two years, and died from some other cause. At this period the limb presented the following appearances:—The axis of the tibia was directed inwards and forwards, as in the previous case, the foot projecting on its outer edge, having the sole looking downwards, a considerable projection of the inner malleolus, with fulness and swelling, corresponding to the external ankle.

The preparation shews that the astragalus, with the lower ends of the tibia and fibula, had been thrown inwards, the lower and posterior portion of the external malleolus resting on the superior and internal surface of the protuberance of the os calcis, immediately in front of the insertion of the tendo-Achillis. The tibia, fibula, and astragalus, are joined together by anchylosis, and united by a similar process to the os calcis. The direction of the astragalus is completely reversed, now being from behind forwards and outwards, but its head remains articulated with the scaphoid bone. Obliteration of the astragaloid cavity of the os calcis has commenced by the deposition of ossific matter on the posterior articulating surface. The calcis is somewhat separated from the cuboid bone. At the lower extremity of the fibula is a remarkable hook-like process of newly deposited bone, placed at the anterior margin of the external malleolus, with its groove or canal directed from behind forwards, &c.; this groove is evidently for the passage of the tendons of the peroneus longus and brevis, which, having been deprived of their natural support by the displacement of the fibula, were in this manner adapted to the new position of parts. The bones of the great toe have the appearance of being drawn inwards, probably arising from the tendons of the tibialis posticus and flexor longus pollicis having been kept upon the stretch for so long a period.

It is difficult to reconcile the assertion, that the turning in of the ankle in walking arose from the "recently united bone giving way:" the preparation certainly does not shew any signs of a fracture of the fibula having ever occurred, and if it did take place, it certainly has not given way. The inversion evidently arose from the unreduced astragalus becoming anchylosed to the fibula and side of the calcis, having no support inferiorly: hence when the weight of the body was referred to it, it naturally twisted inwards, dragging the calcis round with it, in this way producing the apparent turning in of the ankle, which would have been prevented, or at all events much relieved, had the nature of the accident been discovered, and proper instruments applied, which, by affording artificial support, might have obviated the inconvenience.

From the cases here related we observe the propriety of steady perseverance in accidents of this description, even when the prognosis is unfavourable, and more especially the importance of allowing nature to work uninterruptedly in effecting the cure, as so forcibly dwelt upon in the writings of the late Sir A. Cooper. Comparatively few years since, surgeons would have amputated the limbs, particularly where the dislocation was compound, as they were then possessed with most groundless fears of the fatal effects of injuries of joints and lacerations of synovial membranes—opinions upon the fallacy of which considerable stress is laid by Desault,* who clearly points out how much the danger was exaggerated.

No surgeon will deny that there are some cases in which amputation must be performed, but they are comparatively rare; and even in these it should only be done when it presents the only chance of a cure, as the contrary practice would not only be injudicious but cruel.* Nor when amputation is performed as the only means of saving life, must we be surprised that it will, in many instances, not only fail in its object, but will hasten a fatal termination: this fact is proved by the several cases recorded, and is strongly insisted on by Petit† and Sir A. Cooper,‡ the former of whom observes, "Some have been cured without losing their limbs, others have been amputated, and of the latter more have died than escaped; I have seen some cured merely by the efforts of nature."

Sir A. Cooper remarks, "It seems to me, however, to be by much too prevailing an opinion, that amputation of the limb is a sure means of preserving life," &c.

In all these cases, however, we must, in some measure, be guided by the age, constitution, and previous habits of the patient.

Mr. Samuel Cooper, in his "Surgical Dictionary," recommends when a dislocation of the lower end of the tibia is combined with that of the astragalus, from the os calcis and os naviculare, with rupture of their connecting ligaments and protrusion of a considerable portion of the astragalus, that the astragalus be removed entirely.

This plan was employed in the year 1582, by Fabricius de Heldanus, who has the honour of being the first surgeon who endeavoured to save the limb in these accidents. Encouraged by the success which attended this experiment, his example has been followed on various occasions, both on the continent and in this country, by Laumonier, Mauduyt, Ferrund, Aubray, Daniel, Boyer, Richerand, Desault, Dupuytren, Hey, Evans, Trye, Cooper, Green, Callaway, &c. But although this plan has been attended with great success, we cannot peruse some of the cases related without being impressed with the conviction that it has frequently been adopted unnecessarily, and that the plan recommended by Petit,§ of enlarging the wound and returning the protruding bone or bones, might have been more beneficially employed, as the object is not only to preserve the limb, but to preserve it in its integrity, which cannot be the case when the astragalus is removed.

The operation is frequently very difficult; it is unavoidably succeeded by shortening of the limb; and although the patient in the course of time may recover considerable motion of the ankle-joint, still he must be lame for the remainder of his days. Where the astragalus remains attached to the tibia, even though its connexion with the os calcis and os scaphoides be separated, and it should protrude through the skin, it would be much better to attempt to return it, if possible, than to remove it altogether, notwithstanding the opinion expressed by Kirkland, in his "Observations on Pott's works," that compound dislocations are always attended with worse consequences when the cure is attempted by replacing the dislocated bone, and that a cure much more readily follows if the protruding bone can be taken away, for by this means the matter has a free exit.‖ Surely this gentleman could not have intended to recommend that a patient should be lamed for life, in order that the matter might drain off more freely? He must have overlooked the fact, that where there is already one suppurating wound leading into a joint, a counter or depending opening may not only be made with impunity, but with great and absolute advantage. The practice of removing the extremities of bones, as pursued by Mr. Cooper, of Bungay, Mr. Gooch, and others, is of great value in protrusions of the tibia &c., as here, from the circumstances of the accident, refluxion cannot be effected by other means. In the case of Middleditch, a considerable portion of astragalus projected through the wound; that portion, and that portion only, was removed, because it could not be returned, and the man got well without any lameness remaining, which could not have been the case if the above practice had been blindly pursued.

Mr. C. Burnett relates a case in the "Medical Gazette," of the 12th Nov. 1836, in which the os naviculare and os astragalus projected out of a wound about three inches long. They were returned by simple pressure, and the motion of the joint preserved. A still more curious case is related by Pomeroy White, of Hudson, N.Y.¶ The left ankle of a young man was dislocated by a bale of hay, weighing 500 lbs., falling upon it. The integuments were lacerated for three inches, making a wound through which the inner ankle and head of the astragalus protruded. The posterior tibial artery was also wounded. Considerable doubts were entertained as to the propriety of removing the astragalus, but the

* Journal de Chirurgirie.

* Sir A. Cooper's Surgical Essays, p. 107.

† Œuvres Chirur. T 3, p. 117. ‡ Surgical Essays, p. 109.

§ Œuvres Chirurgicales, T. 3, p. 117.

‖ Kirkland's Observations on Pott's works, p. 69, et seq.

¶ American Journal of Medical Sciences, vol. iii.

intention was ultimately abandoned, the bones returned, and a cure effected.

Laceration of the posterior tibial artery is a very rare complication. There is another case of the kind, which occurred in a patient of Mr. Green's, related at page 330 of the new edition of Sir A. Cooper's work; but that gentleman states, in his "Surgical Essays," that he "had never met with an instance of the kind, although he had occasionally found the anterior tibial wounded." But to return to the subject of removal of the astragalus: the remarks of Boyer upon this practice, and the rules which he lays down, are so judicious, that I would beg to refer the reader to the observations contained in his "Maladies Chirurgicales," vol. iv.; and I would only add, that Mr. Hey relates a case in which the head of the astragalus projected through the wound. He wished to remove it, but the patient would not submit to any operation. The portion of bone which projected came away in fragments, without any surgical assistance, and the patient quite recovered.*

With respect to the reduction of the astragalus when dislocated, there cannot be a diversity of opinion that it should be attempted as soon as possible after the occurrence of the injury. In some instances the reduction is very easily effected, by relaxing the muscles, grasping the heel and instep of the patient with your hands, and drawing the foot downwards; but very frequently this is insufficient. When this is the case, whenever there is any difficulty, the surgeon should at once have recourse to the pulleys, as they are the only means by which the steady extension so necessary in these cases can be kept up for any length of time, and the force applied with precision;† in addition to which, the patient is put to much unnecessary torture, by the irregular jerking which invariably accompanies the combined efforts at extension made by several individuals at the same time;‡ indeed, Mr. Colles (when his astragalus was dislocated upwards) declared that he had suffered more from that cause than from the pulleys. It may be difficult to obtain sufficient purchase to prevent the straps slipping over the heel; but with such an apparatus as that which I had made for Middleditch, this may readily be done.

But should the precise nature of the accident be undiscovered, or the methods adopted prove insufficient, when the parts have become consolidated and adapted to their new situations, it is essential that we should understand the benefit derived from instruments which, if properly adjusted, will to a great extent remedy the mischief.

Mr. Guthrie, to whom I am under great obligations, has, with his usual kindness, furnished me with the particulars of two cases which he treated after this plan with perfect success, and enabled me to see one of the patients, from whom I received the following particulars:—

"Mr. B—, in June, 1823, was riding in a taxed-cart to Enfield, in Middlesex; when going down a hill the horse began kicking, and the harness becoming loose, the cart fell back, and he was thrown out, alighting on the ball of his foot: he got up, and attempted to walk, but could not, as his right foot was dislocated at the ankle, the toes turning inwards and the heel out, whilst the outer edge rested on the ground, the fibula being broken. He was taken to the Middlesex Hospital, where the efforts (which were very simple, the pulleys not being applied) made to restore the parts failed. Two months afterwards, he applied to Mr. Guthrie, with the astragalus forming a very prominent projection on the outer side of the foot. As so much time had elapsed since the accident, no further efforts at reduction were made; but he was recommended to go to Sheldrake, the instrument-maker, to have an instrument fitted, which, by supporting and gently pressing upon the displaced bones, might gradually approximate it to its natural position. Some relief was at first experienced, but the apparatus subsequently failed, as it confined the muscles, which wasted away, and, to use the patient's own expression, his leg became like a stick, and he could not walk a mile. He subsequently went to Mr. Felton, of Hinckley, in Leicestershire, who prescribed rubbing and motion of the joint, and applied an instrument weighted at the foot and having a swivel joint at the ankle, which he wore for about two months, with some benefit. Subsequently to this period he has had various instruments made under his own direction, and now wears one which answers the purpose remarkably well.

It consists of a boot, having a socket fixed in the sole, immediately in front of the heel, and extending the whole breadth of the sole, (which it must do, otherwise sufficient support is not obtained, as all the stress is referred to this point.) A transverse solid piece of iron fits into this socket, and to the former is attached another portion, not quite so thick, but which reaches as high as the head of the tibia, having a broad pad at its upper extremity, connected by a hinge, and retained in situ by a strap, whilst the upright piece of iron is sufficiently curved to admit of its standing out from the leg, to the extent of an inch or more. On the outer side of the foot is a broad strap, attached to the boot, immediately below the outer ankle; this must not be fixed on the sole of the boot, as it will then interfere with the motions of the joint. This strap is triangular, with the base upwards, and reaches to the middle of the leg, below the calf, embracing the upright iron, and supporting the ankle, so that he can now walk for five or six hours at a time, without pain or inconvenience, as the straps passing outside the upright piece of iron, are thus prevented from constricting the muscles, and interfering with their action.

The foot now (July, 1842) presents the following appearances:—The inner edge projects inwards, the lower end of the tibia, with the malleolus, rests upon the os calcis. There is a cavity behind the scaphoid bone, the posterior edge of which may be felt, whilst that bone, with the toes, having lost the support of the astragalus, are drawn somewhat inwards.

Outer edge.—From behind, forwards, the space between the prominence of the calcis and the outer ankle is diminished; the outer ankle projects, and a bursæ has evidently formed between it and the skin. The head of the astragalus lies in front of the malleolus, forming a considerable prominence, and resting on the outer surface of the os cuboides.

Mr. B— informs me that the projection of the astragalus has much diminished since the instruments were first used, it appearing to him that the bone has been, to a great degree, pressed back into its natural position; which is probably the case, as he is a very intelligent person, and appears to have made himself thoroughly acquainted with the nature of the accident, and the natural position of the parts.

From the success which attended this case, Mr. Guthrie was induced to adopt the same line of treatment in the instance of the Rev. Mr. Gore, who met with precisely the same kind of accident, near Bristol, having fallen from his horse. The bone was never reduced, and he came up to London perfectly unable to walk, but by steadily persevering in the use of an instrument, he ultimately obtained an useful limb, and could walk very well.

I have been induced to enter here fully into the detail of the instruments likely to succeed in these cases, not only because they appear to me to be free from the objections commonly attendant on apparatus of this description—viz., the cramping and confinement of the muscles,—but more especially to bring before the notice of the profession the benefits of this line of treatment in those unfortunate cases where, from causes into which it is here unnecessary to inquire, the accident has not been relieved, and the unhappy patient has been rendered a helpless cripple.

* Practical Observations on Surgery.
† Mr. Earle's Edition of Pott's works, vol. i. 477.
‡ Dublin Journal, vol. xiv. p. 242.

ON THE EFFECT OF OPIATES UPON LABOUR AND AFTER-PAINS.

By F. A. B. Bonney, Esq.

My attention has lately been drawn to some remarks by Mr. Paterson, of Aberdeen, in The Lancet, for the 18th of May last, upon the communication of Dr. Tyler Smith, in the number for April the 20th. While charging Dr. Smith with the laying down of mistaken and dangerous positions, Mr. Paterson himself makes assertions, the accuracy of which may fairly be called in question; and the sufferings of the parturient state form a subject of such interest and importance that with every disposition to avoid personal controversy, I feel it a duty to offer you such opinions as a considerable experience in the practice of midwifery has induced me to form.

Mr. Paterson's notion seems to be this: that after-pains never continue when the uterus has fully contracted, and are therefore always useful, and ought never to be checked; that early suckling increases them, and is therefore advisable, while opiates diminish them, and are in consequence to be withheld. The subject of lactation I pass over for the present.

I have so repeatedly seen after-pains persist long after any clots escaped, and even after the lochia had almost or entirely ceased, that I cannot doubt of their often depending merely upon excessive irritability of the uterus, inducing it to continue, as it were from habit, those contractile efforts which have no longer any purpose to fulfil. And this is but what analogy would lead us to expect. The stomach or bowels, for instance, filled with irritating matters, will contract for their expulsion, and frequently continue their contractions, producing spasm, retching, tormina, or tenesmus, long after their contents have been removed. Such useless and painful exertion it is the duty of the practitioner to repress. Mr. Paterson, indeed, says he has known after-pains continue for weeks, without doing harm. This is very possible, if

it is merely meant that no ulterior or permanent mischief has arisen; but it would be difficult to satisfy the patient that there is no harm in unnecessary and removable pain, and I apprehend that any long persistence in the practice of allowing such pain to continue, would sooner or later elicit cases in which it gave rise to actual disease.

Again: I very much doubt whether opium, in moderate doses, has any power to check those contractions of the uterus which are needful to clear it of its contents, to diminish the calibre of its bloodvessels, and to restore it to its natural dimensions.

In the interesti g memoir of Dr. Marshall Hall, on the condition of muscular irritability in paralysed limbs, it is shewn that while the spinal marrow is exclusively the source of the irritability of the muscular fibre, the cerebrum, on the contrary, is an exhaustor of that property. Long before the appearance of that memoir I had often remarked the following circumstances:—

1. That when, in the earliest stage of labour, with the view of quieting tedious pains, which appeared to be useless, and hardly indeed to warrant the iden that labour had actually begun, I gave a moderate dose of opium, (as from twenty-five to forty minims of the tincture,) and thereby produced drowsiness, or even a short sleep, instead of any considerable intermission of the pains occurring, their character has rapidly improved, and labour has thenceforth gone on steadily.

2. That though in almost all cases I administered opium subsequently to childbirth, after-pains were rarely absent, and were in general sufficiently violent to be much complained of.

3. That in a very large proportion of my midwifery cases the uterine action commenced during sleep, as shewn by its being first perceived on waking. This fact is evidently analogous to the frequent invasion of convulsions, and of apoplexy in the night.

Upon the principle announced as above by Dr. Marshall Hall, these circumstances are easily explained. The administration of an opiate in the early stage of labour, by abating the activity of the brain, occasions an increased irritability of the excito-motory system, and thus augments the expulsive action of the uterus. Given after delivery, at a time when the sensorium has been highly excited by anxiety and suffering, an opiate, by tranquillizing the mind and feelings, empowers the uterus to complete its work efficiently, by contracting upon its residual contents, and gradually restoring its vessels and general substance to their due dimensions. In the same manner, natural sleep, at about the full term of pregnancy, leads frequently to such an exaltation of the excito-motory power as to occasion the commencement of labour.

What are the practical principles to which the above considerations lead?

1. That opiates, in moderate doses, rather increase than diminish uterine action, either during or after childbirth.

2. That they ought generally to be given after delivery, not merely to soothe the sensorial system, but to augment the excito-motory power of the uterus.

3. That they are often advisable in the early stage of labour, to quiet that mental anxiety which, besides being most distressing to the patient, tends to exhaust or paralyze the power of the uterus.

The chief contraindications to the employment of an opiate in either case are, the existence of costiveness and that of plethora. The first objection might be easily overcome by a dose of castor oil, the quickest of purgatives, or (if the stomach is irritable) by an enema. The second is more serious. I have seen a single grain of opium, administered after childbirth to a full-blooded patient, followed in less than half an hour by coma and hemiplegia, requiring the immediate and vigorous use of the lancet.

It will be observed that I speak of opium only as to *moderate doses*. Larger quantities may no doubt overcome the involuntary as well as the sensorial powers. But such doses are obviously poisonous, and ought in no case to be ventured on.

Brentford, 1844.

CASES OF DISEASES OF THE HEART.

By John W. Tripe, London.

FUNCTIONAL DERANGEMENT.

Case I.—10th May, 1844. Mr. I—, aged twenty-six, a cigar-maker by trade, and of a nervous temperament, states, that for the last two years he has been very subject to cough, pain of the thoracic parieties, and palpitation of the heart. In addition to these, he complains of loss of appetite, flatus, pain after taking food, irregularity of the bowels, and great depression of spirits. In consequence of the palpitation being unusually troublesome of late, and a slight cough supervening, he asked to have his heart and ungs examined.

On local examination—Of the lungs: They are healthy, with the exception of a slight bronchial inflammation. Of the heart: Percussion. The dullness of the prædordial region is not increased. Auscultation: The impulse is more powerful than natural, and rather irregular and unequal; at the apex, the first sound was unaccompanied by any bruit for the first three or four beats of the heart; but, without increased impulse, a loud bruit de souffet then became audible, and lasted during its whole period, being less intense as you ascended towards the aortic valves. Second sound, normal: between the cartilages of the second and third ribs, and near the sternum, another bruit is audible, accompanying the first sound, and transmitted up the carotids. His aspect is anxious; face, lips, and tongue pale, the latter slightly furred; no headache, dizziness, œdema, or enlargement of the liver. The palpitation is increased by exercise and mental affections; much diminished after going to bed.

Diagnosis.—Nervous palpitation. The reasons for this are—*α*, the aspect indicates a nervous and not organic affection; *ε*, no obstruction is observable in the lungs, or elsewhere; *γ*, the dullness on percuting the prædordial region is not increased; *δ*, the mitral bruit was not heard at first; *ε*, the aortic bruit is direct; and lastly, he is a nervous person, troubled with dyspepsia.

Diet.—Meat and bread; no vegetables or beer; a little spirit and water. ℞. Simple infusion of gentian, one ounce; tincture of sesquichloride of iron, fifteen drops; and tincture of capsicum, five drops; three times a day.

16th.—Better. Palpitation continues, though lessened; mitral bruit nearly disappeared; aspect, spirits, and dyspepsia, much improved. ℞. Simple infusion of gentian, one ounce; tincture of foxglove, ten drops; tincture of sesquichloride of iron, fifteen drops; to be taken twice a day. Under this treatment he speedily recovered; the mitral bruit entirely disappeared; the aortic bruit and the palpitation very much diminished; and he ceased taking medicine on the 29th, and was advised to be careful in regard to exercise and diet.

Remarks.—This case illustrates well the importance of auscultation, as by antiphlogistic treatment, or even low diet continued for any length of time, dilatation of the heart would have been produced; but by an opposite method, he speedily recovered. These cases most commonly happen to persons of an irritable or hysterical disposition, and therefore chiefly occur in females, especially those who are anæmic, or in whom the uterine functions are disordered. Dyspepsia, sedentary occupations, an ill-regulated diet, &c., are the most common causes. But we may have palpitation without organic disease, in plethoric, in stout individuals, in whom the heart has to propel an unusually large amount of blood; these cases, of course, require a mode of treatment directly opposed to that adopted here.

There is one point about this case which is well worthy of remark—viz., the mitral murmur. This is usually stated to depend only on organic disease; but the facts that here three or four beats of the heart occurred without any mitral murmur, and that after tonic treatment the murmur entirely disappeared, without any mercurial preparations being administered, or counter-irritants used, seem to prove that we may have a mitral murmur accompanying the first sound, without organic disease. I have seen another similar case, but have lost or mislaid the notes of it; but in regard to this point, we must not forget that mitral murmurs not unfrequently disappear under mercurial treatment. The diagnosis of these cases is not always easily made, as they sometimes very closely imitate organic disease. I remember a man named J. Hamilton, aged 39, a painter, who had symptoms which apparently indicated hypertrophy of the left ventricle with obstruction of the aortic orifice, and which was so diagnosed by a physician of acknowledged skill as an auscultator, and was also treated in the London Hospital for such; and yet, on a post mortem examination being made, no organic lesion was appreciable.

PERICARDITIS.

Case 2.—March 28th, 1843. Alice C——, aged twenty, of leucophlegmatic appearance, is subject to rheumatism and palpitation of the heart, though never sufficient to be very unpleasant. Three days since she was attacked with acute rheumatism of the feet, and which affected all the limbs. To-day she has the constitutional symptoms usually attending acute rheumatism, the shoulders being the parts most painful; pulse 90, full, and rather hard; heart's action regular, and unaccompanied by any abnormal sound. Ten ounces of blood from the arm; and let her take tincture of meadow saffron seeds, thirty drops; carbonate of magnesia, five grains; tincture of opium, ten drops in one ounce and a half of water; every four hours. About six the following morning she felt great palpitation of the heart and dyspnœa, with occasional sharp pains in the prædordial region. When seen at ten A.M., her condition was as follows:—Position on her back, and disinclined to change; the face anxious and dusky, and mind much alarmed. Complains of constant pain of the heart, of a burning character, with occasional lancinating pains, which extend

to the shoulder and partly down the arm, the constant pain being most acute near the junction of the cartilage of the third rib with the sternum. Percussion: Pressure between the cartilages of her ribs, and in the epigastric region much increase in the pain, the latter causing a feeling of faintness. Dyspnœa: a deep-drawn breath causes a feeling of suffocation; skin clammy; tongue furred, with a red centre; pulse 125, small, soft, and without irregularity, though fluttering; the impulse of the heart abrupt and labouring, as if congested, the sounds unattended by any bruit de souflet; but just below the cartilage of the third rib, and near the sternum, a loud friction sound is audible, accompanies both sounds of the heart, and during part of the interval between the second and first (the period of repose) is superficial, circumscribed, and very similar to the creaking of a new saddle, mixed with a duller sound, resembling the rubbing together of pieces of soft leather.

Diagnosis.—Pericarditis. The indications being the peculiar pain, the dyspnœa, palpitation, and alarm; the great pain on pressing between the cartilages of the ribs and on the epigastrium; the friction sound, and the absence of abnormal valvular sounds.

Diet.—Sago, barley-water, &c. Let eighteen leeches be applied to the region of the heart, and let her take hydrochlorate of morphia, one-sixth of a grain; calomel, half a grain, every second hour; and tartar emetic, one-eighth of a grain in one ounce of water, every fourth hour.

Seven P.M.—The symptoms are not at all abated; the pain is increased. Let ten leeches be applied to the chest.

30th.—Better. The pain, dyspnœa, and palpitation, are less; the countenance less anxious; bowels open; the friction sound less intense; the impulse lessened, but more unequal; and the pulse corresponds. Let all the medicines be continued.

Quarter to seven P.M.—Slightly salivated. Give the calomel only every third hour.

31st.—Decidedly improved. The countenance clear; the pain is relieved, yet still slightly existing; friction sound less intense; action of the heart and pulse as yesterday. Salivated. Diet: Milk, sago, &c. Let the calomel be given every fourth hour, and continue with the tartar emetic.

April 1st.—Not so well. All the symptoms aggravated, especially the pain. Let one grain of calomel, and one-fourth of a grain of hydrochlorate of morphia, be given every second hour.

2nd.—Better. The pain relieved; also the palpitation and dyspnœa; sounds of the heart rather indistinct; friction sound as before. Much salivated. Give of tartar emetic, one-eighth of a grain; hydrochlorate of morphia, one-sixth, in one ounce of water, every fourth hour; and calomel, one grain; hydrochlorate of morphia, quarter of a grain; at bed-time.

4th.—Much better. Countenance smiling; pulse 90; pain and dyspnœa gone, except on motion; friction sound audible, but not so intense; sounds of the heart muffled, and dullness in percussion of the præcordial region increased; rheumatism gone. Beef-tea. Let the mercury be omitted.

6th.—Friction sound inaudible; impulse of the heart diminished; pulse 85. Let all the medicines be continued.

7th.—Not so well; the rheumatism of the limbs returned; pulse 105, rather full and soft, though irregular; the friction sound has again appeared, though the signs of effusion are present—viz., increased dullness on percussion, greatly diminished impulse, fluttering irregular action, and muffled sounds. Omit the beef-tea, apply six leeches, and give one grain of calomel, with one-fourth of a grain of hydrochlorate of morphia every second hour. Suffice to say, that after another relapse she entirely recovered, the treatment adopted being calomel and morphia when the first attack supervened, and a blister to the thorax; at the same time the strength of the patient was supported by beef-tea during the intervals, and, towards the termination of the case, by the exhibition of iron, with very small doses of digitalis. The recovery was complete, for, on ceasing attendance, no remains of the cardiac disease could be traced, beyond occasional palpitation, and pains of a tensive kind, when exercise was taken.

May 5th, 1844.—Complains of palpitation, but not more than she was accustomed to, previously to the attack last year, and looks much out of condition. On a local examination, no organic disease is appreciable; the increased action being caused apparently only from dyspepsia and nervous causes.

Remarks.—We do not, in all cases, have the symptoms so well marked as in this, as pericarditis may occur (especially the chronic form) without any pain or friction sound, causing merely palpitation, more or less dyspnœa, a sense of oppression of the thorax, increase of fever, and, perhaps, a stronger pulse, which latter, however, alters as the disease progresses. Hope states, "If in rheumatism we have a strong jerking pulse, with great increase of fever and anxiety, we may consider the disease to have supervened." As an example of the insidious form in which this disease occasionally occurs, I may mention the case of a man who died in the London Hospital with granular kidney, and whose comparatively sudden death could not be accounted for, as he did not complain of any pain, palpitation, or dyspnœa, and yet, on a post-mortem examination being made, his heart was found covered with recent lymph, and the pericardial cavity nearly filled with fluid. I have noticed several cases of serous inflammation in persons affected with "morbus Brightii," in all of which the complaint of pain has been far less than when they occurred after ordinary predisposing causes.

The friction sound which, when present, we may consider pathognomonic of the disease, is considered by many to be audible only previously to the effusion of fluid; but I think the case related, and the two following, shew that it may be heard even when a large quantity of fluid is present.

Case 3.—June 6th, 1844. E. S—, aged sixteen, has had pericarditis for four days. On percuting the thorax, there is perfect dullness extending from the side of the sternum to a line drawn from above downwards, through the nipple, and from the lower ridge of the fourth rib to that of the seventh. No impulse; sounds scarcely audible below the fourth rib, but are plainly heard between the cartilage of the first and second ribs near the sternum, up the large arteries, and without any bruit de souflet; above the cartilage of the fourth rib, and extending to that of the second, is a loud friction sound.

Case 4.—1842. Joseph S—, in-patient of the London Hospital, has had pericarditis fourteen days. Dullness on percussion, from the lower edge of the cartilage of the second rib to that of the seventh, from the centre of the sternum for the same distance, to a line drawn perpendicularly on the left side of the nipple. No impulse; sound of the heart inaudible lower than the third rib; no abnormal, aortic, or friction sounds. But when the man was moved from his recumbent to a sitting posture, and bent forwards, the normal sounds of the heart became audible near the fourth rib, accompanied by a friction sound, and which lasted during part of the (so-called) period of repose. This was tried several times, and with the same result.

The chief medicinal agent on which we depend for cure, is mercury, given so as to produce speedy ptyalism, which appears to be most rapidly effected by half-grain doses of calomel every half-hour, or one-grain doses every hour, by which plan the desired effect has frequently been obtained by six grains of the mineral, and in the case of F. S—, by five grains in five hours. The ptyalism should be kept up for some time, taking care that it does not proceed too far, as then the specific effect of mercury, in preventing the deposition, and causing the absorption of lymph, appears lost or diminished, as I have seen two cases of fatal pericarditis occur in persons profusely salivated; the post-mortem examinations shewed the effusion of lymph, and neither had any general, and one of them no local symptoms of the disease previously to the ptyalism occurring. One of them happened in the London Hospital. In regard to bleeding and low diet, they do not seem to be of much service after the first few days, and should not be persevered in to an inordinate extent, or dilatation of the heart will result.

ENDOCARDITIS.

Case 5.—June 15th, 1843, 8 P.M. E. B., aged seventeen, has enjoyed good health until about four days ago, when, after exposure to cold, she was attacked with pains in her feet, which extended to her other limbs, and yesterday attacked the shoulders. She is now suffering from acute rheumatism, and complains of a sense of weight, and great uneasiness about the præcordial region, with palpitation of a rather violent character, but without any pain attending it. The countenance is anxious and slightly flushed, respiration slightly accelerated, and the pulse 90, full, strong, and regular.

On a local examination: percussion; the dullness of the præcardial region does not exceed the normal extent. Auscultation: the impulse of the heart is violent, abrupt, and regular; the sounds accompanied by a bruit de souflet, which, at the apex on the left side, is loud, lasts throughout the whole of the first sound, and diminishes as you ascend the ventricle; but between the cartilages of the second and third ribs, near the sternum, two bruits are audible; one during the first sound, which is very intense in the upper part of the sternum, and less so, though plainly heard up the carotids; the other during the second sound, a period of repose, and which, although obscuring, does not smother the second sound.

Diagnosis.—Endocarditis; the mitral and aortic semilunar valves being affected. The endocarditis is shewn by the præcordial uneasiness and weight, the anxious countenance and palpitation, the violent, abrupt, and regular impulse, and the abnormal bruits. Of the particular valves, the mitral from the tricuspid by the bruit being most audible on the left side; of the aortic, from the pulmonic by the bruit being heard up the carotids; and that the pulmonic semilunar are not affected, by the second sound being

still perceptible; the mitral from the aortic, by the sound being most intense near the apex, and diminishing as you ascend the ventricle, and that it is regurgitant by accompanying the first sound.

Bleeding to ten ounces. Let her take of calomel one grain, and hydrochlorate of morphia, a quarter of a grain, every hour, and of tartar emetic one-eighth of a grain every four hours.

16th.—Countenance more anxious, greater uneasiness of the præcordial region, increased dyspnœa and palpitation. On auscultation, the impulse less forcible and abrupt, and rather irregular, and the abnormal sounds scarcely so intense. Pulse corresponds with the heart's action. Not salivated. Twelve leeches to the thorax, and repeat the calomel and morphia.

17.—Not so well: greater anxiety, general uneasiness, and dyspnœa. The impulse of the heart lessened, more irregular, unequal, and intermittent; the heart being apparently congested, the sounds not so clear, and the bruits less marked. Pulse 120, small, irregular, unequal, and intermittent. Slightly salivated, and rheumatism nearly well. Repeat the calomel and morphia every six hours, and give three grains of the carbonate of ammonia every three hours.

18th.—Rather improved. Less dyspnœa and anxiety of countenance; impulse slightly increased and more regular; pulse corresponds, and the bruits louder. Calomel, one grain, and hydrochlorate of morphia, a quarter of a grain, at bed-time. Repeat the carbonate of ammonia. From this time she gradually recovered, the rheumatism left, the irregular action of the heart ceased, but the bruits remained, and on the 30th her condition was as follows: Aspect pale; skin cool and moist; appetite moderate; and on auscultating the lungs, they were found healthy, except a little œdema posteriorly. Of the heart, dullness on percuting; the præcordial region not increased; the impulse rather increased, but regular, but the abnormal bruits persist.

Dec. 20th.—Complains of constant palpitation and dyspnœa, increased in walking, and not ceasing in bed; in fact, with all the signs, both local and general, of slight enlargement of the left side of the heart, which by rest, digitalis, and iron, and occasional purgatives, were considerably lessened.

Remarks.—Most of the observations on pericarditis are applicable here; but we must not forget that this is a more dangerous affection, as it commonly leads to organic disease, whereas pericarditis is frequently cured, no disease remaining after the subsidence of the inflammatory stage. There is one feature remarkable about the case—viz., the length of time which elapsed before the system became affected with the mercury, forty doses having been given before ptyalism occurred.

(To be continued.)

CASE OF EXTRA-UTERINE GESTATION.

By Mr. F. Hemard, Surgeon, Halesworth.

On the nineteenth of Nov. 1841, I was requested to visit Mary Anne Roberts, aged thirty-eight, and found, upon inquiry, that she considered herself about eight months advanced in pregnancy; that during the last month she had been suffering from spasmodic pains in the abdomen, which were at times very severe, and were only relieved by large doses of laudanum, which she had been taking under the direction of a druggist, who had hitherto attended her, under the belief that she was pregnant; that now thinking himself and the woman mistaken as to the nature of the case, I was called in. She had not been pregnant for sixteen years, having only one child, a daughter of that age. In April, the catamenia did not, as usual, make their appearance; she had morning sickness, and all the usual symptoms of pregnancy, which left no doubt in her own mind of her being in that situation. About the sixteenth week, while gleaning in the harvest field, she experienced, for the first time, the motion of the child, which continued up to the time of my seeing her. My first attention was directed to the breasts, which were fuller, their areola larger and darker than usual, and milk was also passing from them. On examining the abdomen, which was much enlarged, a hard tumour was discovered in the epigastric region, immediately under the ensiform cartilage; it appeared to be about the size of an orange, and perfectly moveable. I was at once convinced of the existence of a child, but did not mention my fears as to the nature of the case till I had the opportunity of making a further examination. The following morning I again visited her, the tumour was distinctly to be felt in the same situation as on the previous day; by applying pressure, it receded, and upon keeping the hand on it for some time, I felt what I believed the fœtus give a complete turn in the abdomen, the head passing from under my hand into the right iliac region, and the extremities rising into the situation which the head had previously occupied; by exposing the body for some minutes, both myself and the nurse could see the motions of the fœtus through the abdominal parieties. I felt now convinced that it was a case of extra-uterine gestation, an opinion which was further confirmed by an examination through the vagina, when the uterus was found perfectly natural, with its neck long and loose, and not larger than when unimpregnated. After waiting two or three weeks, I called in Mr. Walker, of Walpole, an old practitioner of sixty years' standing, who, on applying his hand to the abdomen, soon felt the motion of the fœtus, but could not speak positively as to the nature of the case, but advised her to be carefully watched, and to await patiently the natural termination of her pregnancy, advice in which I fully concurred. About the middle of December, I was called up in the night by the nurse, who informed me that Mrs. Roberts was in labour: upon my arrival, I found she had been for two or three hours suffering from severe pains, which came on at regular intervals; she had also a slight discharge of mucus tinged with blood; the uterus had undergone little or no change since my last examination, with the exception of a slight dilatation of its mouth, but that not to a sufficient extent to admit the end of the finger. After waiting with her an hour, I gave her an anodyne, and left, with a request to be called as soon as any circumstances arose requiring my attendance. On the following morning I found her nearly free from pain; she had slept for two hours; and soon after I left, passed, per vaginam, a membranous substance, which, on examination, appeared to resemble the membrana decidua: the os uteri was now closed, and the discharge very thin, but of a fresh colour. In about three or four days she complained of a great weight in the lower part of the abdomen, which rolled about whenever she altered her position in bed, and also a sensation of coldness in the back; these feelings were probably attributable to the death of the fœtus. Nothing worthy of notice occurred for a month from this time, when the catamenia re-appeared, indicating the healthy state of the uterus, and its return to its natural functions. After this time, she was seen by many of the most eminent medical men in this and the adjoining county, by whom various opinions were formed as to the nature of the case, some believing it to be extra-uterine pregnancy, while others regarded it as ovarian disease. I quite lost sight of her till May, 1843, when she returned to Halesworth much emaciated, and suffering severe lancinating pains in the right iliac fossa, which was swollen, inflamed, and very tender on pressure: the bones of a fœtus could at this period readily be felt, and it was supposed that suppuration would take place in this situation, and that they would be discharged externally. She, however, partially recovered, and again left Halesworth, so that I did not see her till March, 1844, just three years from the commencement of her pregnancy. Her appearance at this time was one of great suffering, and she was evidently fast sinking. She had constant diarrhœa, during which a great quantity of mucus and blood passed away, mixed with offensive matter. She complained of something pricking her when the bowels were relieved. Upon examination through the rectum nothing could be detected; she continued in this state for two months, when she experienced great pain in passing her urine, which was highly offensive, and contained a considerable quantity of purulent matter. On the 2nd of August I found her in great pain about the neck of the bladder, and, upon examination, discovered some foreign body in that situation, which I proposed removing by dilatation of the urethra; but during the night she passed, while voiding urine, a fœtal tibia, encrusted on its upper half with calcareous deposit, the lower portion of the bone having evidently been detained within a cyst, while the upper portion was pushed into the bladder, and exposed to the action of the urine. From this time she became rapidly worse, and expired on the 18th of August. Having expressed a desire that her body should be examined, a post-mortem inspection took place on the 20th of August, thirty-six hours after death, in the presence of Dr. Turrell, Mr. Beales, W. E. Crowfoot, J. Wase, and myself, when the following appearances presented themselves:—

Externally, body well proportioned, but much emaciated, with general anasarca, more especially of the lower extremities; an apparent tumour of the abdomen, but pressure in the hypogastric region, immediately above and to the right side of the symphisis pubis, communicated a grating sensation, as of the crushing of numerous small bones beneath the fingers. Upon dividing the abdominal parieties, no effusion of any kind was found within the cavity of the abdomen, and the peritoneum and abdominal viscera were perfectly healthy, and free from any marks of inflammation, except in the hypogastric region, where the lower edge of the omentum was found firmly connected by adhesions of long standing to the peritoneal covering of the anterior parietes of the abdomen. Upon dividing the upper part of the omentum from its attachment to the transverse arch of the colon, and reflecting it downwards, some purulent and offensive matter was observed to flow from under it, and a large cyst was laid open with very thin

and tender walls, and ragged edges, evidently made by the turning down of the omentum; the cyst contained within it the bones of a fœtus at full time, which were perfectly clean, as if macerated, and none of the soft parts remained, not even the cartilaginous extremities of the bones; they were all compressed into the smallest possible space, and contained within the bones of the cranium, mixed with a little adipocenous matter, probably the remains of the brain. The walls of the cyst, as I have said above, were extremely soft and thin, and had contracted adhesions anteriorly with the omentum, and through its intervention with the peritoneal lining of the abdominal parietes, and they were thicker in this situation than in any other, as if the placenta had been attached to the lower edge of the omentum; on the right side they were firmly adherent to the caput coli; on the left, to the sigmoid flexure of the colon, and inferiorly to the superior part of the bladder, with which a communication took place by means of two ulcerations about the size of a goose quill; through these openings, one of the tibia and two or three of the smaller bones (phalanges of the fingers or toes) escaped; the former passed away during life, as above related; posteriorly, the cyst rested upon the rectum, into the upper part of which two pin-hole openings penetrated, forming a communication between them, through which much of the soft parts of the fœtus probably passed away during the profuse diarrhœa from which the patient suffered so much during the latter months of her life. The urethra was much dilated, and, as well as the bladder, exhibited marks of recent inflammation, the consequence of the passage of the foreign body through it during life. The uterus, vagina, and ovaries, were perfectly healthy and natural in their structure, but pressed low down into the pelvis by the tumour, which had, more or less, occasioned the obliteration of the broad ligaments, and the condensation of the Fallopian tubes with the neighbouring tissues.

ON THE ABSORPTION OF CORROSIVE SUBLIMATE IN CASES OF POISONING.

By Dr. R. M. Glover, Lecturer on Medical Jurisprudence, Newcastle-upon-Tyne.

In a paper on poisoning by corrosive sublimate, published by Mr. Taylor, in the number of "Guy's Hospital Reports" for April last, are the following words:—"I have not been able to meet with any satisfactory instance where, in a case of poisoning by corrosive sublimate, mercury has been detected in the blood, secretions, or soft organs of the body. This statement is repeated in his work on medical jurisprudence, recently published. In his paper, and in this book, he refers to an experiment of mine, performed in 1840, but first published in a paper on bromine and its compounds, in No. 153 of "Craigie's Journal." In this experiment I succeeded, I think, in finding mercury in the blood of a dog, to which I gave half an ounce of corrosive sublimate, and then secured the gullet by a ligature. But in the account that I gave of this experiment, which account Mr. Taylor would appear to have read, I referred to the researches of Orfila, published in the "Journal de Chimie Médicale" for July, 1842, and which researches, completely, and beyond the shadow of a doubt, establish the absorption of corrosive sublimate, and the detection of it in the "soft organs and secretions." Moreover, in the preceding part of my essay on bromine, published in No. 152 of "Craigie's Journal," I give a reason for the absorption of corrosive sublimate—viz., the solubility of its compound with albumen in solutions of the electro-positive chlorides. In "Cormack's Journal" for September, 1842, there is an abstract, by me, of the important researches of Orfila on the absorption of certain mineral and vegetable acids and metallic salts, in which due attention is paid to this important discovery of the absorption of corrosive sublimate. At the time, I remember being surprised at the absence of information on this subject displayed in some of our most pretending journals; I say surprised, for Orfila is a great name. Had they been the most important researches ever given to the world from a man hitherto unknown to fame, I should not have been at all astonished. But how Mr. Taylor came first to misrepresent the circumstances attending my experiment, and secondly, to overlook the results of Orfila, although referred to by me in the account which I gave of this experiment, and given more fully by me in a British journal; nay, again fully related by Orfila in his work on Toxicology, published last year—how this happened I cannot understand. In Mr. Taylor's book, p. 176, he says:—"Corrosive sublimate is considered to be one of those poisons which are absorbed into the circulation; but chemists have in vain endeavoured to detect mercury in the blood secretions and soft organs of animals poisoned with it." Mr. Taylor says:—"Dr. Glover thought that the tests which he employed indicated the presence of mercury; but as the metal was not procured, it is left uncertain whether mercury was really present in the blood or not." Now I expressly state that *I did obtain* "very faint evidence of the presence of mercury" by a reduction test; and the indications afforded by the other tests which I employed were such, that there can be no doubt, in my own opinion, of the existence of mercury in the blood which I examined. A brick-red precipitate, from carbonate of potass added to a solution formed by digesting nitric acid on the blood, and this precipitate redissolved in excess of the acid liquor, could indicate nothing but mercury; for, as Mr. Taylor is doubtless aware, Berzelius informs us that the iron of the blood could not so be made manifest. The experiment to which I have referred is still of some little consequence, notwithstanding the researches of Orfila, as this experimentalist failed to obtain decided evidence of the presence of mercury in the blood of animals poisoned by corrosive sublimate, although he detected it in the liver and urine. I shall quote one of his experiments:—

"Five minutes after having poisoned a dog with eight grammes (the gramme is nearly 15½ grains Troy) of corrosive sublimate, dissolved in 180 grammes of water, I bled it, and treated 288 grammes of the blood with sulphuric acid, as in the sixth experiment. An hour after, I again extracted from the jugular vein 90 grammes of blood, and killed the animal; these two quantities of blood, submitted separately to the action of concentrated sulphuric acid, (as has been stated in the sixth experiment,) gave me, as a final result, two liquids, which I left for a long time in contact with several plates of copper; these latter were slightly tarnished, as if they had been plunged for a long time in a mercurial fluid; when rubbed they acquired a silvery lustre; nevertheless, when I submitted them to the action of heat, in two glass tubes drawn out, I obtained a white vapour, excessively slight, in the midst of which it was impossible for me to perceive *well characterized* globules of mercury. The liver of this animal, carbonised with sulphuric acid, and treated by the same process as the blood, gave me, on the contrary, a very great number of little globules of mercury."

I hope Mr. Taylor will not suppose me animated by any but friendly feelings in making this correction. His work is in general a very excellent one; and, indeed, the best text-book on the subject of which it treats, that we possess, the very elegant work of Professor Traill being so brief.

Northumberland-street, Newcastle-on-Tyne, Aug. 24.

BRITISH & AMERICAN JOURNALS.

THE TREATMENT OF ACUTE RHEUMATISM BY CINCHONA BARK.

From a resemblance supposed to exist between acute rheumatism and certain periodic diseases curable by Cinchona, this remedy has long been considered as applicable to the treatment of the former. Thus Fothergill remarked, "that those who are subject to intermittent are frequently liable to rheumatism;" and Morton says, that rheumatism is, as it were, an ague set astray; the poison lies latent in the system, and is irregularly developed. "Under the bark, this lurking character is detected, the disease drops its mask, and becomes readily cured." Dr. Haygarth was the first, however, to bring the subject prominently forward in his "Clinical History of Rheumatism," an early specimen of the numerical method, for which so much credit has since been awarded to Louis. From this work, we learn that its author treated and cured with rapidity and ease 111 out of 121 cases of rheumatism by the use of Cinchona bark. The late Professor Davis, with his characteristic ability, introduced the subject to the attention of the profession in a former volume of The Lancet, (vol. 1, 1840-41.) Induced by this communication, Dr. Popham, of Cork, has tried the remedy, and he publishes the results of his experience in the last number of the "Dublin Journal." He seeks to establish some principle as a guide in the administration of this agent. This communication is a valuable one, and we give at length the conclusions at which the author has arrived:

"That it is important to procure due evacuations previously to the exhibition of the bark, except the patient be greatly deteriorated by constitutional debility, or the protraction of disease.

"That it is more *quickly* successful when the disease is *early* combated by depleting measures, than when inefficiently managed at the onset, and allowed to take root in the system.

"Hence, that it is more likely to extinguish the disease and prevent chronic infirmity in the sequel of *first* attacks being un-

complicated, than when a habit has been formed by reason of repeated relapses.

"That the periodicity of the symptoms either peculiar to the attack, or produced by treatment, and the duration and apyrexia of the intervals, afford strong presumptive arguments for the use of bark.

"That bark is especially called for in cases where there is complete atony of the cutaneous vessels, so that the skin is unceasingly pouring out acid colliquative sweats, giving it a dull and parboiled appearance, at the same time that the pains are abated, and the pulse small and indicating debility.

"That to produce its effects, quantity is not by any means as essential as in intermittent, and that large quantities, especially of the sulphate of quinine, derange the stomach in many cases and bring back the fever.

"That it is judicious to administer it at the periods of remission, and stop it at the return of the exacerbations.

"That it is injurious when important visceral disease co-exists, and is especially contra-indicated in cerebral or the acute stage of cardiac complications.

"Lastly, that in the synovial variety, it is inferior to other modes of treatment, but in persons of a rheumatic diathesis, when, from the long continuance of the disease, the strength has suffered, and disfigurations of the joints have occurred without serious destruction, a course of bark, combined with sulphur, &c., often prevents the recurrence of subacute attacks, and promotes the absorption of the effused synovia.

"In conclusion, it must be observed, that the cases in which this medicine is given should be kept in strict surveillance, and it should of course be suspended, if it cause gastric symptoms. With this caution—and it is not more than is required by other remedies—the physician will often be indebted to the preparation of bark for completing the cure of a disease, that if left to fix itself in the system, will weaken the energies and damp the happiness of his patients more than any other."

THE RADICAL CURE OF HYDROCELE.

Dr. Porter, in a communication which appears in the same journal, declares the present methods of operating for the radical cure of hydrocele to be objectionable. The following method he recommends as being free from the possibility of any untoward accident, not more painful than puncturing, and the cure always more rapidly effected.

"This operation is partly that by incision; instead, however, of dividing the tunica vaginalis in the entire extent of the tumour, my incision extends only from an inch to an inch and a half in length; and partly that by the tent, an operation first proposed (it is said) by Franco, but revived and recommended by Larrey. Having punctured the tumour in order to examine the state of the parts, and satisfy myself that it is a case in which an attempt to cure the disease radically may be safely made, I allow the sac to fill again. When the disease has reappeared, and the tunica vaginalis is as much distended as it previously had been, I perform the operation thus: Having that part of the scrotum, in which I intend to operate, shaved, I make the incision of the length above mentioned, down to the tunica vaginalis, and examine carefully whether any vessel has been wounded that could possibly furnish a considerable quantity of blood. I then pass a bistoury into the tunica vaginalis at one extremity of the incision, out at the other, and divide it by a rapid withdrawal of the instrument. Having completed the incision, a tent of rolled lint, moistened with oil, and secured with a ligature, so as to be easily withdrawn, is introduced. The patient may be then placed in bed. Next day I generally bleed from the arm to the extent of ten, twelve, or fourteen ounces, and particularly if the scrotum is red, and shews a tendency to inflammation. Latterly, I have adopted this practice as a preventive in all cases with apparently the most satisfactory results. The tent is left to become loose, and drop out of itself, which usually takes place on the third or fourth day, and need not be replaced; but it is desirable to break up any adhesions that may be formed between the lips of the wound, and to introduce the finger occasionally into the cavity of the tunica vaginalis, until the sixth, after which it may be treated with light superficial dressing, and the cure is generally perfect in about three weeks."

ON THE PROTECTIVE INFLUENCE OF VACCINATION.

"The general conclusions, drawn by Dr. Retzius, of Stockholm, from his observations of small-pox, and the effects of vaccination in Sweden, are these:—'The protection, afforded by vaccination from the close of the second year of life against the contagion of the variolous poison, usually lasts unimpaired to the end of the thirteenth year or so; after this period it begins to lose its effect, and gradually becomes more and more uncertain on to the twentieth or twenty-first year of life. For the next four or five years, the disposition to the small-pox seems almost to have recovered its original integrity; and this state of liability continues unimpaired up to the age of forty years or so. At about this epoch of life it begins to approach nearer and nearer to the limit of its existence—which it reaches, in the majority of cases, about the fiftieth year—the period when the general revolution of the human body commences to take place.'

"The practical inference to be drawn from these remarks is the propriety of repeating vaccination in about thirteen or fourteen years after its first performance. This advice is in accordance with the observations of the most experienced practitioners: it would be well if it were more generally acted upon."—*Medico-Chirurgical Review.*

FOREIGN BODY ACCIDENTALLY LODGED IN THE LARYNX OF A CHILD.

"Mr. R. W. Smith exhibited to the Dublin Pathological Society, the larynx of a child, six years of age, whose death was occasioned by a nail which it had in its mouth, and had accidentally swallowed; the nail, which was one of the common brass nails used by upholsterers in covering chairs, did not pass into the œsophagus, but got into the larynx, where it became fixed, and occasioned suffocation. The child, in this condition, was brought to the dispensary, where every means for its relief were used, but in vain. It was at this time completely asphyxiated. Mr. Richey opened the trachea; a gush of air came from the lungs through the incision, but no inspiration followed, although inflation of the lungs was resorted to. The nail was found lying in the larynx, with its point upwards in the sinus of the ventricle of the larynx, and its head downwards below the glottis. Mr. Smith observed that we should not be deterred by the result of this case from attempting to restore animation in cases of asphyxia from similar causes; some cases were recorded, in which, after tracheotomy or laryngotomy, the lungs had been successfully inflated, even when no air had gushed from the wound."—*Dublin Journal.*

FOREIGN BODY IN THE BRONCHI OF AN INFANT.

"An infant, two months old, was on the knee of its mother, who was engaged in cleaning French beans. Suddenly, it was seized with a convulsive cough, coming on in fits, with intervals of perfect calm. On examination, the face was found pale, with an expression of suffering; respiration difficult, and attended with lifting of the alæ of the nose. No fever, nor any abnormal sounds on auscultation. At the slightest motion a fit of suffocating cough came on, and the child leaned forward and opened its mouth as if to vomit. Various conjectures were advanced as to the nature of the case. Leeches, blisters, and emetics were had recourse to. It was thought a foreign body might be present, and the trachea was opened, but none was found. On examination of the body after death, there was found, at the bifurcation of the bronchi, a bean, surrounded by pus and false membrane. The lungs were hepatized."—*Edin. Monthly Journal.*

DEATH FROM COMPRESSION OF THE UMBILICAL CORD PREVENTED BY INFLATION OF THE LUNGS OF THE UNDELIVERED INFANT.

The following case is a happy illustration of the success of a practice long recognised, but too frequently neglected. Dr. Couper, of Delaware, was requested to attend a lady in her confinement, at the eighth month of pregnancy.

"The labour was slow, and the first child (there were two) was a breech presentation, the spine being directed to the left acetabulum of the mother. When the head came to pass the superior strait, the cord was compressed by it, while the expulsive pains became less active than they had been. Soon after this, the pulsation of the cord ceased, the usual convulsive struggle of the child followed, and then all was still. What was to be done in such a case? The spine of an eight months' child would not safely bear the force necessary to an immediate extraction. There was not time for the action of ergot. The face was not yet low enough readily to allow the fingers to be placed at the sides of the nose, that air might have access to the mouth. Nor would the *mere presence* of air have availed, for the child had already become still. In this state of things I executed a plan I had before determined on, and for which I had prepared myself—namely, to *inflate the lungs*, without attempting to extract the child by force. For this purpose I introduced my left fore-

finger, and with the point of it drew down the chin. Then, using the finger as a director, I passed one end of a long elastic tube, one-fourth of an inch in diameter, well into the mouth, and taking the other end into my own mouth, I blew briskly through the tube two or three times, and immediately I had the satisfaction to see respiration established. Muscular efforts followed, and as these stimulated the uterus to stronger contractions, the labour soon came to a happy conclusion. The tube was kept in the mouth of the child until delivery was accomplished."—*New York Journal of Medicine.*

EXTRAORDINARY CASE OF VICARIOUS MENSTRUATION.

M— C— has had her arm swollen to an enormous size at five separate and distinct epochs, and always after an attack of dysmenorrhœa. The swelling has invariably continued until the restoration of the catamenial discharge, immediately after which it begins to subside, and continues gradually to diminish until the arm is restored to its normal condition. It is now seven years since she was troubled with it, and she has been as long as two years without its recurrence. Almost every variety of emmenagogue treatment has been pursued, and generally with very undecided effect. The arm has now been swollen since the month of September [this was on Nov. 18], and is so large as to measure fifteen and a half inches round the elbow, where it is largest; the fingers and hand are likewise much enlarged and disfigured. The general health of the girl is good, and she experiences but trifling pain in her arm. She states that she is married, but has never borne children. The first invasion of the accident is attributed to having put her hand into very cold water immediately after using some that was hot. Having her menses at the time, this imprudence checked them, and in a short time afterwards the arm began to swell. So serious was the malady supposed to be by the surgeons who first saw it, that they are said to have recommended amputation. It is stated, that the menstruation being established, the arm has again returned to its former size.—*Idem.*

IRISH NAMES AND IRISH NOTIONS OF DISEASE.

The Irish name of phthisis is very significant and expressive, *seilgean as*—a shrinking of one's self. *Cnai*, or *cnasidh*, a wasting or decay with or without disease of the chest, is the Irish term for marasmus. When the disease presents itself in the form of *tabes mesenterica*, or general atrophy, many superstitious notions are entertained by the peasantry respecting its probable cause, such as the child being under the influence of spirits or fairies, the "gentry," or the "good people;" and hence the term in such common use, "back-gone," or "fairy-stricken:" more than one of the A. forms gave these returns, and one, "the fairies tuck him away." These superstitions, though not unpoetical, yet naturally suggest an inquiry into the amount of education-grants to Ireland. —*British and Foreign Review.*

ACUTE GLANDERS COMMUNICATED BY THE BITE OF A HORSE LABOURING UNDER CHRONIC DISEASE.

An individual, whilst administering medicine to his diseased horse, was accidentally bitten on the cheek. Two days subsequently, symptoms of acute glanders manifested themselves. The patient died after an illness of thirteen days, having presented during life the usual symptoms of this disease, and in addition there appeared one not heretofore described—opacity of the cornea.

"It was further remarked, as the horse had been five months ill, and as the case was one of acute glanders, communicated by a bite from an animal then chronically diseased, that the distinction which some persons had attempted to establish between acute and chronic glanders was not warranted."—*Veterinarian.*

RUSSIAN MODE OF CASTRATING HORSES.

"A Russian who wished to castrate a horse seized him by the thighs and hocks, held him firmly in his nervous grasp, and then, by a sudden movement equally rapid and cruel, tore off the testicles with his teeth, which served him at once for bistoury and instrument of torsion. This extraordinary man required no assistants—no apparatus wherewith to fix the horse before he commenced his strange and cruel operation. He practised it repeatedly, and always with success, and stated that such was the mode in which it was uniformly practised in his native country." —*Idem.*

NOCTURNAL INCONTINENCE OF URINE.

To the Editor of THE LANCET.

SIR,—I perceive in your number for to-day, (page 44,) that you quote from the "Northern Journal of Medicine," a paragraph in which Professor Romberg is made to claim the authorship of "an ingenious suggestion" for the cure of eneuresis nocturna, or incontinence of urine during sleep; which, however, of right belongs to the late Sir Charles Bell. If you turn to page 16 of that great man's "Treatise on the Diseases of the Urethra, Vesica Urinaria, Prostate, and Rectum," you will find that he, more than a quarter of a century ago, advanced the self-same explanation of the infirmity, and recommended precisely the same remedy for it that, it seems, has been very recently done by the professor in question. "This occurrence"—viz., that of passing urine in bed, Sir Charles says, "never takes place but when the boy is asleep upon his back; and the cure is a simple one: he is to accustom himself to sleep upon his face or side; the urine is not passed, nor is he excited to dream of making urine while he keeps this position.

"The circumstance is unaccountable, until we reflect on the position of this master-spring of the muscles of the bladder; the sensible spot a little behind and below the orifice of the bladder. When a person lies upon his belly, the urine gravitates towards the fundas; but when he lies on his back, it presses upon this sensible spot, and distends that part of the bladder which is towards the rectum &c." I am, Sir, your obedient servant,

WM. MACLURE.

Harley-street, Oct. 5th, 1844.

THE LANCET.

LONDON: SATURDAY, OCT. 12, 1844.

MEETINGS of medical practitioners continue to be held in different parts of the country. Reports of the proceedings of several, and the resolutions that have been passed at them, will be found in our columns of this week. We are surprised to find that the objects and tendencies of the bill are, in two or three places, so imperfectly understood. We deeply regret to observe the influence of names and titles. The "Council of Health," for instance, appears to be a very seductive and captivating designation. As it is becoming the practice to allege that some portions of the bill are "good," that other parts are "excellent," and that it is highly satisfactory to find that Government has introduced such a measure with a view to re-model the medical law of this country, we shall forthwith bestow upon the bill a complete and thoroughly searching dissection. We shall enter fully into a defence of the general practitioners of this kingdom against the attack of the Government, and in performing that duty we shall dissect the bill of the Home Secretary clause by clause. We hope to prove to the conviction of every medical practitioner in the United Kingdom, that the bill is altogether of so objectionable, nay, of so scandalous a nature, that even the proposal for re-introducing it into the House of Commons ought to be opposed with the most resolute pertinacity.

AT the late meeting of the British Association for the Advancement of Science, at York, circumstances occurred, with reference to the medical section, to which we think it our duty to draw the attention of our readers. It appears that for some time past great discontent has existed among the members of the Association who are interested in this section, on account of what we may term its general inefficiency, and that the dissatisfaction has gone so far as to threaten the very existence of that department. Thus at the meeting a proposal was made to the committee, tending to extinguish it entirely, and to substitute for it a physiological or a chemico-physiological section.

For the division of the British Association which represents medical science to have fallen into such general disrepute, is so

extraordinary, indeed so disgraceful a circumstance, that *à priori* we should have said that it could only be accounted for by gross mismanagement; and a close investigation of the facts of the case proves that mismanagement is, in reality, the cause of the present state of things. It appears that the medical section possesses no internal machinery whatever to ensure, or even to promote, the objects for which it was instituted. There is no permanent body to look after its interests, and the secretaries, who are only named a month or two previous to the annual meeting, have no power whatever as regards the communications addressed to the section for perusal at the meeting. Most of the communications are forwarded at once by their authors to the town at which the Association assembles, and are found there by the secretaries on their arrival. Then, indeed, a committee is appointed to which all papers are referred previous to being read; but how is it possible for that committee, in the course of a few hours, in the midst of the hurry and bustle of the general meeting, carefully to peruse perhaps twenty or thirty communications, to weigh their merits and demerits, to accept that which is good, and to refuse that which is bad or indifferent? It is impossible, and consequently it is not done. Such a course also is attended with another disadvantage. The medical gentlemen residing in the locality where the Association meets think it an absolute duty on their part to contribute to the proceedings of the medical section, and are consequently induced, partly from this motive, and partly from a wish to make a respectable appearance before their fellow-citizens, to send in reports of cases &c., which, although good and interesting in themselves, have not that *scientific* value which alone ought to warrant their being read before probably the highest scientific body of Great Britain. Yet the members of the committee, who are partly thrown, as it were, on the hospitality of their medical brethren in the town where the meeting takes place, cannot be so ungracious as to refuse these communications, so that nearly all are accepted. Our readers would scarcely believe how difficult it is found to contend with the local and general influence which is brought directly to bear on the medical section. At Manchester, two years ago, a paper on mesmerism was urgently pressed on the secretary, but firmly rejected by him; and in a second edition of a local journal, which was printed on the same day, at the expense of the author of the paper, the secretary was most scandalously attacked and abused for his very praiseworthy conduct. Again, this year, at York, the section has had to defend itself from papers on secret cures for sciatica and tic-douloureux, and other similar attempts to gain publicity through its means.

Can we be surprised that the medical section should fall into discredit when thus managed? Can we be surprised that the first men of the day should so seldom send an account of their researches and discoveries to it, knowing, as they do, that their communications will be lost amongst a crowd of insignificant papers? or that the proceedings of the section should be so miserably attended; for it appears that half a score of persons are generally considered a respectable audience? Certainly not; and we think that we are fully justified in attributing to this defective organization the inefficiency which that department has hitherto shewn.

Is the medical section, however, to be *extinguished*, because, owing to a defective organization, it has not produced the results that were expected from it, and which might still, we think, be produced under different management? To such a proposal we are decidedly opposed, because we sincerely and truly believe, that in consenting to its destruction, the medical profession would be sacrificing its dignity and scientific interests. Indeed, we cannot express how much we are surprised to find gentlemen to whose labours the profession owe so much, at the head of the movement which is attempting to banish medicine as a science from the British Association.

They who are favourable to the change assert—first, the present inefficiency of the medical section; and secondly, the NON-SCIENTIFIC character of medicine! The first objection we have answered; to the second we can only reply, that the assertion that medicine is not a science, and consequently not worthy to take a rank in the British Scientific Association, is unworthy of any educated medical practitioner of the present day, and one which we should scarcely have expected even from the follower of a quack. It is, we may remark, an illustration of one of the principal dangers which bestrew the path of the medical student in the present day. Many clever men, in their ardent pursuit of what are appropriately termed (in a medical sense) the accessory sciences —viz., chemistry, botany, physiology, &c., lose sight of the end which they at first intended to attain, and devote themselves nearly entirely to the study of these sciences. The result is, that their practical knowledge of pathology and therapeutics remains obscure; they see nothing but difficulties; and are thus led to deny to medicine the rank and science to which it can most undoubtedly lay claim.

In the first days of the British Association, medicine was represented by the section of anatomy and physiology. It was subsequently felt that the selection of one or two of the sciences on which medicine is founded, to the exclusion of others, and to that of the superstructure to which they all contribute, was unjustifiable, and the section of medical science was very correctly substituted. We sincerely hope that the general committee, which has taken the ensuing year to consider the matter, will not be induced by any personal influences to adopt a step which, we are certain, would meet with the disapprobation of the immense majority of those who constitute the medical profession. We trust that it will leave the section as at present one of "medical science," merely adopting some better system of organization. We must not forget to remind our readers that, even under its present constitution, the medical section has added many valuable researches to medical knowledge. Even at the meeting at York, several truly valuable and scientific communications were contributed by Dr. Hodgkin, Dr. Heming, Mr. Erichsen, Mr. Blake, and others; and had all the medical papers been read before that section, the list would have been still greater. Thus the paper of Colonel Sykes on the rate of mortality in Calcutta, was certainly as much a medical as a statistical paper. We may say the same of the paper of Dr. Laycock, on the sanatory condition of York; of that of Dr. Thurnam, on the relative liability of the two sexes to insanity; of that of Dr. Glendinning, on the statistics of health, deduced from the records of the Marylebone Infirmary.

We wish it to be well understood, that in the preceding remarks we do not mean to impute the slightest blame to the medical gentlemen of York; we owe it to them to state, that they exerted themselves to the utmost to give *éclat* to the proceedings of the medical division of the Association. Great credit also is due to the office-bearers of the late meeting, more especially to the secretaries, Mr. Erichsen and Dr. Sargent. These gentlemen did all in their power to uphold the integrity of the medical section, and have thus deserved the respect and confidence of their professional brethren.

THE BIRMINGHAM GENERAL HOSPITAL.

OUR table for some weeks past has been covered with communications on the affairs of the GENERAL HOSPITAL at Birmingham. We promised to notice the subject; but we have approached its consideration with no small reluctance, since, in the course of its exposition, one of two things must become painfully manifest, either that abuses and corruption of the grossest description have pervaded the management of the institution for a prolonged period, or else that much malevolence has instigated the conduct of the gentlemen who would stigmatize its managers with the blame of so much mischief. The principal complainants in the case—gentlemen who have long maintained a respectable

standing among the medical practitioners of Birmingham—are Messrs. GUTTERIDGE and LEDSAM. The latter of these gentlemen very boldly assailed the character of certain matters in the Birmingham General Hospital as long ago as January, 1843, in a communication to a local newspaper, the major part of which was republished in THE LANCET for February 11th of that year, under the equivocal title (for want of a better term) of "a Brummagem libel." On that occasion, in reference to the main charge embodied in the said "libel," we remarked, that "if the statement were false it should never have been made, if true, it ought never to have been retracted;" and that remark we repeat now.* Mr. GUTTERIDGE, who seems to have taken up the matter altogether subsequently, has produced and sent forth to the world a long series of letters, addressed to the members of the committee and other governors of the Hospital; and in one of the latest of these he complains of having been mulcted in "a penalty of five hundred pounds, in the shape of expenses to which he has been put, in contending for his personal and professional rights." But as this tax or penalty has been wholly voluntary, and (as he himself admits) had a self-reflecting object, we do not see that Mr. GUTTERIDGE is entitled to any peculiar public sympathy on that account. Virtue is said to be its own reward, even when a sacrifice is made for the benefit of others, and Mr. GUTTERIDGE does not strengthen his cause by becoming querulous on the subject of his sacrifices, even when they are made in behalf of a "great public principle," which he has struggled to maintain. However, we do recognise, by the adjuration of a great public principle, some claim to attention at least, and we have never been disposed to leave those surgeons who contend in singleness or earnestness of purpose for the public good, to fight out their battle unassisted. We will proceed, therefore, dispassionately to lay before the medical public of the kingdom the principal points of contention which form the groundwork of multifarious printed addresses, leaving it to the same public to judge of and determine the measure of sympathy and support they ought to give to the combatants.

From the letters of Mr. GUTTERIDGE, which have been placed in our hands, it is no easy task to separate what is of general interest from what is merely local and personal, and, indeed, the subject is difficult of comprehension to those not intimately acquainted with all the minute ramifications of this most knotty dispute.

Upwards of thirty years ago, says Mr. GUTTERIDGE, the appointments of physician and surgeon to the Birmingham General Hospital were obtainable by a description of purchase, which, though discreditable to the individual who resorted to it, had yet (he goes on to say) "the redeeming feature, that it benefited the hospital funds." A very questionable admission! And so thought the governors of that day, for they subsequently passed a law to prevent this particular abuse. But the open means of access to office by the direct use of a golden key being closed, a covert and indirect mode of obtaining entrance was found; and the power of electing the Hospital officers is said to have passed into the hands of certain ATTORNEYS of Birmingham, in so far that the reception-room of some of them is specified as being, at the present moment, a register-office for official appointments, not only in the General Hospital, but elsewhere. This is the head and front of the offending; this charge forms the leading complaint of the whole controversy, if controversy that can be called where all the debating is on one side—for whether it be owing to indifference or weakness, true as strange it is, that no answer whatever has been yet put forth in print to any of Mr. GUTTERIDGE'S statements. Nearly all the other charges are monster growths from this monster stem. Thus, on the 17th of March, 1843, Mr. JUKES, a surgeon of the Hospital, having signified his intention of vacating his office in the June following, it is said that the "attorneys" filled up the appointment as early as the 21st of April ensuing, although the legal day of election was not until the 16th of June. The nomination of a candidate, (Mr. GUTTERIDGE himself,) who had started as a rival to the gentleman temporarily appointed, the chairman, on the 16th of June, refused to put to the meeting; and the same chairman is reported to have suppressed the reading of certain letters having reference to the business before the meeting, until after its dispersal! A proceeding similar to the latter would appear to have taken place on the succeeding 15th of September, when a letter sent to the chairman of the quarterly board by Mr. GUTTERIDGE, who claimed "to be acknowledged as a surgeon of the Hospital, under the proceedings of the 16th of June," was kept until the matter to which it referred had been decided. *Hæc inter alia.* Mr. GUTTERIDGE complains—with what cogency we cannot say—that the parties he inculpates have tampered with and corrupted the press—have excited the governors of another institution in the town to hostility against him, and packed a committee at the Hospital, which refused to call the chairman of the 15th of September to account for his conduct, and finally voted Mr. GUTTERIDGE'S charges "utterly unfounded," and his letters "unwarrantable and unjustifiable."

Undaunted by these rebuffs, with most indomitable perseverance, Mr. GUTTERIDGE appears again before the Board, on the 15th of December, to urge his claims. But he was once more foiled.

It is difficult to divest any portion of the subject of its bearing a personal character. Individuals, as well as bodies, are subjected to accusations, and some of them are of a very grave complexion. Thus Mr. GUTTERIDGE distinctly asserts that one "attorney" received a hundred pounds for influencing a medical election in 1835, designates his proceedings as "unlawful," and accuses that party of purposed misrepresentation. He states, that "by the assistance of the attorneys' *clerks*," a place in the Hospital was found for Dr. BLAKISTON, who, having been a clergyman, had thought fit, on the plea of "physical infirmity," to take up the profession of medicine, though contrary to the canons of the church, and alleges that he still continues in "holy orders." If these assertions be all capable of proof, they make a strong case. We admit also that the profession of medicine is an unfit sphere for a professor of religion, and on this head we will quote a passage in Mr. GUTTERIDGE'S own words. "The reverend gentleman is in full orders, and consequently bound for ever to the ministry of the church. The physical infirmity which he alleges rendered his cessation from active duty indispensable, has for several years ceased to exist, if any judgment at all can be formed from his vocal powers in singing and oratory; and therefore no excuse remains for his longer absenting himself from his pastoral charge. The interests of humanity, too, as well as the obligations of his sacred character, demand his return to the proper sphere of his labours, for the art and mystery of Physic require more profound study to qualify for safe practice than his reverence appears to have been able to give to it in his seclusion from the duties that devolved upon him as a clergyman." This last allusion appears to have a particular reference to a case which occurred not long ago in the Hospital, and which is thus related in one of Mr. LEDSAM'S late printed letters.

"The patient was a boy in the hospital, eighteen years old, afflicted with chorea (commonly called St. Vitus's Dance); morphine in grain doses was ordered, and partially administered; after that, he was ordered to take prussic acid, of the London Pharmacopœia strength, in the following doses: TEN DROPS EVERY TWO HOURS; THE DOSE TO BE INCREASED FIVE DROPS EVERY TIME. Three doses of ten drops (without the increase as ordered) were swallowed by the patient in the space of four hours. The effect was mortal; no sign of disease was found after death, —only lumbrici in the intestines!"

Is this statement true or false?

* Mr. Ledsam positively asserts, that he merely retracted certain personal allusions.

The Birmingham General Hospital affair mainly hinges on two allegations—that of the inordinate interference of certain parties in the conferring of hospital appointments, and the incompetence of certain medical officers holding those appointments. The former question has been chiefly canvassed by Mr. Gutteridge, the latter by Mr. Ledsam. Of the fact, that the legal profession has monopolized much of the power and influence that of right belongs to the medical, there can be no doubt. The state of the case in this and other respects is thus happily expressed by Mr. Gutteridge:—"The legal profession enjoys countless public advantages—honours and riches, peerages, judgeships, and offices of profit innumerable: the medical profession, on the contrary, has few of a public nature; its most distinguished posts are nearly all, as in the present instance, honorary, yet not sinecure; and though laborious, not stipendiary." In reference to the medical portion of the question, Mr. Ledsam reverts, in his last letter, to the case forming the subject of the "Brummagem Libel." But a loud and grave charge against a surgeon of high standing and undoubted science and skill, on account of a *solitary error* in practice, even if committed, is not just, and the accusation of itself requires no serious notice—a fact which seems to be almost admitted by Messrs. Gutteridge and Ledsam. That a surgeon, in the course of a long professional career, should commit a single error, (and in a difficult operation, too,) is no reason why he should be hunted and run down. The man who never made a mistake in his profession might be exhibited as one of the rarest of all human curiosities.

We regret the introduction of personal amongst public charges. The case of the Birmingham Hospital has no occasion for adventitious matter; it presents features of its own sufficiently odious and despicable. If we may judge from the *ex parte* statements of Messrs. Gutteridge and Ledsam, (and in the absence of any counter-statement whatsoever, on what else can we found a judgment?) a system of jobbing has prevailed in the Birmingham General Hospital not surpassed by any that were redolent in the London hospitals before The Lancet had forced upon them the work of reform. Without purity of election, able and honest public servants are not to be expected; and evils such as those of which the supporters of the Birmingham Hospital have the most right to complain, are the natural results of a state of things in which appointments are gained by favour, money, and intrigue, rather than by merit. We warn the governors of that establishment, that if they continue to tolerate such reprehensible proceedings as those which ushered in the advent of Mr. Crompton to office, they will go the right way to foster occurrences that will make the medical and surgical practice of the Hospital a by-word and a disgrace. We make this remark wholly without personal reference to Mr. Crompton—of whom we know nothing; but it is impossible for us to speak of the proceedings of the managing committee in April, 1843, and subsequently, without indignation and contempt. One of the Hospital surgeons simply announces his intention of resigning at the end of three months. Immediately, (and every one must call up vividly the idea of a pack of hungry vultures pouncing upon the carcass still warm with life,) a party of governors, acting, Mr. Gutteridge says, under the guidance of the attorneys, arrange to put in a nominee of their own—contrary to the strongly expressed opinion of the Chairman of the Board—contrary to the fundamental laws of the institution, which permitted *no* election of a surgeon except at a quarterly Board, and of no *fifth* surgeon at all. Yet this surgeon they put in, virtually expelling one who had not yet retired, and who had faithfully served the Hospital for thirty years! In spite of the expressed opinion, sought by themselves, of her Majesty's attorney-general, that their proceedings were "*irregular, illegal, and invalid*," the committee force their nominee into office, and hold him there—*provisionally*,—however, for they refused to elect, on the 16th of June, a permanent successor to Mr. Jukes, an election they were bound, by their own laws, to make, on that day; and there stood before them a competent candidate, who had complied with the conditions of all their own regulations! How to get rid of the claims of this candidate was a puzzling matter; for the refusal of a weekly Board to attend to his testimonials had not deterred him from presenting himself on the 16th. But the chairman on that day, Mr. Charles Shaw,—although the candidate in question had been both nominated and seconded,—actually refused to put his nomination to the vote, regardless of remonstrances from the Earls of Bradford and Dartmouth, from Mr. G. Barker, Mr. Harrold, and others.

Such are the doings sanctioned and carried on by the Managing Board; and by a most dishonest piece of trickery, the letters of the above-named noblemen were studiously kept back until their production was of no service. Stirred up, most unwillingly, by the lacerating exposures of their conduct sent forth by Mr. Gutteridge, the Board next appointed a so-called "Committee of Inquiry." One part of this committee's duty was to inquire into the allegation against Mr. G. Whateley, that he had taken a bribe to influence a medical election at the Hospital. On this particular head we shall not now touch further than to observe, that the wilfulness with which this same committee, in their turn, *refused* to call before them Mr. Charles Shaw to answer for his conduct renders all its proceedings utterly worthless. In the hope to obtain the appointment of a more actively inquiring committee to investigate their charges, Messrs. Gutteridge and Ledsam repaired to the general meeting at the Hospital on the 20th of September last—but only to find their just demand for the appointment of an "impartial tribunal" rejected.

It is to be regretted that Messrs. Ledsam and Gutteridge have so freely cast away the chance of an alliance with Mr. Hodgson, who, if the words attributed to him were really his own—viz., "that the whole establishment wants a thorough routing out, even down to the kitchen department," is certainly not in love with the conduct of affairs at the General Hospital. But standing forward as they have done, unassisted, against a host of opponents, proves that the assailants of the rotten mode of election which prevails in the Birmingham General Hospital, are not to be easily intimidated or diverted from pursuing their determined purpose of exposure and correction. We would therefore earnestly intreat of Messrs. Gutteridge and Ledsam to avoid, or treat with becoming indifference or contempt, all merely personal matters and disputes, and continue to labour, with gigantic strength, to exterminate that monster source of danger and mischief in a charitable medical institution—a corrupt system of electing the medical officers. By so doing they will be sure both to earn and to receive the gratitude of the humane, the intelligent, and the honest portion of the community.

REVIEWS.

Illustrations of the Theory and Practice of Ventilation; with Remarks on Warming, Exclusive Lighting, and the Communication of Sound. By David Boswell Reid, M.D., F.R.S.E. London: Longman and Co. 1844. 8vo. pp. 451.

There are few subjects connected with hygiene which are more important than that of ventilation, and yet there is none which is more neglected, not only by the non-professional, but by the professional public. Even in the works professedly treating of hygiene, the laws which regulate ventilation, or the renovation and purification of the air by which we are surrounded, are scarcely alluded to, although its value is generally admitted, and fully appreciated. Dr. Reid, whose labours in the cause have given him an European reputation, has undertaken to fill the lacuna by the treatise which we have before us. In it he has most elaborately investigated the theory and practice of ventilation in all its bearings, and accumulated such a mass of information as to render it by far the most interesting and valuable work on the subject that has yet been published.

The heads under which Dr. Reid treats his subject are numerous, and comprise—Considerations respecting the habitations of the rich and of the poor; respecting the state of the atmosphere in public buildings, churches, and grave-yards; and respecting noxious gases, vapours, and smoke—An Account of the nature of ventilation, and of the means by which it is effected—Illustrations of ventilation—Remarks on gases—The composition of the atmospheric air—The nature of respiration—The amount of air required for ventilation—The causes which modify the amount required for ventilation, such as temperature, moisture, &c.—A history of vitiated air, and the impurities which it contains—The means of purifying vitiated air—Artificial atmospheres—On the communication of heat—The open fire—The stove—The steam apparatus—The hot-water apparatus—The ventilation of oil-lamps, candles, and gas-lamps—A history of the ventilation of the present houses of parliament—Remarks on the ventilation of ships generally, of the Niger steam-ships, of slave-ships—Lastly, Remarks on the ventilation of mines.

This brief enumeration will enable our readers to judge how completely Dr. Reid has treated the subject on which he writes. The work throughout is illustrated by a profusion of diagrams and woodcuts, which greatly assist the intelligence of the text, rendering the direction of the air currents, and the various processes resorted to, perfectly clear.

As Dr. Reid generally remarks, "the history of ventilation consisting essentially of an inquiry into the action of the air upon the human frame, and into the means by which its due influence may be effectually sustained," the science of ventilation may be considered a conquest of modern times. It was not until the discoveries of Lavoisier and Scheele, demonstrating the constitution of atmospheric air, had led to a true knowledge of the nature of respiration and combustion, that the wants of the human economy could be properly appreciated. Since those days, our knowledge has ever been on the increase. Not only have the ordinary elements of the atmosphere been accurately analyzed, but the influence exercised on it by animal and vegetable life, by temperature, by moisture, by pressure, and various other causes, has been attentively investigated. It is on the information furnished by these various researches that the science of ventilation now stands.

According to ordinary calculations, it is considered that a supply of two or three cubic feet a minute is required for the purposes of respiration. Dr. Reid thinks that for a proper supply of pure air to be presented to the lungs, ten cubic inches are necessary. Not more than half a cubic foot is absolutely inspired during the minute, but the carbonic acid which is evolved contaminates, according to Dr. Reid, at least twenty times that amount of air. Now when we consider that a room twelve feet square and twelve feet high only contains 1728 cubic feet of air, it is evident that, were no ingress to fresh air allowed, one person would vitiate the entire atmosphere contained in the room in less than three hours. If Dr. Reid be correct in his calculations as to the amount of air required for respiration,—and we should be inclined to think that he is, from the numerous and delicate experiments which he has performed, and the very great trouble that he has taken to arrive at correct results,—it must be acknowledged, that even in the apartments of the wealthy there is yet much to reform in this respect. Indeed, at present, everywhere, ventilation is neglected, and the higher, as well as the lower orders, seem more intent, especially in cold weather, on shutting out the atmospheric air by every possible contrivance, than in providing themselves with a proper supply of it. There can be no doubt but that vitiated air is the most fertile cause of disease in large towns, and in all localities and places where large masses of people are congregated. We need scarcely repeat here, that it is the opinion of our first medical authorities that a vitiated atmosphere is a more powerful cause of pulmonary consumption and scrofula, than bad diet, or any other. Some even go so far as to say that it is the only cause of pulmonary phthisis. The principal deleterious agent in the vitiated air of dwellings is carbonic acid; and when we recollect how rapid and fatal a poison it is, if pure or but slightly mixed with other gases, we cannot be surprised that an accumulation of this gas in the atmosphere which we daily breathe should be so injurious to health.

We fully agree with Dr. Reid that there is only one means of propagating such a knowledge of the laws of ventilation as will induce all classes of society generally to conform to them, and that is, to make an acquaintance with the fundamental principles of ventilation a part of the education of youth. In the meantime, however, the members of the medical profession may do an immense deal of good by making themselves thoroughly acquainted with the subject of ventilation, and by drawing the attention of their patients to the paramount necessity of conforming themselves as much as possible to its laws. In all public buildings the legislature ought to interfere. It is perfectly lamentable to see edifice after edifice reared, without the slightest attention being paid to ventilation. Can we, however, be surprised, when we find architects themselves perfectly ignorant of the first principles of the science? In a late work on architecture, of a thousand pages, quoted by Dr. Reid, the following is the only paragraph on ventilation:—"The continual supply of fresh air to an apartment is a subject which latterly has been considered so necessary—though much neglected, as the moderns seem to think, by their ancestors,—that a volume would not hold the schemes that have been provided for that purpose. Generally, it is enough for the architect to provide means for letting off the hot air of an apartment or building by apertures at the upper part of the rooms &c., to which the hot air will ascend, without afflicting with the currents of fresh air that are to be introduced, those that inhabit them."!!

The ample details given, with reference to the ventilation of the temporary houses of parliament, and of the vessels that formed the ill-fated Niger expedition, are exceedingly curious and interesting. The supply of fresh air to the House of Commons is now so abundant, that, in a crowded house, sixty cubic feet a minute can be supplied for each member present. The air enters the house through the floor, by nearly a million of apertures, and its force is broken by a porous, elastic, haircloth carpet. Although, however, every precaution is taken to prevent the air carrying dust along with it, that inconvenience has not, we know, been entirely prevented.

In conclusion, we most cordially recommend Dr. Reid's book to our readers. They will derive both knowledge and entertainment from it; and, moreover, will learn how to protect both themselves and their patients from one of the most powerful and most insidious causes of disease.

Observations on the Sanatory Arrangements of Factories, with Remarks on the Present Methods of Warming and Ventilation, and Proposals for their Improvement. By Robert Ritchie, Esq., F.R.S.S.A. London: J. Weale, 1844. 8vo, pp. 40.

This is an interesting little pamphlet on the same subject as the above work, but relating more especially to the ventilation and warming of factories. It contains much sound, practical information respecting the sanatory management of factories, and will repay perusal.

THE GOVERNMENT MEDICAL BILL.

MEETINGS OF THE MEDICAL PROFESSION.

GENERAL MEDICAL PROTECTION ASSEMBLY.

EXETER HALL, MONDAY, OCT. 7, 1844.

At a meeting of the committee, this evening,—W. Nix, Esq. in the chair,—the minutes of the previous meeting having been confirmed, a list of new subscribers was read by the secretary; also various letters from correspondents in the country, dwelling

on the necessity for united exertion in the cause of medical reform, and the readiness of the writers, and their professional brethren, to support the Assembly to the utmost, in a determined opposition to the proposed obnoxious medical bill. The following letter from Mr. Cocks, of Hatfield, containing many valuable hints and observations upon this subject, it was unanimously resolved that the Editor of THE LANCET be requested to publish in an early number of his journal:—

Hatfield-Broad-Oak, Essex.

DEAR SIR,—In my short address to the meeting, last Monday, I suggested that much good might result from a select committee, or deputation, waiting upon Sir James Graham, and temperately, respectfully, but forcibly, stating to him the numerous evils which are now so frequently occurring from the practice of unqualified persons, and to how much greater extent these evils will most certainly be increased should the proposed government measure pass into a law, without sufficient protection against them. The deputation should consist of five of the most influential men in London and the provinces, or in London only; Mr. Wakley and Dr. Grant ought to be of the number. The deputations to the colleges, I hope, will be productive of benefit, as their councils cannot openly commit so suicidal an act as to support such a bill; for what man would be found to attend lectures, and take their diplomas, whilst they support a measure which would countenance the vilest quack practising next door to him? Having by these means ensured the certainty of the present bill being withdrawn, it will be requisite to think of what ought to be substituted. Sir James may ask—What will you recommend in its stead? What measures will be satisfactory to the profession? And this you must be ready to answer at the same time. Now, in considering this, the committee should select one paramount grievance, such as will ensure unanimous support from the whole profession. Medical men may be divided into three sections. The first, and the most numerous, are those who would insist on *all* the evils of which we have to complain being at once remedied and removed; the second, those who are content with things as they are at present, and would not only accept Sir James Graham's bill, but would thank him for it, for fear he should not grant any other; the third are those who would pass over all *minor* abuses and evils, and aim only at destroying the one great and universally-acknowledged grievance—*quackery*. It is absolutely essential to success to select one point respecting which there is, there can be, but one opinion among the members of our profession, as well as among the most sensible part of the community. It is, therefore, protection against quackery, in all its ramifications, but especially the practising and advertising quack, the prescribing, unqualified druggist, and the sale of quack medicines. It is protection against these, and it is efficient protection alone, that the profession will be satisfied with, and, I trust, will finally obtain. Let us therefore pass over for the present, all other evils, and concentrate all our energies in obtaining this great desideratum. I would humbly recommend the following as the basis of the substituted bill:—

1st. One uniform standard of education and qualification throughout the United Kingdom.

2nd. No one to be allowed to practise any branch of medicine or surgery unless he has passed through such a curriculum, and been declared competent by one of the royal colleges in any part of the United Kingdom; and that the examination shall include midwifery, and the diseases of women.

3rd. That any one, having been declared competent, be allowed to practise in any part of the United Kingdom, and in any manner he may please.

4th. Any person, not qualified according to the above clauses, found practising, shall, upon conviction before any two magistrates or justices of the peace, at petty sessions, be imprisoned in the county house of correction for the space of not less than six weeks.

This is what I would suggest as the leading features of your bill. You may very properly add—5th. The prohibition of the sale of all quack remedies; and the thing would be complete. If a qualified person should think proper to imitate the practice of an empiric, or practise in any manner he may please, his education &c. will be a sufficient safeguard to the public against any of those evils resulting which are now the frequent consequences of the practice of uneducated and disqualified persons. Such protection once obtained, Sir James may repeal all preceding medical statutes; but until it is obtained we must do all we can to preserve the Act of 1815 entire. Let us bear in mind, that it is only by some such stringent measure as the above that the public can be safely protected, or with which the profession will be, or ought to be satisfied. The intricacy, the great expense, and the uncertainty of the law, have prevented, and must always prevent, the Apothecaries' Company from using their powers as they ought to do, in putting down quacks; not, as has often been the case, against graduates in medicine, because they happened not to have their certificate. All this clearly shews, that nothing short of a summary conviction and punishment (such as obtains in France) can be productive of the end so much to be desired, the entire annihilation of the all-destroying Python—quackery. To this end alone must all our efforts be directed; and may God grant us complete success. Apologizing for sending you such a long letter,

Believe me, dear Sir, your very obedient servant,

THOMAS COCKS, Surgeon R.N.

To Wm. Simpson, Esq., 4, High-street, Bloomsbury.

After some important notices had been given, and other business transacted, the committee separated at a late hour.

NEWARK.

AT a meeting of the medical practitioners of Newark, held at the Dispensary, Monday, September 23rd, 1844, for the purpose of considering Sir James Graham's bill on medical reform, Dr. BIGSBY in the chair, it was moved by Dr. CHAWNER, seconded by Mr. LACY, and carried unanimously—

"That this meeting, having duly considered the provisions of a bill submitted to the House of Commons by Sir James Graham on the subject of medical reform, is of opinion, that if it be passed in its present form, the greatest evils would result to the public and to the medical profession."

Moved by Mr. ANDERS, seconded by Mr. SMITH, and carried unanimously—

"That the subjoined petition be presented to both Houses of Parliament:—

"Your petitioners hailed with the highest satisfaction the announcement of a bill in parliament, the preamble of which declares, 'it is for the good of all her Majesty's subjects that the knowledge of physic and surgery should be promoted;' and your petitioners, having duly and anxiously considered the contents of the said bill, are of opinion that the provisions contained therein are inadequate to the fulfilment of its declared object. That your petitioners gladly approve of a measure of registration calculated to remove many inconveniences and anomalies which prevail in the various medical bodies of these kingdoms, to the great detriment and hindrance of many competent physicians and surgeons; and while they would also cheerfully express their approval of one general council for the government of their profession, they respectfully deprecate the formation of such a council without a more considerable representation of practitioners. That your petitioners beg humbly, but confidently, to claim the knowledge arising from their daily observation of the benefits derived by the public from the present Apothecaries' Act, so far as it extends, as well as of the disastrous consequences continually resulting in cases where that law is not stringent enough to prevent the tampering of unqualified persons. Your petitioners have likewise frequent occasion to witness the ill effects of the indiscriminate use of patent medicines, and to lament that no discouragement is given by law to that species of imposition. Your petitioners therefore view with apprehension and alarm any proposal to lessen the existing prohibition against the unlicensed administration of medicine, and respectfully suggest to your honourable house that a medical reform bill should secure by law, not only for the army and navy, for workhouses and for hospitals, as already enjoyed, but, as far as possible, for the more numerous public at large, a supply of honourable and well-educated medical men; your petitioners feeling assured that a law protective on the one hand, and repressive on the other, is essential to the advancement of medical science, and to the safe treatment of every sick and wounded subject of the empire."

Moved by Mr. FOOTTIT, seconded by Mr. THOMPSON, and carried unanimously—

"That his Grace the Duke of Newcastle be respectfully requested to present the above petition in the House of Lords."

Moved by Mr. DOBBS, seconded by Mr. HODGKINSON, and carried unanimously—

"That the petition be forwarded to the Right Hon. W. E. Gladstone for presentation to the House of Commons, with an earnest hope that he will agree in the prayer of the petition, which is expressive of the general and almost simultaneous opinion of the profession, and that he will promote the wishes of the petitioners, his constituents, with all the support which his influential position enables him. And that Lord John Manners be also respectfully requested to co-operate with him in the advocacy of the petition."

Moved by Mr. SUTTON, seconded by Mr. LACY, and carried unanimously—

"That an account of the proceedings of this meeting be sent to THE LANCET and to "The Times," and that the best thanks of the meeting be given to the editors for their valuable services in the present emergency.

LIVERPOOL.

A meeting of the members of the medical profession of Liverpool, numerously attended, was held at the Medical Institution, on Wednesday, October the 2nd, 1844, for the purpose of considering Sir James Graham's bill "For the better regulation of Medical Practice throughout the United Kingdom." Dr. JEFFREYS took the chair.

The CHAIRMAN, after thanking the meeting for the honour conferred upon him, said that the subject which had been the means of bringing them together was one of the greatest importance to every individual who had the good of the profession at heart. The meeting had been called in consequence of a requisition signed by twenty respectable practitioners of the town. He was anxious that all should be united on a question of such importance, as the whole country looked up to Liverpool to see what they were about on the present occasion. With respect to the bill he had no right to give an opinion. Whatever bill was passed it would not give general satisfaction, but that was no reason why they should not attempt to better their condition. He rejoiced that Sir James Graham had taken the thing in hand; they ought to be glad he had not come on them by surprise, but allowed several months for a consideration of the question; and he trusted such alterations would be made as they might think proper to suggest. A committee had been acting for some time, and had come to the conclusion that a memorial would be preferable to a petition for presentation. In conclusion, he thought the best way to carry measures was not to be too violent,—that the whole profession ought to be in harmony with each other on such a subject as they were met to consider, and unite heart and hand for the general good.

Dr. FRECKLETON moved the first resolution. He felt anxious for some legal enactment for preserving good order in the profession, so that regularly educated men should be protected, and quackery punished in all its branches. Some enactment was necessary, and it would be difficult to frame a bill to meet the views of all classes. He did not wish to oppose the bill *in toto*, but thought it would be better to point out those parts which were objectionable. He concluded with moving the following resolution;—

"That it is a matter of gratification to this meeting that her Majesty's ministers have introduced into parliament a bill, having for its object the better regulation of medical practice throughout the United Kingdom."

JOHN M. BANNER, Esq. seconded the resolution, which was carried unanimously.

Sir ARNOLD KNIGHT, M.D. moved the second resolution,—

"That the provisions of the bill for ensuring greater uniformity in the education, qualification, and registration of the profession, are judicious, and have been long called for."

So perfectly did he concur in all Dr. Freckleton had said, that he had scarcely an additional remark to make. If the profession were to shew a disposition to oppose no more of the measure than was objectionable, Sir James Graham, who, by bringing the bill in at the conclusion of the session had acted with great fairness towards the profession, would be more likely to make such modifications as were desirable. If the medical profession were to oppose the bill altogether, he thought that government would most likely give up in despair all further attempts to improve the present anomalous position of the profession.

J. L. MINSHULL, Esq. seconded the resolution, which was carried unanimously.

Dr. SUTHERLAND referred to the charter of the College of Physicians and the Apothecaries' Act, in the spirit of both of which irregular practice was considered as contrary to law. It was proposed by the new bill to repeal all charters which imposed restrictions on the practice of medicine, to place the educated on the same footing with those who had received no education at all; and for that they had a right to seek a remedy. The new bill itself admitted irregular practice to be an evil, for it excluded irregular practitioners from the army and navy, and from all public medical offices. If a practitioner were found not to be registered, let him be taken before the magistrate, and quackery would soon be put down; as far as law could reach it, that course would be most effectual. He proposed the following resolution:—

"That this meeting deeply regrets that no restriction on irregular practice should have been provided in the bill, by the substitution of measures more efficient in their operation than those contained in the acts proposed to be repealed, which acts, although they may not have been of sufficient power to remedy the evil, nevertheless admit the sound principle that the practice of uneducated persons is contrary to law."

HENRY STUBBS, Esq. seconded the resolution, which was carried unanimously.

It was moved by Dr. MACINTYRE, seconded by Dr. COLLINS, and unanimously agreed to,—

"That the following memorial, which has been prepared in conformity with the foregoing resolutions, be adopted by this meeting, and signed by the chairman, and transmitted to the Right Honourable Sir James Graham, Bart., secretary of state for the home department."

To the Right Honourable Sir James Graham, Bart., Her Majesty's principal Secretary of State for the Home Department.

This memorial, agreed upon at a meeting of the Medical Profession of the town of Liverpool, held at the Medical Institution on the 2nd of October, 1844,

SHEWETH,—

That your memorialists hail with satisfaction the introduction into parliament of "a Bill for the better regulation of Medical Practice throughout the United Kingdom," that they have given a careful consideration to the said bill, and beg respectfully to submit to you their opinions on the same.

That inasmuch as the restrictions on unqualified practice, as they at present exist in the several acts and charters proposed to be repealed in the first clause of the said bill, have been local and partial in their application, and have thereby frequently been injurious to well-educated members of the profession; and especially as they have never proved themselves to be a sufficient protection to the public against ignorant and unskilful pretenders, your memorialists think it quite necessary that these acts and charters should be repealed and annulled.

That, nevertheless, these acts do acknowledge as a principle in law, that persons not duly qualified shall be prohibited from practising, under certain penalties, and if they shall be repealed, without at the same time substituting a *more efficient prohibition* against irregular practice, your memorialists consider this giving up of a sound principle as *pro tanto* legalizing the practice of unqualified persons, as tending to lower the dignity of the medical profession, and as at the same time taking away from the profession its legitimate rights, while it withdraws all protection from the public.

That as the medical profession is at present constituted, there exist registers of all qualified practitioners in the United Kingdom, some of which are from time to time published; and that, instead of these, it is proposed to have one general registration, a measure of which your memorialists cordially approve, as lying at the basis of all effective legislation on the subject.

That by existing laws or usage no unqualified practitioner can or does hold any medical office in infirmaries, dispensaries, poor-houses, or prisons, or in the army, navy, or East India Company's service, and that, considering the proposed registry as a test of qualification, your memorialists approve of it as a means of excluding as heretofore all unregistered and unqualified persons from such public medical offices.

That as it is fully conceded by the bill that it shall be unlawful for any unregistered person to practise in certain departments and public offices, your memorialists know no valid reason why the same principle should not be fully carried out, so as to render it unlawful for any one to practise medicine and surgery in any part of the United Kingdom, without being duly qualified and registered, while they are of opinion that great good would follow if the bill declared all such irregular practice subject to a penalty similar to that which the bill inflicts on all unqualified persons practising in public offices, but recoverable by a summary process.

That your memorialists are of opinion that a measure founded on the proposed registration may be devised, better calculated than the laws now existing, to protect medical men as well as the public against unqualified practitioners.

It was moved by Dr. DICKINSON, seconded by WILLIAM BAINBRIDGE, Esq. and unanimously agreed to,—

"That a copy of the above resolutions and memorial be transmitted to the county and borough members, with the respectful request, that they will have the goodness to support the objects of this meeting."

It was moved by HUGH NEIL, Esq. seconded by Dr. MACNAUGHT, and unanimously agreed to,—

"That the following seven gentlemen be appointed a standing committee, with power to add to their number, to watch the progress of the bill, and to adopt measures thereupon which they may see necessary—Dr. Jeffreys; Dr. Formby; Sir Arnold Knight, M.D.; Dr. Freckleton; Mr. Halton; Dr. Sutherland; and Mr. Long."

It was moved by Dr. FORMBY, seconded by KING ELLISON, Esq., and carried unanimously,—

"That the thanks of this meeting be given to Dr. Jeffreys for his able conduct in the chair."

GLOUCESTER.

AGREEABLY to advertisement, a meeting of the Gloucestershire Medical and Surgical Association was held at the Bell Hotel, in this city, on Thursday, Oct. 3, to take into consideration Sir James Graham's bill for the regulation of the medical profession. Several professional gentlemen resident in the county, but not members of the association, were present, the association having invited their attendance.

HARDWICKE SHUTE, Esq. M.D., who was called to the chair, explained his views at great length, and gave it as his opinion that the measure was a most valuable one, calculated to elevate the character of the profession, and at the same time to confer substantial benefit on the public. He referred to the practical working of the Apothecaries' Act, and of the procedure of the colleges, to shew that neither the public nor the profession had received any advantage from the existence of these bodies. They had been altogether inoperative for good. He considered the establishment of a board of health, and the registration of the regular practitioners, as far preferable. He wound up his remarks by soliciting the attention of the meeting to the mode in which the Council of Health was to be constituted. To that body was given an enormous power—a power which the profession would be unable to resist, but by future applications to parliament, if the board should exercise their power unduly, or to the injury of certain branches of the profession. Should that power, however, be exercised properly, the best results must follow, as its legitimate operation must be to raise the character of the profession, and, as a necessary consequence, to promote its usefulness.

Dr. DICK, of Tewkesbury, moved the first resolution, which expressed the thanks of the meeting to government for introducing the bill. In connexion with this resolution, Dr. Dick proceeded to observe, that any one who considered the present state of the medical profession must feel gratified at the circumstance of the government having taken up the question, for, as the chairman had very properly remarked, as the profession could not govern themselves, the government was the best body to exercise the control, and any one who has read the bill must be convinced that the spirit and tenour of it are good, and that the provisions go as far as the legislature could be expected to do in the first instance, although, perhaps, not so far as the profession could wish. Protection to the public against pretenders and quacks, and protection to medical men of proper education and qualifications, are provided for to a considerable extent in the bill; in fact, the bill goes as far in this direction as could at the outset of legislation be expected. He thought that nothing could more tend to the protection of the regular practitioner than registration, and the publication of the lists from time to time. The provision relative to the examinations to be gone through before diplomas could be given was also most valuable. It was a mere dream to suppose that quackery could be put down by legislative enactment; and as to the complaint which was heard in some quarters about the Apothecaries' Act being swept away, it was a sufficient reply to say, that a better substitute was provided in a higher course of examination. As to the efficiency of the Apothecaries' Act, he knew of several applications which were made to the governing body, requesting them to adopt measures to put down unqualified persons, but the reply was that they could not do it.

Dr. CONOLLY, of Cheltenham, in seconding the resolution, said, that although he agreed with the chairman and the mover of the resolution in the sentiments he had expressed, still he must not be understood as expressing unqualified approbation of the bill. He felt grateful, however, that the subject was before parliament, and he should be extremely sorry to lose a good measure merely because some portion of it was not acceptable to all the profession. Its general provisions he thought were good and excellent, particularly the one which referred to the institution of the council of health. As to the constitution of that council, however, he thought a little change might be introduced with advantage, and no harm could arise from the meeting stating that such was their opinion. Registration was valuable; still he should be glad that some more protection was, if possible, extended to the qualified practitioner. As regarded this, great difficulties existed, but something, nevertheless, was done in the bill. He thought the bill should be accepted, and an endeavour made to get improvements engrafted on it. A great advantage had arisen from their not having met earlier to consider this measure. At the time it was introduced a great outcry was made against it by those who had overlooked its advantages. Those now present had had an opportunity of considering the bill more carefully and calmly, and were therefore prepared to do it more justice; still it was their duty to endeavour to get it amended and improved, and if they went temperately to parliament, he had no doubt of their being listened to. (Applause.)

Mr. EVES, of Cheltenham, said that if the resolution pledged the meeting to support the bill in all its parts, he for one should be obliged to oppose it, on the ground that it threw open the profession to anybody who chose—in fact, it was free trade in medicine. (Applause.) He thought that the powers vested in the College of Physicians and the Apothecaries' Company, although the latter did not prosecute unqualified persons so often as they should have done, were calculated to raise the character of the profession. The terror of penalties hanging over the heads of unqualified practitioners was always a check—

The CHAIRMAN—What is the extent of the protection afforded by the College of Physicians?

Mr. EVES—They exercise control on all practitioners within seven miles of London. (A laugh.)

The CHAIRMAN—In what way are we protected now?

Mr. EVES—It will be better that we remain as we are, than that we should run the risk of a doubtful change.

Dr. BROOKES, of Cheltenham, was also of opinion that the bill did not afford sufficient protection. As to the efficiency of the Apothecaries' Company, he could state, that about two years ago they instituted proceedings against an unqualified person for practising as a surgeon and druggist. The case arose out of an inquest held on the body of a person who had been treated by the unqualified practitioner. The Company succeeded in getting a verdict against him, and in consequence he was driven from Cheltenham. Dr. Brookes concluded by again giving it as his opinion that the bill ought to give more protection to the qualified practitioner.

In reference to the case of quackery mentioned by Dr. Brookes, it was stated by some gentlemen present, that the person, after leaving Cheltenham, had gone to Frampton, and then to Bristol, where he was now practising. (Laughter.)

Mr. STOKES, of Nailsworth, was also of opinion that the protection afforded by the bill was not sufficient; and that the Apothecaries' Act had done good.

The CHAIRMAN said that he wished it to be understood, that however strongly he approved of the bill, he nevertheless was of opinion, that in some things it was susceptible of improvement.

The resolution was then carried.

Mr. WILTON, in rising to propose the next resolution, expressed a hope that he should not be considered out of order in stating, that in assenting to the resolution just passed, he did so in reference to the general principles which the bill contained, and not to the details, which may require improvement. He should have been glad had the resolution been expressed even more strongly, as regarded the general principles, because he thought the measure was a step, although not one of much immediate good, in the right direction, and must lead, ultimately, to all those advantages which the profession had a right to look forward to. If the profession lost the bill, they would lose also the council of health; and where, then, could they go to? They had worn out those members of parliament—never at best very influential—who had advocated their claims in parliament, and should the present bill be lost, the profession would be the sufferers.

Mr. RUMSEY, in seconding the resolution, said that, with regard to the council of health and medical education, he would only occupy a short time. He considered the institution of the council of health as most important—by far the most important and beneficial of any reform yet proposed—and he regarded it as the foundation for future measures, more generally approved than some of the provisions of the present bill had been by some of the profession. He regarded as of great importance the connexion which would be formed with the state. Such a thing had never existed before.

The resolution was then put, and carried unanimously.

Dr. THORPE spoke at some length on the subject of quackery, and stated that no measure of a stringent character, and actively enforced against it, would succeed. The only way of counteracting it was by a modified measure, like the one proposed. He thought the practitioners themselves could do more to put down quackery than the legislature. (Hear, hear.)

Dr. GOOCH, of Stroud, seconded its adoption, and it was carried unanimously.

The next resolution was moved by Dr. Ackworth, and seconded by Dr. Thorpe, of Cheltenham, and carried unanimously.

The remaining part of the proceedings was chiefly formal, and after it was transacted, the meeting separated.

DEVONPORT AND STONEHOUSE.

On Thursday evening, Oct. 3, a meeting of the principal members of the medical profession in this borough was held at the Dispensary, Chapel-street, for the purpose of considering the provisions of the bill of Sir James Graham, and to determine thereon as to the meeting should appear necessary.

Upon the motion of Mr. May, C. Tripe, Esq. was called to the chair.

Mr. Tripe, on taking his seat, observed, that he could only bring to the chair a strong disposition to support any measure calculated to improve the condition of the profession. For himself, he could not expect to be identified with it long—he was fast going out of it; but he had sons and friends connected with it as members, and he had also an interest in the success of many who had been brought up in it under his instruction, and whom he should always feel it a pleasure to support.

Mr. May.—Before any resolution is moved, I beg to inform the meeting, that I have received two letters from members of the profession, accounting for their absence, which, with permission, I will read. [*The letters were then read.*]

Mr. Crossing proposed the first resolution. He rose, with great pleasure, for the purpose of proposing a resolution, in reference to the object of the meeting, and he thought they might congratulate themselves upon the opportunity which had been afforded them for freely and properly discussing the merits of the bill lately brought before parliament, designated a bill for the better protection of the medical profession. Some clauses in that bill were certainly calculated to have that effect, and those clauses would doubtless be gratefully received by the profession; but there were other clauses in the bill which would be found most detrimental to the interests of the medical practitioner, and would altogether do away with the good intended. It did appear to him, that the efficient and qualified practitioner was not sufficiently protected by the clauses of that bill against the attempts and innovations of quackery. (Hear.) He thought they might well be thankful to her Majesty's ministers and Sir James Graham for not hurrying this bill through parliament. They were particularly indebted to Sir James Graham for introducing it at such a time as would give the profession an opportunity of examining carefully into it, as well as the community at large. Mr. Crossing concluded by moving the resolution—

> "That this meeting hail with satisfaction the disposition of the legislature to amend the present anomalous state of the medical profession, as shewn by the introduction of Sir James Graham's bill, entitled, 'A Bill for the better regulation of Medical Practice throughout the United Kingdom;' and whilst they are ready to admit that the said bill contains much that is calculated to improve the condition of the profession, they cannot refrain from deprecating certain of its enactments."

Mr. Dansy seconded the resolution, which was carried unanimously.

Mr. Swain would observe, that it appeared to him to embody two subjects, upon which a few remarks might not be inappropriate. The first was, that the legislature, in the proposed bill, demanded a high standard of professional education, and consequent upon that, a registration of all qualified practitioners. He could not help thinking that the subject of registration was a very important one. They could all of them speak of the annoyance of persons coming among them, and practising under the plea that they were duly qualified to do so; but great difficulty at present existed to ascertain whether they were so qualified, or otherwise. They occasionally met with persons practising as medical men, whom nobody knew anything about, and although they might ask who they were, they could not always hope for a satisfactory answer to their inquiries. By the proposed system of registration, that difficulty would be done away with, because every respectable practitioner would be found upon the register, and there would be no occasion to ask who and what he was. The second part necessarily involved the regret that no provision was made for the protection of the registered practitioner. That was a most important feature in the bill, and it was difficult to say upon what grounds the framer of the bill had consented to such an omission. It was perfectly contrary to the principle of every other profession. To act as a lawyer, without having served and qualified in the required manner and without being on the roll, would subject the offender to severe punishment. To act as a pilot, without being qualified by licence, &c., was an offence punishable by law. To act as a common auctioneer—as a person who values your chairs and tables, without the necessary qualification—was held to be an offence, and punishable by law; and in a profession where high educational attainments were required, including the study of natural philosophy, and other profound sciences, no protection whatever was to be provided; a man was literally to be allowed to dabble in all these matters—which of necessity could only be understood by those whose attention was devoted to it—without knowing anything at all about it. (Hear.) This failure in the bill could not be more palpable than the arguments upon which it was founded. It had been said that it was impossible to do away with quackery; he might also say that it was impossible to do away with thieving and other bad crimes to which men were addicted. But because no law could prevent thieving and murdering, and other offences, was it to be said that the law had no effect in endeavouring to prevent them? Precisely in the same position stood the medical profession; and because the law could not permit quackery, no means were to be taken to protect the practitioner. He had confined himself to the two subjects to which he had alluded, because the resolutions which were to follow would admit of observations which would bear upon other points of it. Mr. Swain concluded by moving the resolution—

> "That this bill, having proposed to make a high rate of professional education necessary for all registered practitioners, this meeting feel it would be a great injustice to withhold from such practitioners protection against the competition of uneducated individuals, in the removal of all existing restrictions as contemplated in the said bill."

Mr. J. Little seconded the resolution. He could not but feel his inability to do justice to the important matter contained in that resolution. He perfectly coincided with what had fallen from Mr. Swain. It would be in the highest degree unjust if the government removed the protection which the medical profession now enjoyed by the provisions of the Apothecaries' Act. That act had greatly benefited the profession, and its repeal would be an injustice to the members, which could only be obviated by the introduction of a clause in the proposed bill to the same effect.

Mr. May proposed the next resolution. He observed that it was with much pleasure he rose for the purpose of bringing under the notice of the meeting one feature in the bill proposed by Sir James Graham which did not call for that expression of disapprobation which some clauses were susceptible of. The resolution which he would have the honour to propose had reference to the formation of a council of health and education, for providing which he thought every member of the profession ought to be especially thankful to Sir James Graham. He thought, that while the constitution of the body would confer great advantages upon the profession, yet its manner of construction was open to great objection. Members of the medical profession were most likely to have the confidence of the profession and the public; but, in whatever way the body was constituted, it was necessary they should have the entire confidence of the medical profession generally. Mr. May moved as follows:—

> "That this meeting fully approves of the principle of forming a council of health and medical education, to provide an efficient and uniform standard of qualification for practitioners generally, and to afford assistance to government and the country at large in all questions referring to the sanatory conditions of the community—duties which this meeting are of opinion would be best performed by the intelligent, highly educated, and unbiassed members of the profession; they therefore view the constitution of the council as proposed in the bill to be highly objectionable."

Mr. Watson concurred with what had fallen from the last speaker, and seconded the resolution, which, like the others, was carried unanimously.

The following resolution was moved by J. Little, Esq. and seconded by J. May, Esq.:—

> "That this meeting, feeling deeply sensible of the benefits which have resulted from the able administration of the Apothecaries' Act, beg to record their most grateful thanks to the worshipful society for the manner in which they have raised, mainly by the operation of the restrictive clauses of their act, the education of general practitioners of medicine to its present high standard."

The next resolution was proposed by Mr. Laity, and seconded by Mr. Cole. Other resolutions followed, and the thanks of the meeting having been voted to the chairman, who acknowledged the compliment, the meeting separated.

VOTE OF THANKS TO MR. WAKLEY.

Devonport, Oct. 5, 1844.

SIR,—I have much pleasure in conveying to you the sense of the members of the profession of the borough of Devonport and parish of East Stonehouse of their obligations to you for your readiness at all times in the House of Commons to advocate the rights of the profession, and for the uncompromising denouncement of the obnoxious clauses of Sir James Graham's bill at the moment it was presented to the House. I am further instructed to thank you for the powerful manner in which you exposed the absurdities and fallacies of the said bill, as well as for the interest you have for so many years taken in the welfare of the profession in the pages of your much-valued journal.

I have the honour to be, sir, your obedient servant,

JOSH. MAY.

Thomas Wakley, Esq. M.P. &c. &c.

WORCESTER.

A GENERAL meeting of the members of the medical profession of this county was held at the Infirmary, on Thursday, October 3, Dr. MALDEN in the chair, for the purpose of considering the provisions of the medical bill recently proposed by Sir James Graham.

A series of resolutions had been prepared by the open committee lately appointed, and these were read to the meeting by the chairman. They were afterwards submitted *seriatim*, and carried unanimously. The second resolution adopted by the meeting declared the bill to be essentially defective in not containing a clause for the punishment of unqualified and unregistered persons, the absence of which the meeting considered would be productive of incalculable injury to the public and to the profession. This position was warmly upheld by the several speakers who addressed the meeting, amongst whom may be specially mentioned Dr. Hastings and Dr. Malden, (in opening the business of the day.) It was finally resolved strenuously to oppose the bill unless a protective clause was introduced, and a petition to parliament on the subject was adopted; a circular was also directed to be addressed to each member for Worcester—county, city, and the boroughs in the county—soliciting co-operation.

The speakers generally acknowledged the courtesy of the home secretary in giving the profession timely warning of his intended proposition, and expressed a sanguine hope that, upon the general representations of the profession throughout the country, he would see fit so to amend his bill as to render it unobjectionable.

Dr. HASTINGS, in moving the second resolution, spoke as follows, with reference to the absence of protection to the regular medical practitioner:—"Great as is the estimation in which I hold the greater part of the provisions of Sir James Graham's bill, and looking on it as I do as the offspring of an enlightened and a paternal government, I would much rather the profession remained in its present incongruous state, than that, under the sanction of the law,—for here is the real mischief,—should be produced a state of things which must be far worse."

The remaining resolutions having been severally moved, seconded, and carried, the meeting broke up.

THE RESOLUTIONS.

Moved by M. PIERPOINT, Esq. of Worcester; seconded by F. DAVIS, Esq. of Pershore:

"That it is the opinion of this meeting that the present regulations of the medical profession require extensive and speedy amendment; and that the bill proposed by Sir James Graham contains many provisions that would tend materially to effect the improvements that are necessary."

Moved by Dr. HASTINGS, of Worcester; seconded by A. MARTIN, Esq. of Evesham:

"That it appears to this meeting that the bill is essentially defective in not containing a clause for the punishment of unqualified and unregistered persons, and that the absence of such a clause would be productive of incalculable injury to the public and to the profession."

Moved by Dr. STREETEN, of Worcester; seconded by J. H. WALSH, Esq.:

"That it is the duty of every member of the medical profession strenuously to oppose the bill, unless a satisfactory protective clause be introduced."

Moved by JOHN CLARIDGE, Esq. of Pershore; seconded by JAMES ORWIN, Esq. of Worcester:

"That a petition be presented to parliament by the practitioners residing in this county, for the purpose of obtaining that protection for the profession and the public which is absolutely essential to the welfare of both."

Moved by Dr. COOPER, of Feckenham; seconded by G. M. PRITCHETT, Esq. of Kempsey:

"That a letter be addressed to each member of parliament for this county, city, and the boroughs, to request his active co-operation."

Moved by Dr. PORTER, of Evesham; seconded by H. DAVIS, Esq. of Worcester:

"That it appears to this meeting, that much credit is due to the Apothecaries' Company for the manner in which they have carried out the Act of 1815, as they certainly took the lead of other bodies in enforcing a high standard of medical qualification. If, therefore, it has become necessary to repeal the Apothecaries' Act of 1815, it seems highly expedient that some arrangement should be made in the bill whereby the licentiates of medicine and surgery would be represented in the council of health."

Moved by H. BUDD, Esq.; seconded by J. GREENING, Esq.—

"That as it must be evident that the welfare of the public is deeply concerned in having a well-organized system of medical polity, this meeting invite all classes of the community, and more especially the members of the legal profession, to co-operate in endeavouring to obtain the assistance of the members of parliament of this district, in amending the medical bill introduced by Sir James Graham."

Moved by Dr. MALDEN, and carried by acclamation—

"That the thanks of the meeting are due to the honorary secretary of the committee, Dr. Williams, for his efficient services, and to Dr. Streeten, the editor of the "Provincial Medical and Surgical Journal," for his able advocacy in that journal of the objects which the present meeting has in view."

IPSWICH.

ON Friday, Oct. 4, a special general meeting of the Suffolk branch of the Medical and Surgical Association, and of the profession generally, was held at the New Assembly Room, Ipswich, to take into consideration a bill lately introduced into the House of Commons by Sir James Graham, Bart., entitled, "A Bill for the better regulation of Medical Practice throughout the United Kingdom."

The meeting was very numerously and respectably attended by the profession.

Mr. BREE said, as a desire had been generally expressed that a meeting should be called to discuss the measure lately introduced by Sir James Graham, he had convened the present by circular; it being felt that one of the great objects of the Suffolk branch of the Medical and Surgical Association was, to assemble together upon subjects of this nature. (Hear, hear).

Mr. BULLEN, who was called to the chair by acclamation, said they were all aware that the meeting was convened for the purpose of taking into consideration a bill lately introduced into the House of Commons by Sir James Graham, entitled, "A Bill for the better regulation of Medical Practice throughout the United Kingdom." He hoped that this measure, fraught with dangerous consequences alike to the profession and the public, would be freely and fully discussed; at the same time, he earnestly entreated that it might be deliberated upon fairly and dispassionately. (Hear, hear.) It was irrational to suppose that a government called upon to legislate for the medical profession would designedly degrade it, and thereby injure the community at large. It would be unjust towards Sir James Graham to impute to him unworthy motives, when, in the House of Commons, he distinctly stated he desired that the provisions of this bill should be fairly canvassed; and he had afforded the medical profession ample time for that purpose. Let the medical profession, then, judge for themselves, and not be led away by the virulence of others; let them firmly, and at the same time respectfully, point out what they conceive to be the errors in this bill; then let them claim that protection which their expensive course of education justly entitled them to expect. With these few remarks he should be most happy to receive any resolutions about to be proposed, and to hear any remarks that might be made. (Applause.)

Mr. BREE then read letters received from gentlemen, severally regretting their inability to be present, but fully and entirely concurring in the object of the meeting; some of these gentlemen stating Sir James Graham's measure to be degrading to the profession, and injurious to the public.

Dr. BECK, in proposing the first resolution, said he certainly must follow, though in a very unequal step, in the path the able president had taken with regard to this bill. Some of its provisions, he did not doubt, would be found objectionable by gentlemen present, but he thought they had no cause to fear that Sir James Graham did not intend to do justice both to the public and to the profession. He thought those who looked carefully through

the different clauses would feel that no ordinary time and attention had been given in the preparing of the bill; and therefore they had good grounds for believing that what had been done shewed that Sir James Graham was well disposed towards the medical profession, and that he would listen to any suggestions made respectfully and temperately upon this occasion. He believed also that the members for the county would be inclined also to forward their views as much as possible. When they looked back to the different views taken by different members of the profession with regard to the degree of reform required, he thought it hardly could be supposed that Sir James Graham's bill would meet the views and desires of all. It seemed most difficult to determine what reform meant, and he thought as so much time had been allowed by Sir James Graham, the medical profession would be able to conclude that what was objectionable in the bill had arisen, perhaps, from want of sufficient information being furnished from all quarters—that what was objectionable would by and by be rectified by the different views taken by the different members of the profession being brought to bear upon the question before the meeting of parliament. It was quite unnecessary to remark that the public were quite as deeply, he might say much more, interested in the measures the medical profession wished to see adopted, than the members present; for to the public the whole question was a matter of infinitely greater moment, than to the members of the medical profession. Dr. Beck concluded by moving the following resolution:—

> "That this meeting having carefully considered the provisions of a bill recently introduced into parliament by the Right Hon. Sir James Graham, Bart., entitled, 'A Bill for the better regulation of Medical Practice throughout the United Kingdom,' is bound to express its entire concurrence in those parts of the measure which they consider will secure a better education, and which acknowledge the principle of a higher and more uniform standard of qualification for the members of the medical profession."

Mr. Crowfoot seconded the resolution. Having read the bill carefully, and considered it, unbiassed by the hostile reception it had met with from the journals generally, he confessed it did appear to him to be very wisely calculated to correct the present anomalous state of the profession, and to raise its character generally, particularly that of the general practitioner. The physician and the surgeon had an established rank; but the general practitioner it would raise from the trade of the apothecary to the profession of a medical practitioner; it would enable him, after a certain time, whatever might have been his first education in life, to raise himself to the rank of a surgeon or physician, placing him by the side of the first men in the country, if his talents justified him in laying claim to such a distinction. In his own neighbourhood, the medical profession had never resisted what they might call encroachments on the part of the druggists—they were allowed to prescribe and to do as they pleased. If the public employed medical men, the latter said they must be paid. If the druggists got the same possession of public opinion as that enjoyed by the professional men, he did not know that there would be much to prevent the druggists carrying away a great deal of the practice. The medical men had not interfered with the druggists, and he thought the less they interfered with people of that class, the better. The great thing was to prevent quackery, and the next thing was to prevent unfair conduct on the part of medical men towards each other. This could be done more by gentlemanly feeling than by any legislative enactment. The medical men must depend more upon themselves. (Applause.)

Dr. Durrant, in proposing the second resolution, said, with reference to the proposed measure, however much the members of the medical profession might differ in respect to some of the clauses proposed, there was one clause, he thought, upon which the greatest unanimity of feeling prevailed—a clause which, if it were allowed to become law, would act not only most fatally, with reference to the public, but in every way most injuriously to the practitioners of medicine. It was not what the public usually understood by the word "quackery" only; it was not with that they should now engage their attention. But as a general registration was about, in all probability, to take place, it was to those individuals who may hereafter presume to practise medicine—it was to these, he thought, some protection was essentially and absolutely necessary, especially to the public, and he might say equally to all the members of a well-educated profession. There were some points in Sir James Graham's bill which were admirable—the proposed system of registration, and above all, an improved system of education. He thought the thanks of the profession due to Sir James Graham for bringing forward this bill, and giving the medical profession time, carefully, and calmly, and dispassionately, to discuss its provisions. It was a difficult subject when they got upon reform, but he thought the reform in medicine should consist of, in the first place, an improved system of education, and, in the second place, as admirably remarked by Mr. Crowfoot, the reform required should commence with the medical profession itself. He did not see why the education of other days should not be still further surpassed by the education of the present time. He would have the student examined at the bedside of the patient—he would have him examined in the dissecting-room, by the side of the subject. With reference to throwing open the practice to "all and any," it must prove extremely injurious to the public and to the profession. If, at the same time, an improved system of education be introduced, it surely could not be fair to place those honourable individuals who undertook to encourage such a system, on a par with men of one year's standing—it would not be fair to place both parties on the same level. There should be some decided protection to the medical profession, and the public must and would receive the benefit. (Applause.) Dr. Durrant then moved as follows:—

> "That this meeting, while it approves those parts of the bill which it trusts will raise the position of the profession, at the same time views with surprise and alarm those clauses of the measure in which it is proposed to throw open the practice of medicine to ignorant and unqualified pretenders, by which the public will be deprived of all security, and the profession of that protection to which, as a large and important body of educated men, they consider themselves entitled."

Dr. Bedingfield, in seconding the resolution, said—He felt great pleasure in rising to second the resolution which had just been submitted to the consideration of the meeting; before he did so, however, he would, with their permission, make a few observations. The critical circumstances in which they were at this time placed would scarcely allow them to be what the millers call "mealy-mouthed," they must speak out boldly, and in terms that could not be misunderstood. It was all very well to be very humble, very respectful, and very courteous, in their demeanour when they approach the representatives of the collective wisdom of the nation; but if they might judge of the future by the past—if they had nothing more persuasive than their courtesy and humility to urge in support and furtherance of their rights and interests—it was much to be apprehended that their humility would be treated with official insolence, and their courtesy with contempt. The Provincial Medical Association, with the utmost courtesy and respect, solicited, some months ago, an interview with the Secretary of State for the Home Department, but the Right Honourable Gentleman (an epithet, alas! how rarely merited) refused to receive the deputation. What reason had they then to expect liberal measures from a person who had already thus insulted them, and had, moreover, insulted the whole profession, by procuring, in the face of these remonstrances and petitions, a new and most exceptionable charter for the College of Surgeons, before their grievances had been investigated, and their wrongs redressed? Never was there advice more pernicious than was, upon this occasion, tendered to the crown—never was there advice more calculated to alienate the affections of a loyal, dutiful, and attached class of subjects from their sovereign. From all such ministers may God grant her most gracious majesty, as well as themselves, a speedy and a safe deliverance. From Sir James Graham they had nothing to hope, but everything to fear. "Do men gather grapes of thorns, or figs of thistles?" Even the least objectionable parts of a measure, emanating from such a quarter, they would do well to regard with suspicion, and not to sanction without the fullest and most mature consideration; but the flagrant and undisguised design to let loose upon the profession and the public a host of harpies, more numerous and destructive than all the plagues of Egypt, they must oppose by every means in their power. To Sir James Graham's bill might be applied the following quotation:—

> "Monstrum horrendum, informe, ingens, qui lumen ademptum."

Not only was it without light in itself, or with only just light enough in it to make its darkness visible, but it was especially contrived to put out the eyes, to mutilate the limbs, and to terminate the existence, of thousands and tens of thousands of our fellow creatures. This bill had also three other objects in view: the first was, to increase the revenue, by encouraging quacks, quack medicines, and quack advertisements; the second was, to increase the patronage of the ministers of the crown; and the third was, to place the medical profession at the mercy of the poor-law commissioners, and the secretary of state for the home department. The greater part of this measure, he (Dr. Bedingfield) had no doubt, was concocted at Somerset House. It bore the impress of Messrs. Chadwick and Co. in characters so legible, that he who ran might read them. There was no necessity for us to have recourse to that gentlemanlike expedient of

violating the sanctity of the post-office, to penetrate the secrets of the Malthusian star chamber. It was clear that their high-mightinesses were extremely anxious to take them still further under their protection. Many of those present were, at this time, enjoying the sweets of office under their gentle domination, and had, doubtless, already found that their yoke is easy, and your burdens light. But, notwithstanding all these blessings conferred upon them, no stone must be left unturned; they must concentrate all their energies to defeat this treacherous bill; and in his (Dr. Bedingfield's) humble opinion, no means would be found so effectual as for them, at this juncture, to enter into a political union. When they should wait upon their worthy representatives, to explain to them their views, their wants, their wishes, and their grievances, and respectfully to solicit their support, let them, at the same time, distinctly understand that they had come to an unanimous determination to oppose, at the next general election, (which probably is not far distant,) any candidate, whatsoever his political creed may be, who should vote for this bill. This determination once avowed, and unanimously carried into operation, would instantaneously, aye, with the power and velocity of a discharge from a galvanic battery, change the aspect of their affairs in the House of Commons. Honourable members would pause before they consented to risk their seats by drawing upon themselves the hostility and opposition of so large and influential a body as the professional men of the United Kingdom, merely to gratify the vagaries, or to support the illogical, unphilosophical, inhuman, unstatesmanlike dogmas and devices of a secretary of state for the home department. During a late administration, one of these secretaries, instead of exercising, as was his bounden duty, a wholesome directing and controlling power over the poor-law commissioners, was, upon every occasion, their eulogist, their apologist, their advocate, their defender, their supple lackey, and obsequious tool. To mark their detestation of such sycophancy, he (Dr. B.) strongly urged the council of the British Medical Association to oppose his election for the city of London. The advice was not acted upon, and he was elected by a majority of only ten or a dozen votes. It was evident that had the recommendation been followed up, the result would have been very different, and a great moral lesson would have been inculcated. To come nearer home,—if the medical men of this town were to form themselves into a committee to oppose any gentleman inimical to their professional interests, would not that gentleman's seat be placed in jeopardy? The editor of the "Times" newspaper recommends the line of conduct which he had been advocating. This was not the first, nor the second, nor the third time that he had pointed out the necessity of their acquiring more influence in the House of Commons. It is now just ten years ago that, in this town, he (Dr. B.) gave it as his opinion that it was of paramount importance "that physicians, surgeons, and general practitioners throughout the kingdom, should unite to return a certain number of members to the House of Commons, to watch over, protect, and advance their interests." Ten precious years have glided away without an attempt having been made to acquire that influence; but he did most sincerely hope that as many weeks would not now be suffered to elapse before the profession would be organized, and prepared to carry those suggestions into effect. He had to apologize for having occupied so much of their valuable time, but the subject had appeared to him to be of such immense importance that he could not feel satisfied cursorily to pass it over. Of one thing, however, he felt thoroughly convinced, and that was, that if they could demonstrate to their representatives that, in supporting medical interests they would be consulting their own, they might spare themselves the trouble of waiting upon them. But let them not be discouraged, even if they should be once more thwarted in their efforts to defeat this conspiracy against their honour and their interests, and against the best interests of humanity, but let their failure stimulate them to fresh endeavours. Let them continue united in their hearts and in their hands, and, if need be, let them unite their purses and their voices. Yes, the voice of an united profession was a mighty voice, and when uplifted in the cause of truth, justice, and humanity, it must ultimately triumph. Let them bear in mind that—

"Magna est veritas et prævalebit."

The resolution passed unanimously.

Mr. Martin said, the system suggested by Sir James Graham, would have no effect whatever in preventing the introduction into the profession of uneducated men, and proposed the following resolution:—

"That it is the decided opinion of this meeting that the unrestrained practice of medicine or surgery, by uneducated or unqualified men, will not only be risking the lives of the public, and be seriously injurious to the interests of the educated and registered practitioner; but will also indirectly tend to remove that stimulus in scientific investigation, by which the science of medicine has of late years been so much advanced. And this meeting most unequivocally states that it considers the system of 'inducement,' suggested by Sir James Graham, will have no effect whatever in preventing the practice of uneducated or unqualified individuals."

C. C. Smith, Esq., seconded the resolution, which was carried unanimously.

Dr. Rankin, in moving the adoption of a petition to both houses of parliament, said he should cordially co-operate in the endeavour to prevent the evil likely to arise from this bill. But, in common with others, he did not look upon it with the alarm expressed by Dr. Bedingfield, nor did he conceive that one in Sir James Graham's station would ever bring forward a bill which he thought would really tend to degrade the profession. He regretted the tone of Dr. Bedingfield's speech—that he should recommend a political combination to bear upon the House of Commons. The truth was, the medical profession were not so independent that they could fly in the face of the public. What could they do in canvassing for votes prior to an election? In comparison with the weight of numbers on the other side, their influence would be as a grain of sand. (Applause.) If they, even all of them, refused to vote for members of parliament supporting the bill, it would avail them nothing at all. (Applause.) He was sure the profession would be materially benefited by the system of registration. He thought the mainly objectionable part of the bill was that which took away the restrictions, small as they were, already existing against unlicensed practitioners. He quite agreed that no legislative enactments could put down quackery, but that was no reason why they should not endeavour to stem the current. (Applause.) He was quite certain something might be done, but he was not prepared to say what. If necessary, every person dying under the hands of an unlicensed practitioner, might be subjected to a coroner's inquest. That might do something towards checking the progress of quackery, and other measures might be adopted to render it as harmless as possible. In conclusion, he would reiterate the remarks of Mr. Crowfoot: the way for the medical profession to establish itself in public opinion, and to enable it to occupy the position it had a right to command, was for them to be careful of their own conduct. Let every preliminary part of education be good, and let every man in practice be cautious how he conducted himself towards his brother practitioners. By attending to this, they would find themselves in a higher position than they occupied at present. Dr. Rankin concluded by moving—

"That a petition, embodying the previous resolution, be presented to both houses of parliament."

Spencer Freeman, Esq. seconded the resolution.

The following resolutions were also carried unanimously:—

Proposed by H. Beck, Esq., seconded by J. Growse, Esq.—

"That this meeting sincerely hopes the members of the county and borough towns of Suffolk will strenuously oppose, in parliament, any measure affecting the medical profession, which throws open the practice of medicine to ignorant and unqualified men. That the petition to the House of Commons be presented by Colonel Rushbrooke, and that Lord Stradbroke, the lord-lieutenant of the county, be requested to present the same to the House of Lords, and that the other members connected with the county be requested to support its prayer."

Proposed by H. Wilkin, Esq., seconded by R. Growse, Esq.—

"That this meeting is of opinion that the most effectual means of suppressing illegal practice would be attained by subjecting the offending parties to a fine of not less than five pounds for each offence, upon information before, and summary conviction by, two of her Majesty's justices of the peace."

Proposed by J. Davey, Esq., seconded by J. Pennington, Esq.—

"That the following gentlemen be constituted a committee to watch the progress of Sir James Graham's bill, and adopt what measures they deem expedient to promote the interests and support the dignity and honour of the profession, with power to add to their number:—Dr. Beck, Ipswich; Dr. Durrant, Ipswich; W. H. Crowfoot, Esq. Beccles; C. C. Smith, Esq. Bury; Dr. Rankin, Bury; R. Martin, Esq. Holbrook; J. Growse, Esq. Hadleigh; — Blyth, Esq. Woodbridge; — Jones, Esq. Woodbridge; G. Bullen, Esq. Ipswich; G. Sampson, Esq. Ipswich; and C. R. Bree, Esq. Hon. Secretary."

Proposed by G. G. Sampson, Esq. seconded by G. Gross, Esq.—

"That the best thanks of this meeting be presented to 'The Times' newspaper, for its powerful and disinterested support of the medical profession."

Proposed by Dr. Lanchester, seconded by G. Gissing, Esq.—

"That the best thanks of this meeting be presented to Thomas Wakley, Esq. M.P., and those editors of the medical press who have so ably advocated the welfare of the public, and the rights of the profession, as implicated by Sir James Graham's bill."

A vote of thanks was passed to the chairman by acclamation.

SALISBURY.

VOTE OF THANKS TO MR. WAKLEY.

October 9th, 1844.

Sir,—I beg to inform you, that at a public meeting of the medical practitioners of this city and county, held at the Council Chamber, on the 8th inst., a resolution was unanimously carried, offering "a vote of thanks to the editor of The Lancet, for his able advocacy of the interests of the profession." I have the honour to be, your obedient servant,

John Winzar, Hon. Sec.

Thomas Wakley, Esq., M.P.

MEDICAL SOCIETY OF LONDON.

Monday, October 7, 1844.

DR. THEOPHILUS THOMPSON, PRESIDENT.

In answer to a question having reference to the discussion at the last meeting, Dr. Willshire did not attribute the production of dyspepsia to tea in the abstract, but rather to the large quantities of warm water which were swallowed by inveterate tea-drinkers.

Mr. Dendy would not condemn tea so generally as some speakers had done. In some forms of dyspepsia it was often of much service; in others it might be injurious. After chyme had been formed, diluents were useful in promoting digestion, and tea was frequently the best diluent. He referred to its influence on those individuals who, after dinner, were unable to follow any occupation for two or three hours, but who were re-invigorated by a cup of tea. In regard to the effect of mental exertion on the functions of the stomach, he believed that much depended on the temperament of the individual, and that great mental efforts, by themselves, in thinking individuals, were never productive of bad consequences. He instanced the labours of Dr. Copland, in the completion of his Dictionary, to shew that this remark was just. The doctor not only maintained his health, but got robust and fat.

Mr. Crisp detailed the particulars of a case of puerperal convulsions occurring in a spare woman about twenty-two years of age, in labour with her first child. The convulsions were preceded by pain in the head, and an œdematous condition of the face and upper extremities. Bleeding to a small extent was resorted to, followed afterwards by diffusible stimulants. The chief point in the case, however, was the circumstance of albumen being found in the urine, a fact which bore out the observations of Dr. Lever, who in a series of cases recorded in Guy's Hospital Reports, had found that albumen had been present in several cases of puerperal convulsions, and had been led to conclude that some very intimate relation existed between this condition of urine and the cause of the convulsions. What this connexion really was remained yet to be discovered; probably future observations might detect it. In Mr. Crisp's case, the convulsions ceased immediately on the occurrence of expulsive efforts in the uterus. The woman regained her usual health, but the urine continued albuminous for some weeks afterwards.

Dr. Lever remarked that his attention was first drawn to the presence of albumen in the urine in cases of puerperal convulsions, by observing the great similarity which existed between these convulsions and those attendant on cases of Bright's disease. Subsequent experience in several cases had convinced him of the fact of the urine containing albumen in cases of puerperal convulsions. He would not pretend to fill up every link in the chain of causation, respecting the influence that albumen in the urine might have on the production of the convulsions, but the simple fact that they existed together in all the cases he had lately seen, was unquestionable. Two cases, however, had been mentioned to him—one by Dr. Waller, the other by Dr. Ramsbotham, in which albumen was *not* to be detected in the urine. He could not give any information respecting the absence or presence of other constituents in the urine, as the analysis made in reference to this point had not been satisfactory. The albuminous condition of the urine in Mr. Crisp's case existed for a longer period than was customary. Generally, this fluid ceased to contain albumen a few hours, or at most a few days, after delivery; the only exceptions to this rule had occurred in a case in which puerperal inflammation of the joints, and in another in which phlegmasia dolens had succeeded the convulsions. In these cases, the urine remained albuminous for some time. He had examined only one case in which the convulsions had proved fatal, and in this the kidneys were much congested; the same condition of this organ had been observed also by Professor Simpson, of Edinburgh. In relation to the treatment of puerperal convulsions, he thought bloodletting was too much resorted to generally, and recommended the employment of tartar emetic and other means which we possessed of lowering the circulation, without producing the debility consequent upon loss of blood. He spoke of the importance of preventing puerperal convulsions in those cases in which the premonitory symptoms, such as swelling of the face and upper extremities, dryness of skin, &c., presented themselves. These conditions might be removed, and the convulsions prevented, by the use of purgatives, antimonials, and the warm bath. He related a case in point.

Dr. Thompson had frequently observed convulsions in men, boys, and women, in whom there existed a peculiar condition of the blood similar to that which obtained in albuminuria. These convulsions might be more frequent in women, in whom this condition of blood was combined with pressure on the circulation by the gravid uterus.

Dr. Bennett related the case of a man in whom there was total suppression of urine for ten days. The case followed scarlet fever; there was some slight œdema, but no symptoms referrible to the nervous system. Death was preceded by three slight convulsive attacks.

Mr. Dendy considered that puerperal convulsions depended on a peculiar condition of the constitution coincident with pressure on the large veins by the gravid uterus. Albuminous urine often existed where its presence was not suspected. It was present in cases of impacted colon, and might arise from long-continued repose on the back. Anything, indeed, which caused congestion of the renal vessels might produce it.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

REPORT OF SOME CASES OCCURRING AMONGST THE OUT-PATIENTS, TREATED BY HENRY JAMES JOHNSON, ESQ., SENIOR-ASSISTANT SURGEON.

The following cases are extracted from the books of the out-patients under the care of Mr. Henry James Johnson. Cases of this description illustrate the prevalent diseases of the metropolis, and their treatment and results must therefore interest the practical members of the profession.

CASE I.—"HORN" GROWING FROM THE SCROTUM — ITS SEBACEOUS ORIGIN—CHIMNEY-SWEEPER'S CANCER SUBSEQUENTLY DEVELOPED.

Frederick M——, aged 23, chimney-sweeper, admitted April 12, 1843, has a sharp horny projection growing from the front of the scrotum on the right side of the raphé. The base is rather tender on pressure. He first perceived it seven months ago. It was then a small flattened tumour, with a circular base, with some horny matter on the surface, of a black colour, which he was in the habit of picking out, like a corn. Has increased much in size within the last two months. On the left side, one, commencing, resembles a small sebaceous tumour, with black horny matter on the surface, just beginning to be formed; first perceived it a week ago. Has got a severe cough, with pain in the chest.

℞ Blister to the sternum; saline draught, with a quarter of a grain of tartarized antimony, every sixth hour. Cast to be taken of the tumour.

April 18th.—Cast could not be taken, as it caused too much pain. Cough better, and pain in the chest relieved. Both horny productions excised. Opposite sides of wound of larger horny growth, united by a suture, and a few strips of plaster applied. The horny production was consigned to Mr. Toynbee for microscopic examination. Mr. Toynbee said he had removed a larger one from the abdomen of a man, near the umbilicus. Mr. Toynbee examined the horn, and found, as anticipated, that it was made up of sebaceous matter in a state of inspissation. The patient, who was a good deal alarmed at the operation, soon discontinued his attendance as an out-patient. The wound healed, but in the course of a few months he was admitted into the hospital with

chimney-sweeper's cancer in the cicatrix, resulting from the excision of the larger horn.

Mr. Johnson observed to the students, that instances of "horns" growing from the surface of the human body were occasionally seen, and had often been recorded. Some marvellous stories, indeed, had been told of them. Their origin in the sebaceous follicles was pretty generally admitted, and their greater frequency in the scalp than elsewhere was consistent with that supposition. In the present instance, microscopical examination gave direct confirmation to it.

CASE 2.—TUMOUR CONNECTED WITH THE LOWER JAW—ITS REMOVAL BY COUNTER-IRRITATION AND IODINE.

Betsy S——, married, aged 25, August 15, 1843—has a hard globular tumour situated on the right ascending ramus of the inferior maxillary bone. The tumour feels solid, and incorporated with the bone; it prevents her opening her mouth beyond half an inch. Considerable tenderness on pressure, and some redness of the skin. General health pretty good, but habit strumous. She has noticed the tumour for four months—it has increased slowly; she attributes it to a blow.

℞ Four leeches to the tumour; solution of potash, one drachm, daily, with toast and water; aloe pill with myrrh, ten grains, p. r. n.

Aug. 22nd.—Repeat four leeches to the tumour; aloe pill.

26th.—Repeat the leeches; aloe pill.

29th.—Repeat the leeches; aloe pill.

Sept. 2nd.—Swelling considerably reduced in size; opens her mouth a little wider.

℞ A cantharides plaster to the tumour; p. c. the solution of potash and pills.

9th.—Repeat the cantharides plaster.

℞ Iodide of potassium, two grains; distilled water, one ounce and a half, twice a day; p. c. pill, omitting the solution of potash.

23rd.—Repeat cantharides plaster.

P. c. draught and pills.

Oct. 7th.—Opens her mouth still wider, and tumour much diminished.

℞ Cantharides plaster; p. c. medicine; iodide of potassium ointment to the tumour; p. c. draught.

Nov. 11th.—Is not so well; cannot open her mouth so wide as she could; has pain in the head, and is very pallid.

℞ Cantharides plaster to the tumour; infusion of roses, an ounce and a half; sulphate of magnesia, half an ounce, every morning. Omr. alia.

17th.—Pain in the head relieved; tumour has not much diminished of late. Repeat the cantharides plaster to the tumour.

Dec. 2nd.—Tumour diminished, and opens her mouth better again; is very pale, and general health delicate.

℞ Compound decoction of sarsaparilla two ounces; iodide of potassium, five grains, twice a day; iodine plaster to the tumour; compound extract of colocynth, nocte, p. r. n.

Jan. 5th, 1844.—Opens her mouth well, and nearly to natural extent; but little swelling to be felt now; has improved much since the iodine plaster was applied; she removed it a fortnight ago, as it irritated her face too much then; has taken her sarsa. and iodide of potassium.

12th.—Repeat iodine plaster.

19th.—Side of face inflamed from iodine plaster; this to be removed. P. c. sarsa.

27th.—The redness of face soon subsided after the removal of the plaster; still some swelling and hardness before the ear.

Feb. 9th.—Has got a fresh attack of inflammation on that side of the face, with pain all over the right side of the head; tumefaction and hardness near the ear do not diminish; can open her mouth nearly as wide as natural.

℞ Eight leeches to the face; saline draught; sulphate of magnesia, one drachm, twice a day. Omit the other medicines.

16th.—Much improved. P.

19th.—Compound decoction of sarsa., three ounces; iodide of potassium, four grains, twice a day.

23rd.—Is four months gone in the family way; opens her mouth very well, and scarcely any perceptible tumour now on the jaw.

℞ Iodine plaster to the jaw; p. c. medicines.

March 22nd.—The tumour has quite disappeared, and the general contour of that side of the face is as perfect as that of the opposite; opens her mouth as widely as ever she could.

Discharged cured.

Mr. Johnson observed that it was difficult to determine the precise nature of the tumour. His impression was, that it was rather *on* than *of* the jaw; some consolidation, perhaps, of inflammatory origin in the cellular membrane, in and about the masseter muscle, occurring in a person of a strumous constitution. With this view the treatment was conducted, and consisted, as may be seen, of leeches, followed by resolute counter-irritation, the solution of potash, until it brought down the patient's powers too much, when sarsaparilla, with the iodide of potassium, were substituted for it. At one time the tumour wore a rather ugly character, but the result was as fortunate as could be wished.

THE CONDUCT OF THE COUNCIL AT THE LATE ELECTION OF COUNCILLORS.

To the Editor of THE LANCET.

SIR,—I trust that, although opposed to the restrictive tenour of the charter of the College of Surgeons, lately granted by the Crown, the fellows will have the benefit of your able co-operation in compelling the council to the adoption of those regulations which shall be best for the interest and welfare of the profession. Although, Sir, you object to the limitation of the fellowship to the present small number, I presume that you approve of the profession being the elective body of the council; and I also presume that you, as the leader of a large body of the profession, are anxious that the council should not be the exclusive body which they have hitherto been, but that it should be thrown open to the deserving and talented among the profession, who I venture to say are not exclusively confined to the surgeons of hospitals. You are aware, Sir, that hitherto the council has been almost exclusively composed of those attached to public hospitals. One of the great boons which I conceived the new charter would confer upon the profession, was the breaking down of this odious monopoly. I fear, however, in this, judging from the election of the three additional members of the council on the 31st of July ultimo, the profession will generally be much disappointed. It is true that one of the gentlemen elected is not an hospital surgeon, but the very small majority (viz., three) by which he was elected, gives no guarantee that next year he will be re-elected.

But the remarks which I had intended to make have more reference to those gentlemen who were passed over and rejected, than to those who were fortunate enough to be elected. Among these, Sir, were many eminent and distinguished men,—men alike known to the public and the profession for their skilfulness, probity, and integrity. Among those passed over, not being nominated, occur the names of Mr. Carpue, Mr. Lloyd, Mr. Brooks, Mr. Kingdon, and Mr. Macilwain—five gentlemen to the full as deserving of the honour of a seat at the council board as many who have had that "greatness thrust upon them." Whether we regard the extent of the practice of these gentlemen, their advancement of their profession, their scientific acquirements, or their good repute among the public, we shall find that in a comparison with a majority of the council, they would not suffer from such a competition. The same remarks will apply with equal force to the two gentlemen, Sir Stephen Hammick and Mr. Gossett, who were put in nomination and rejected, the latter of whom, I see by your pages, has appealed, in a manly and straightforward address to the fellows, from the decision come to on the 31st ultimo.

I have read that address attentively, and cannot but arrive at the conclusion that the fellows have not only acted unwisely in rejecting one who has so great claims upon them, but that the council have, of aforetime, committed an injustice both upon him and the profession, in not having elected him to a seat at their board before. I will venture to say that one half of those at present constituting the council could not shew as much done for the improvement and advancement of their profession as Mr. Gossett has, in the address which he has published in THE LANCET. What, then, are Mr. Gossett's disqualifications for a seat in the council? The only possible one that I am aware of is, his not being attached to an hospital! If this had kept him out of practice, had prevented him from becoming an expert and dextrous operator, had shut him out from seeing disease on a large and comprehensive scale, in fact, had prevented him from becoming the man he is well known among the profession and the public to be, then would his non-attachment to an hospital have been some grounds for rejecting him. But the accident of his not being attached to an hospital has prevented none of these; the proofs of his scientific acquirements and beneficial additions to the art of surgery are in your pages, as likewise are those of others of the rejected; then again, I ask, why was Mr. Gossett—why was Mr. Carpue—why was Sir Stephen Hammick—why was Mr. Lloyd—

why was Mr. Brooks—why was Mr. Kingdon—why was Mr. Macilwain, rejected? I pause for a reply from one of those gentlemen who thought fit to reject, or not to nominate them.

Before concluding, I would wish to make one remark upon the way in which the business of the election was conducted. Is it not, Sir, a monstrous thing, that an assembly of twenty-one gentlemen should come to the deliberate decision that they would take no part in the election, and then that two of them should violate that agreement? Was it fair and honourable towards the other members of the council? Was it fair and honourable towards the other fellows, who might, but for this agreement, have been placed in the same favourable position in which Mr. Wellbank was, from his being nominated by two of the council? Mr. Gossett seems to think that his chance of election suffered by his not being so nominated: in this I do not agree with him; but whether the fact be so or not, a deep stain cannot but attach to the characters of those of the council who violated the agreement which two of them assert to have been come to among themselves. You, I think, Sir, will agree with me, that the matter cannot, consistently with the honourable reputation of Mr. Lawrence and Mr. Stanley, be suffered to rest here.

With many apologies for the length of this communication, which nothing but a deep sense of the importance of having the charter, *such as it is*, fairly and honestly administered, so as best to promote the interests and welfare of the profession at large, could have wrought upon me to write, I am, Sir, yours, &c.

DETUR DIGNIORI.

August 19, 1844.

A CHEMIST'S OPINION ON MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Within four hundred yards of my residence there are nine chemists' shops, six of which are kept by medical men; one, a *physician*, who has a transparency in his window, stating that advice is given to the poor every morning, and the medicines dispensed at the usual chemists' prices. Can it be wondered at if these three chemists, under these circumstances, use every means to prescribe and visit, sub rosa, as much as possible, *however opposed upon principle they may be to such a course*—they say, it is tit for tat. They would hail with satisfaction a law which put an end to such irregularities. My proposal would be, prohibit medical men from vending drugs, and the chemists from visiting patients under any circumstances, sending them both to gaol in cases of infringement of the law. Let the profession bring forward such a bill, and, I venture to say, the chemists, as a body, will assist them in carrying it into a law.

I am, your obedient servant,

ONE OF THE NINE.

THE CYCLOPÆDIA OF PRACTICAL SURGERY.

To the Editor of THE LANCET.

SIR,—The conditions printed on the cover of "The Cyclopædia of Practical Surgery," edited by Wm. B. Costello, M.D., state that the publishers engage for the regular appearance of the work in London, Edinburgh, and Dublin, on the first day of every alternate month." No. 1 was issued in April, 1837, and No. 12, with the article Gastro-hysterotomy half finished, in January, 1843. Perhaps Dr. Costello will be kind enough to furnish his subscribers with a little information respecting the causes of such delay, and when the next part is to be forthcoming. By inserting this note in an early number, you will greatly oblige,

A SUBSCRIBER TO THE LANCET.

Brighton, Sept. 30th, 1844.

MEETING OF THE MEDICAL PROFESSION AT GLOUCESTER.

To the Editor of THE LANCET.

SIR,—As a member of the Gloucestershire Medical Association, and one of those who attended the meeting, I wish to enter my protest against the *first resolution* that was passed. It is true, it was carried, but by a very trifling majority, and I feel assured such would not have been the case had the usual course been observed of allowing those present to have expressed their sentiments, unbiassed by any opinion from the chairman, who, on this occasion, opened the proceedings with a very lengthy speech, in which he attempted to prove that Sir James Graham's bill is a great boon to the profession; "nous verrons."

I am, sir, yours, &c.

FRED. RICHARDSON.

Cheltenham, Oct. 4th, 1844.

NEWS OF THE WEEK.

BETHLEHEM HOSPITAL.—Works of considerable magnitude are now in progress at this hospital, which when completed will add much to its utility as a charitable institution, whilst the comfort of the inmates will be materially enhanced, means being had recourse to to provide them with additional religious instruction, and with employment suited to their abilities. The works, which are from the design, and are being executed under the direction, of Mr. Smirke, architect, consist of two new wings, containing wards for convalescent patients, a new chapel, and a range of workshops. The wings are about 80 feet long, and comprise 12 rooms for male, and the like number for female patients, in which they are to be employed variously, according to the nature and circumstances of their cases. The chapel, which was rendered necessary by the increase in the number of patients, is in the centre of the building over the portico, and is to be surmounted by a new dome, now in course of erection. This dome will be about 150 feet high, and on its summit will be an octagonal cupola terminating in a copper vane. The workshops form a quadrangle of considerable extent, and comprise nine large rooms, all *en suite*, varying in size from about 21 feet square to 35 feet square; they will consist of shops, where the patients can be employed under proper masters in the trades of plumbing, painting, masonry, &c. It is in contemplation to erect a similar range of workshops connected with the criminal wing, which is under the control of the secretary of state. The dome already referred to will be by far the largest structure of the kind in England, with the exception of St. Paul's; it is built of Portland-stone and brick, covered with copper. The place is octagonal, and consists of an order of Corinthian pilasters, coupled with a range of windows between them, forming the clerestory of the chapel; and over the entablature are ornamental lunettes, by which the ventilation of the chapel is effected. (Times.)

TOWER HAMLETS MEDICAL MEETING.—We are glad to hear that a general meeting of the medical practitioners of the Tower Hamlets is announced for Tuesday, the 15th of October. Although rather late in the field, we are persuaded that our medical brethren in this part of London will prove themselves zealous and energetic opponents of the quacks' bill.

ELECTION OF M. LAUGIER AT THE ACADEMIE DE MEDECINE.—The well-known Paris surgeon, M. Laugier, has just been elected member of the Académie de Médecine. The following is the list of the candidates, and of the votes which they received:—M. Laugier, 52; M. Malgaigne, 21; M. Robert, 10; M. Huguier, 7; M. Vidal de Cassis, 7; M. Denonvilliers, 2.

MEETING OF THE PROFESSION IN HULL.—At a meeting of the provisional committee deputed to arrange a general meeting of the medical men of this district, to consider the provisions of Sir James Graham's bill, Dr. Alderson, F.R.S., in the chair, it was resolved to convene such meeting to be held at the Hull General Infirmary, on Tuesday, Oct. 22, at two P.M.

A public meeting of the medical practitioners in Hertfordshire who disapprove of Sir James Graham's Medical Reform Bill, is to be held in the Shire Hall, Hertford, on Friday, October 18th, at three o'clock, P.M., to petition both houses of parliament against that measure.

MORTALITY TABLE.

The deaths in the metropolis for the week ending September 28, were 932; for the week ending October 5th, 961. The weekly average of the last five years is 946, of the last five winters 1009.

	Sept. 28.	*Oct.* 5.
All causes	932	961
Specified causes	931	958
Zymotic (or epidemic, endemic, and contagious) diseases	232	247
SPORADIC DISEASES—		
Dropsy, cancer, and other diseases of uncertain or variable seat	114	109
Diseases of the brain, spinal marrow, nerves, and senses	136	150
Diseases of the lungs, and of the other organs of respiration	234	252
Diseases of the heart and blood-vessels	20	32
Diseases of the stomach, liver, and other organs of digestion	72	65
Diseases of the kidneys, &c.	8	6
Childbirth, diseases of the uterus, &c.	9	8
Rheumatism, diseases of the bones, joints, &c.	7	4
Diseases of the skin, cellular tissue, &c.	1	2
Old Age	54	47
Violence, privation, cold, and intemperance	44	36
Unspecified causes	1	3
Total	932	961

ROYAL COLLEGE OF SURGEONS.

GENTLEMEN admitted members on Friday, October 4:—E. Moore, T. Batt, J. F. Jones, G. Yates, T. Evans, J. Black, J. P. Smyth.

APOTHECARIES' HALL, LONDON.

NAMES of gentlemen who have obtained certificates of qualification to practise as Apothecaries:—Thursday, September 26, 1844—James Smart, London. Thursday, October 3, 1844—John Young Godwin, Sherborne, Dorset; Thomas Willey, Leicester; Thomas Christopher Weeden Cooke, London; Thomas Bowe Thwaites, Appleby; Douglas Hamilton, Ipswich; Rowland Tilton, Dursley.

CORRESPONDENTS.

In the paper on "An Antidote for Prussic Acid," which appeared in THE LANCET of October 5, the initials of Messrs. Smith were given as J. and J. H., whereas they ought to have been T. and H. Smith.

Would *Mr. Richard Eager* favour us with his address; it is omitted in the letter which he has forwarded to us.

We are not aware of the existence of any society that has been formed for the protection of medical interests against the unjust encroachments of benefit societies. This reply is addressed to our correspondent at Stafford, who must excuse not receiving a private letter.

J. B.—The inconvenience shall be avoided as much as possible.

The two cases of fracture of the skull, treated by Mr. Luke in the London Hospital, will be published by us next week. We thank *Mr. Cumming* for his communication.

An Interested Practitioner.—The thirty-first clause of Sir James Graham's bill does *not* preclude unregistered persons from using medical titles. The wording of the clause is obscure.

We have never heard or read of prussic acid being met with in the substance named by *F. W.*, and very much doubt its existence there.

We refer *Mr. W. Kemp* to the teachers of anatomy, (see Students' Number,) with whom he and his friends might make an arrangement suitable to both parties. We are not aware any popular course of lectures on anatomy is delivered in London.

Non-content had better address a petition to the Board of Examiners of the Apothecaries' Company, who will be sure to attend to his request.

Mr. W. Hinds' paper shall be inserted as soon as possible: want of space has alone been the cause of the delay.

A Stranger in London writes—"Being desirous of studying anatomical drawing during my leisure hours, I would be obliged if you could recommend a teacher of that art. As I am living on the Borough side, one residing at no great distance from Guy's Hospital would be preferred."

A Subscriber (Liverpool).—The Corresponding Vaccinators are appointed by the board. The appointment appears to be more honorary than useful. The surgeon to a Poor-Law Union who allows a druggist to vaccinate the parish cases, acts most improperly, and contrary to law. By so doing he, in fact, violates his engagement with the guardians. We cannot believe that a regularly-qualified member of the profession would continue to act in so reprehensible a manner, if he were admonished as to the impropriety of his conduct.

Did *Mr. J. W. Wilson*, of Monk Bretton, Barnsley, receive any answer to his communication of the 24th of July?

W. X. Y.—The sum named might, we believe, be legally charged for the reduction of the dislocation in question.

The petition of the medical practitioners belonging to the Brentford Medical Association, shall be published in the next LANCET. We entertain a strong regard for the petition, as it was the first that was addressed at any public meeting of the profession against the odious quacks' protection bill.

A Licentiate of the Apothecaries' Company of eleven years' standing, is informed, that he *would* be entitled to be registered under Sir James Graham's bill, and could legally claim any of the medical rights (such as they may be) which that bill, if enacted into a law, would confer.

We have received a copy of the petition to the houses of parliament adopted by the medical practitioners of Kidderminster: it shall be inserted next week.

The letter of *One who served in the Coolie Trade*, shall appear in our next number.

Medicus.—A sudden death is obviously one that occurs suddenly,—in other words, a death that occurs without any previous illness, or one that was preceded by an illness of only very brief duration: the words of the statute are, "persons dying suddenly."

Mr. J. E. Payne.—The parties are not liable to any penalties for selling poisons, as he has described; but the practice is a most disgraceful one, and imperatively calls for the intervention of the law.

Communications have been received from Dr. Epps—Dr. S. Wright—Studens novarum rerum—Mr. Dalrymple—A Constant Reader—Dr. P. B. Ayres—Priscianus—Mr. W. W. Saxton—M. D.—A Surgeon, Liverpool—Mr. O'Shea—D. W. Roden—An Edinburgh Graduate—Mr. J. W. Workman—Mr. W. P. Brooks—Mr. J. Fenwick—Medicus—Dr. Pidduck—Mr. E. Mayhew—Mr. Thomas Lichfield—Mr. Crisp—Mr. T. H. Hookman—Mr. Charles Webber—Z. A.—Dr. Guy.

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THE RAILWAY CHRONICLE

Of Saturday last, October 5, contains

The South-Eastern Direction—Chester and Holyhead Line—Shrewsbury, Birmingham and Grand Junction Difference—French Lines—Policy of New Railways—The Atmospheric System.

REPORTS OF MEETINGS: Manchester, Bolton and Bury—Durham and Sunderland, with the Report and Accounts—Great Southern and Western, with the Report—The Clarence Accounts.

PROJECTED LINES: Central Cornwall—West Cornwall—Diss and Attleborough—Halifax, Leeds, Bradford, and Huddersfield—Wymondham and East Denham—Blackburn, Darwen and Bolton—Direct Portsmouth, Atmospheric—West Yorkshire—Great Western, Irish—Cork and Bandon—Dundalk, Enniskillen and Derry—Goole and Doncaster—Railways in Portugal.

CORRESPONDENCE: Mr. Bridges on the Systems of Jouffroy and Prosser (*with an Engraving*)—Air Locomotives—Experiments at Paris—Inclined Railway in Liege.

RAILWAY LITERATURE: Cost of Transport on Railroads, by C. Ellis, C.E.

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TABLES IN CHEMISTRY.

The following Tables, which we publish in conformity with the expressed desire of numerous correspondents, will be found of the highest value to the readers of Professor Liebig's Lectures and of the other chemical papers which we hope to publish in The Lancet. The length to which they have necessarily extended obliges us reluctantly to postpone the Chemical Lecture to our next number, but the future Lectures of Liebig will appear with as little interruption as possible.

Every Chemist will at once recognise the usefulness and importance of these tables, which are more extensive and complete than can be found elsewhere. The numbers employed for designating the atomic weights of bodies are given variously upon the authority of various chemists. The tables of binary compounds shew how far the analogies between different bodies extend; and the apparent interruptions suggest subjects for investigation which would probably be in many cases successful. The composition and formulæ of organic bodies are not included, since a more perfect chemical history of them will be given in the Lectures than has been hitherto known.

Table I.

Chemical Symbols, (arranged alphabetically.)

Symbol.	Elements.
Ag.	Argentum (Silver.)
Al.	Aluminium.
Au.	Aurum (Gold.)
B.	Boron.
Ba.	Barium.
Bi.	Bismuth.
Br.	Bromine.
C.	Carbon.
Ca.	Calcium.
Ce.	Cerium.
Cl.	Chlorine.
Co.	Cobalt.
Cr.	Chronium.
Cu.	Cuprum (Copper.)
Di.	Didymium.
F.	Fluorine.
Fe.	Ferrum (Iron.)
G.	Glucinium.
H.	Hydrogen.
Hg.	Hydrargyrum (Quicksilver.)
I.	Iodine.
Ir.	Iridium.
K.	Kalium (Potassium.)
L.	Lithium.
La.	Lantanium.
Mg.	Magnesium.
Mo.	Molybdenum.
Mn.	Manganese.
N.	Nitrogen.
Na.	Natrium (Sodium.)
Ni.	Nickel.
O.	Oxygen.
Os.	Osmium.
P.	Phosphorus.
Pl.	Plumbum (Lead.)
Pd.	Palladium
Pl.	Platinum.
R.	Rhodium.
S.	Sulphur.
Sb.	Stibium (Antimony.)
Se.	Selenium.
Si.	Silicon.
Sn.	Stannum (Tin.)
Sr.	Strontium.
Ta.	Tantalum (Columbium.)
Te.	Tellurium.
Th.	Thorium.
Ti.	Titanium.
U.	Uradium.
V.	Vanadium.
W.	Wolfram (Tungsten)
Y.	Yttrium.
Zn.	Zinc.
Zr.	Zirconium.

Table II.

Chemical Equivalents of Elementary Substances, according to Liebig and Turner, (the elements arranged alphabetically.)

Elements.	Equiv.	Elements.	Equiv.	Elements.	Equiv.
Aluminum	13.7	Gold	199.2	Potassium	39.15
Antimony	64.6	Hydrogen	1	Rhodium	52.2
Arsenic	37.7	Iodine	126.3	Selenium	39.6
Barium	68.7	Iridium	98.8	Silicum	22.5
Bismuth	71	Iron	28	Silver	108
Boron	10.9	Lead	103.6	Sodium	23.3
Bromine	78.4	Lithium	6	Strontium	43.8
Cadmium	58.8	Magnesium	12.7	Sulphur	16.1
Calcium	20.5	Manganese	27.7	Tellurium	64.2
Carbon	6.12	Mercury	202	Thorium	59.6
Cerium	46	Molybdenum	47.7	Tin	57.9
Chlorine	35.42	Nickel	29.5	Titanium	24.3
Chromium	28	Nitrogen	14.15	Tungsten	99.7
Cobalt	29.5	Osmium	99.7	Vanadium	68.5
Columbium	185	Oxygen	8	Uranium	217
Copper	31.6	Palladium	53.3	Yttrium	32.2
Fluorine	18.68	Phosphorus	15.7	Zinc	32.3
Glucinium	26.5	Platinum	98.8	Zirconium	33.7

Table III.

Chemical Equivalents of Elementary Substances, according to Dumas and Prout, (the elements arranged alphabetically.)

Elements.	Equiv.	Elements.	Equiv.	Elements.	Equiv.
Aluminum	27	Gold	200	Potassium	40
Antimony	65	Hydrogen	1	Rhodium	52
Arsenic	38	Iodine	126	Selenium	40
Barium	69	Iridium	96	Silicum	8
Bismuth	72	Iron	28	Silver	108
Boron	20	Lead	104	Sodium	24
Bromine	78	Lithium	8	Strontium	44
Cadmium	56	Magnesium	12	Sulphur	16
Calcium	20	Manganese	28	Tellurium	32
Carbon	6	Mercury	200	Thorium	60
Cerium	48	Molybdenum	48	Tin	58
Chlorine	36	Nickel	28	Titanium	24
Chromium	28	Nitrogen	14	Tungsten	100
Cobalt	30	Osmium	100	Venadium	68
Columbium	185	Oxygen	8	Uranium	61
Copper	32	Palladium	54	Yttrium	32
Fluorine	18	Phosphorus	16	Zinc	32
Glucinium	18	Platinum	99	Zirconium	22

Table IV.

Equivalents of Elementary Substances according to Berzelius and Graham. Oxygen = 100.

	Symbols.	Equiv.		Symbols.	Equiv.
Aluminum	Al.	171.17	Mercury	Hg.	1265.82
Antimony	Sb.	1612.90	Molybdenum	Mo.	598.52
Arsenic	As.	940.08	Nickel	Ni.	369.68
Barium	Ba.	856.88	Nitrogen	N.	177.04
Bismuth	Bi.	886.92	Osmium	Os.	1244.49
Boron	B.	136.25	Oxygen	O.	100.00
Bromine	Br.	978.31	Palladium	Pd.	665.90
Cadmium	Cd.	696.77	Phosphorus	P.	392.28
Calcium	Ca.	256.02	Platinum	Pl.	1233.50
Carbon	C.	76.44	Potassium	K.	489.92
Cerium	Ce.	574.70	Rhodium	R.	651.39
Chlorine	Cl.	442.65	Selenium	Se.	494.58
Chromium	Cr.	351.82	Silicon	Si.	277.31
Cobalt	Co.	368.99	Silver	Ag.	1351.61
Columbium	Ta.	2307.43	Sodium	Na.	290.90
Copper	Cu.	395.70	Strontium	St.	547.29
Fluorine	F.	233.80	Sulphur	S.	201.17
Glucinium	G.	331.26	Tellurium	Te.	801.76
Gold	An.	2486.03	Thorium	Th.	744.90
Hydrogen	H.	12.4795	Tin	Sn.	735.29
Iodine	I.	1579.50	Titanium	Ti	303.66
Iridium	Ir.	1233.50	Tungsten	W.	1183.00
Iron	Fe.	339.21	Vanadium	V.	856.89
Lead	Pb.	1294.50	Uranium	U.	2711.36
Lithium	L.	80.33	Yttrium	Y.	402.51
Magnesium	Mg.	158.35	Zinc	Zn.	403.23
Manganese	Mn.	345.89	Zirconium	Zr.	420.20

Table V.

Specific Gravities of Elementary Substances.

1. Gaseous Bodies.

	Hydrogen = 1.	Air = 1.
Oxygen	16	1.111
Nitrogen	14	0.972
Chlorine	36	2.470
Hydrogen	1	0.0694

2. Fluid and Solid Bodies.

	Water = 1.
Antimony	6.712
Arsenic	5.8 to 5.9
Bismuth	9.822
Bromine	3
Cadmium	8.60 to 8.69
Carbon (Diamond)	3.4 to 3.6
Chromium	5.9
Cobalt	7.8 to 8.7
Columbium	6
Copper	8.86 to 8.89
Gold	19.3
Iodine	4.8
Iridium	18
Iron	7.7 to 7.8
Lead	11.35 to 11.44
Manganese	8
Mercury	13.55
Molybdenum	7.4 to 8.6
Nickel	8.27 to 9.0
Osmium	10
Palladium	11.3 to 11.86
Phosphorus	1.77
Platinum	21.25 to 21.5
Potassium	0.865
Rhodium	11
Silenium	4.32
Silver	10.4 to 10.6
Sodium	0.972
Sulphur	1.97 to 2.08
Tellurium	6.1 to 6.3
Tin	7.28 to 7.6
Titanium	5.3
Tungsten	17.4
Zinc	6.8 to 7.2

Table VI.

For the Conversion of Degrees on the Centigrade Thermometer into Degrees of Fahrenheit's Scale.

Cent.	Fahr.	Cent.	Fahr.	Cent.	Fahr.	Cent.	Fahr.	Cent.	Fahr.	Cent.	Fahr.	Cent.	Fahr.	Cent.	Fahr.
	°		°		°		°		°		°		°		°
—50°	—58.0	—3°	26.6	44°	111.2	91°	195.8	137°	278.6	183°	361.4	229°	444.2	275°	527.0
—49	—56.2	—2	28.4	45	113.0	92	197.6	138	280.4	184	363.2	230	446.0	276	528.8
—48	—54.4	—1	30.2	46	114.8	93	199.4	139	282.2	185	365.0	231	447.8	277	530.6
—47	—52.6	0	32.0	47	116.6	94	201.2	140	284.0	186	366.8	232	449.6	278	532.4
—46	—50.8	+1	33.8	48	118.4	95	203.0	141	285.8	187	368.6	233	451.4	279	534.2
—45	—49.0	2	35.6	49	120.2	96	204.8	142	287.6	188	370.4	234	453.2	280	536.0
—44	—47.2	3	37.4	50	122.0	97	206.6	143	289.4	189	372.2	235	455.0	281	537.8
—43	—45.4	4	39.2	51	123.8	98	208.4	144	291.2	190	374.0	236	456.8	282	539.6
—42	—43.6	5	41.0	52	125.6	99	210.2	145	293.0	191	375.8	237	458.6	283	541.4
—41	—41.8	6	42.8	53	127.4	100	212.0	146	294.8	192	377.6	238	460.4	284	543.2
—40	—40.0	7	44.6	54	129.2	101	213.8	147	296.6	193	379.4	239	462.2	285	545.0
—39	—38.2	8	46.4	55	131.0	102	215.6	148	298.4	194	381.2	240	464.0	286	546.8
—38	—36.4	9	48.2	56	132.8	103	217.4	149	300.2	195	383.0	241	465.8	287	548.6
—37	—34.6	10	50.0	57	134.6	104	219.2	150	302.0	196	384.8	242	467.6	288	550.4
—36	—32.8	11	51.8	58	136.4	105	221.0	151	303.8	197	386.6	243	469.4	289	552.2
—35	—30.0	12	53.6	59	138.2	106	222.8	152	305.6	198	388.4	244	471.2	290	554.0
—34	—29.2	13	55.4	60	140.0	107	224.6	153	307.4	199	390.2	245	473.0	291	555.8
—33	—27.4	14	57.2	61	141.8	108	226.4	154	309.2	200	392.0	246	474.8	292	557.6
—32	—25.6	15	59.0	62	143.6	109	228.2	155	311.0	201	393.8	247	476.6	293	559.4
—31	—23.8	16	60.8	63	145.4	110	230.0	156	312.8	202	395.6	248	478.4	294	561.2
—30	—22.0	17	62.6	64	147.2	111	231.8	157	314.6	203	397.4	249	480.2	295	563.0
—29	—20.2	18	64.4	65	149.0	112	233.6	158	316.4	204	399.2	250	482.0	296	564.8
—28	—18.4	19	66.2	66	150.8	113	235.4	159	318.2	205	401.0	251	483.8	297	566.6
—27	—16.6	20	68.0	67	152.6	114	237.2	160	320.0	206	402.8	252	485.6	298	568.4
—26	—14.8	21	69.8	68	154.4	115	239.0	161	321.8	207	404.6	253	487.4	299	570.2
—25	—13.0	22	71.6	69	156.2	116	240.8	162	323.6	208	406.4	254	489.2	300	572.0
—24	—11.2	23	73.4	70	158.0	117	242.6	163	325.4	209	408.2	255	491.0	301	573.8
—23	—9.4	24	75.2	71	159.8	118	244.4	164	327.2	210	410.0	256	492.8	302	575.6
—22	—7.6	25	77.0	72	161.6	119	246.2	165	329.0	211	411.8	257	494.6	303	577.4
—21	—5.8	26	78.8	73	163.4	120	248.0	166	330.8	212	413.6	258	496.4	304	579.2
—20	—4.0	27	80.6	74	165.2	121	249.8	167	332.6	213	415.4	259	498.2	305	581.0
—19	—2.2	28	82.4	75	167.0	122	251.6	168	334.4	214	417.2	260	500.0	306	582.8
—18	—0.4	29	84.2	76	168.8	123	253.4	169	336.2	215	419.0	261	501.8	307	584.6
—17	+1.4	30	86.0	77	170.6	124	255.2	170	338.0	216	420.8	262	503.6	308	586.4
—16	3.2	31	87.8	78	172.4	125	257.0	171	339.8	217	422.6	263	505.4	309	588.2
—15	5.0	32	89.6	79	174.2	126	258.8	172	341.6	218	424.4	264	507.2	310	590.0
—14	6.8	33	91.4	80	176.0	127	260.6	173	343.4	219	426.2	265	509.0	311	591.8
—13	8.6	34	93.2	81	177.8	128	262.4	174	345.2	220	428.0	266	510.8	312	593.6
—12	10.4	35	95.0	82	179.6	129	264.2	175	347.0	221	429.8	267	512.6	313	595.4
—11	12.2	36	96.8	83	181.4	130	266.0	176	348.8	222	431.6	268	514.4	314	597.2
—10	14.0	37	98.6	84	183.2	131	267.8	177	350.6	223	433.4	269	516.2	315	599.0
—9	15.8	38	100.4	85	185.0	132	269.6	178	352.4	224	435.2	270	518.0	316	600.8
—8	17.6	39	102.2	86	186.8	133	271.4	179	354.2	225	437.0	271	519.8	317	602.6
—7	19.4	40	104.0	87	188.6	134	273.2	180	356.0	226	438.8	272	521.6	318	604.4
—6	21.2	41	105.8	88	190.4	135	275.0	181	357.8	227	440.6	273	523.4	319	606.2
—5	23.0	42	107.6	89	192.2	136	276.8	182	359.6	228	442.4	274	525.2	320	608.0
—4	24 8	43	109.4	90	194.0										

Table VII.

Table of the Binary Compounds of Metals and Metalloids—their Symbols and Equivalents.

	Symbols.	Equiv.
Aluminium	Al	13.7
Sesquioxide (Alum.)	$Al_2 O_3$	51.4
Sesquichloride	$Al_2 Cl_3$	132.66
Sesquisulphuret	$Al_2 S_3$	74.7
Sesquiphosphuret	$Al_2 P_3$	73.5
Sesquiseleniuret	$Al_2 Se_3$	144.6
Antimony	Sb	64.6
Sesquioxide	$Sb_2 O_3$	153.2
Antimonious Acid	$Sb_2 O_4$	161.2
Antimonic Acid	$Sb_2 O_5$	169.2
Sesquichloride	$Sb_2 Cl_3$	235.46
Bichloride	$Sb_2 Cl_4$	270.88
Perchloride	$Sb_2 Cl_5$	306.3
Bromide.		
Sesquisulphuret	$Sb_2 S_3$	177.5
Bisulphuret	$Sb_2 S_4$	193.6
Persulphuret	$Sb_2 S_5$	209.7
Arsenic	As	37.7
Arsenious Acid	$As_2 O_3$	99.4
Arsenic Acid	$As_2 O_5$	115.4
Protochloride	As Cl	73.12
Sesquichloride	$As_2 Cl_3$	181.66
Periodide	$As_2 I_3$	706.9
Sesquibromide	$As_2 Br_3$	313.6
Protohyduret	As H	38.7
Arsenuret of Hydrogen	$As_3 H_3$	78.4
Protosulphuret	As S	53.8
Sesquisulphuret	$As_2 S_3$	123.7
Persulphuret	$As_2 S_5$	155.9
Barium	Ba	68.7
Protoxide	Ba O	76.7
Peroxide	$Ba O_2$	84.7
Chloride	Ba Cl	104.12
Iodide	Ba I	195.0
Bromide	Ba Br	147.1
Fluoride	Ba F	87.38
Sulphuret	Ba S	84.8
Bismuth	Bi	71
Protoxide	Bi O	79
Peroxide	$Bi_2 O_3$	166
Chloride	Bi Cl	106.42
Bromide	Bi Br	149.4
Sulphuret	Bi S	87.1
Cadmium	Cd	55.8
Oxide	Cd O	63.8
Chloride	Cd Cl	91.22
Iodide	Cd I	182.1
Sulphuret	Cd S	71.9
Calcium	Ca	20.5
Protoxide (Lime)	Ca O	28.5
Peroxide	$Ca O_2$	36.5
Chloride	Ca Cl	55.92
Iodide	Ca I	146.8
Bromide	Ca Br	98.9
Fluoride	Ca F	39.18
Sulphuret	Ca S	36.6
Bisulphuret	$Ca S_2$	52.7
Quintosulphuret	$Ca S_5$	101
Phosphuret	Ca P	36.2
Chromium	Cr	28
Sesquioxide	$Cr_2 O_3$	80
Chromic Acid	$Cr O_3$	52
Sesquichloride	$Cr_2 Cl_3$	162.262
Sesquifluoride	$Cr_2 F_3$	112.04
Sesquisulphuret	$Cr_2 S_3$	104.3
Phosphuret	Cr P	43.7
Cobalt	Co	29.5
Protoxide	Co O	37.5
⅓ Oxide	$Co_3 O_4$	120.5
Peroxide	$Co_2 O_3$	83.0
Chloride	Co Cl	64.92
Protosulphuret	Co S	45.6
Sesquisulphuret	$Co_2 S_3$	107.3
Bisulphuret	$Co S_2$	61.7
Subphosphuret	$Co_2 P_3$	119.9

Table of the Binary Compounds of Metals and Metalloids—their Symbols and Equivalents — (continued.)

	Symbols.	Equiv.
Columbium, *vide* Tantalum.		
Copper	Cu	31.6
Dioxide (Red Oxide)	Cu_2O ...	71.2
Protoxide (Black Oxide)	Cu O ...	39.6
Peroxide	$Cu O_2$ ...	47.6
Dichloride	$Cu_2 Cl$...	98.62
Chloride	Cu Cl...	66.02
Diniodide	Cu_2 I ...	189.5
Disulphuret	$Cu_2 S$ ...	79.3
Sulphuret	Cu S ...	47.7
Triphosphuret	$Cu_2 P$ ...	110.5
Subsesquiphosphuret	$Cu_3 P_2$..	126.2
Glucinium	G.....	
Oxide (Glucina)	$G_2 O_3$ ...	77
Gold	Au	199.2
Protoxide	Au O ...	207.2
Binoxide	$Au O_2$...	115.2
Peroxide	$Au O_3$...	123.2
Protochloride	Au Cl...	234.62
Terchloride	$Au Cl_3$..	305.46
Protiodide	Au I ...	325.5
Teriodide	$Au I_3$ ...	518.1
Tersulphuret	$Au S_3$ ...	247.5
Iridium.		
Compounds correspond exactly with those of osmium.		
Iron	Fe	28
Protoxide	Fe O ...	36
Peroxide	$Fe_2 O_3$...	80
Black Oxide	Protoxide 36 / Peroxide 80	116
Protochloride	Fe Cl ...	63.42
Perchloride	$Fe_2 Cl_3$..	162.26
Protiodide	Fe I ...	154.3
Periodide	$Fe_2 I_3$ ...	434.9
Protobromide	Fe Br ...	106.4
Perbromide	$Fe_2 Br_3$.	291.2
Protofluoride	Fe F ...	46.68
Perfluoride	$Fe_2 F_3$...	112.04
Tetrasulphuret	$Fe_4 S$ ...	128.1
Disulphuret	$Fe_2 S$ ...	72.1
Protosulphuret	Fe S ...	44.1
Sesquisulphuret	$Fe_2 S_3$ ...	104.3
Bisulphuret	$Fe S_2$ ...	60.2
Magnetic Pyrites	Fe S_2 ... / 5 Fe S...	280.7
Diphosphuret	$Fe_2 P$ ...	71.7
Perphosphuret	$Fe_2 P_4$...	146.8
Lead	Pb	103.6
Dinoxide	$Pb_2 O$ ...	215.2
Protoxide	Pb O ...	111.6
Sesquioxide	$Pb_2 O_3$...	231.2
Peroxide	$Pb O_2$...	119.6
Red Oxide	2 Pb O + $Pb O_2$	342.8
Chloride	Pb Cl ...	139.02
Iodide	Pb I ...	229.9
Bromide	Pb Br ...	182
Fluoride	Pb F ...	122.28
Sulphuret	Pb S ...	119.7
Lithium	L.....	6
Oxide (Lithia)	L O.....	14
Chloride	L Cl ...	41.42
Fluoride	L F.....	24.68
Magnesium.		
Protoxide (Magnesia)	Mg O ...	20.7
Chloride	Mg Cl...	48.12
Iodide	Mg I ...	139
Bromide	Mg Br..	91.1
Fluoride	Mg F ...	31.38
Manganese	Mn	27.7
Protoxide	Mn O ...	35.7
Sesquioxide	$Mn_2 O_3$.	79.4
Peroxide	$Mn O_2$..	43.7
Red Oxide	Mn O + $Mn_2 O_3$ / or / 2 Mn O + $Mn O_2$	115.1
Varvacite	$Mn_2 O_3$ / + 2 $Mn O_2$	166.8
Manganic Acid	$Mn O_3$..	51.7
Permanganic Acid	$Mn O_7$..	111.4
Protochloride	Mn Cl ..	63.12
Perchloride	$Mn_2 Cl_3$..	303.34
Perfluoride	$Mn_2 F_3$.	186.16
Protosulphuret	Mn S ...	43.8
Mercury	Hg	202
Protoxide	Hg O ...	210
Peroxide	$Hg O_2$...	218
Prochloride	Hg Cl...	237.42
Bichloride	$Hg Cl_2$..	272.84
Iodide	Hg I ...	328.3
Sesquiiodide	$Hg_2 I_3$...	782.9
Biniodide	$Hg I_2$ ...	454.6
Protobromide	Hg Br ..	280.4
Bibromide	$Hg Br_2$.	358.8
Protosulphuret	Hg S ...	218.1
Bisulphuret	$Hg S_2$...	234.2
Molybdenum	Mo	47.7
Protoxide	Mo O ...	55.7
Binoxide	$Mo O_2$...	63.7
Molybdic Acid	$Mo 3$...	71.7
Protochloride	Mo Cl...	83.12
Bichloride	$Mo Cl_2$..	118.54
Bisulphuret	$Mo S_2$...	79.9
Tersulphuret	$Mo S_3$...	96.0
Persulphuret	$Mo S_5$...	112.1
Nickel	Ni	29.5
Protoxide	Ni O ...	37.5
Peroxide	$Ni_2 O_3$...	83.0
Chloride	Ni Cl ...	64.92
Disulphuret	$Ni_2 S$ ...	75.1
Protosulphuret	Ni S ...	45.6
Subphosphuret	$Ni_3 P_2$...	119.9
Osmium	Os	97.7
Protoxide	Os O ...	107.7
Sesquioxide	$Os_2 O_3$...	223.4
Binoxide	$Os O_2$...	115.7
Teroxide	$Os O_3$...	123.7
Osmic Acid	$Os O_4$ ...	131.7
Protochloride	Os Cl ...	135.12
Sesquichloride	$Os_2 Cl_3$..	205.66
Bichloride	$Os Cl_2$...	170.54
Terchloride	$Os Cl_3$...	205.96
Protosulphuret	Os S ...	115.8
Sesquisulphuret	$Os_2 S_3$ ...	247.7
Bisulphuret	$Os S_2$ ...	131.9
Tersulphuret	$Os S_3$ ...	148.0
Palladium	Pd	53.3
Protoxide	Pd O ...	61.3
Binoxide	$Pd O_2$...	69.3
Protochloride	Pd Cl...	88.72
Bichloride	$Pd Cl_2$..	124.14
Protosulphuret	Pd S ...	69.4
Platinum	Pt	98.8
Protoxide	Pt O ...	106.8
Binoxide	$Pt O_2$ ...	114.8
Sesquioxide	$Pt_2 O_3$...	221.6
Protochloride	Pt Cl ...	134.22
Bichloride	$Pt Cl_2$...	169.64
Protiodide	Pt I.....	225.1
Biniodide	$Pt I_2$ ...	351.4
Protosulphuret	Pt S ...	114.9
Bisulphuret	$Pt S_2$ ...	131.0
Potassium	K.....	39.15
Protoxide (Potash)	K O ...	47.15
Peroxide	$K O_2$ ...	63.15
Chloride	K Cl ...	74.57
Iodide	K I.....	165.45
Bromide	K Br ...	117.55
Fluoride	K F.....	57.83
Sulphuret	K S.....	55.25
Bisulphuret	$K S_2$ ...	71.35
Tersulphuret	$K S_3$ ...	87.45
Quidrosulphuret	$K S_4$ ...	103.35
Quintosulphuret	$K S_5$ ...	119.65
Rhodium	R.....	52.2
Protoxide	R O ...	60.2
Sesquioxide	$R_2 O_3$...	128.4
Protochloride	R Cl ...	87.62
Sesquichloride	$R_2 Cl_3$...	210.66
Silver	Ag	108
Oxide	Ag O ...	116
Chloride	Ag Cl...	143.42
Iodide	Ag I ...	234.3
Sulphuret	Ag S ...	124.1
Sodium	Na	23.3
Protoxide (Soda or Natron)	Na O ...	31.3
Peroxide	$Na O_2$...	70.6
Chloride	Na Cl ...	58.72
Iodide	Na I ...	149.6
Bromide	Na Br...	101.7
Fluoride	Na F ...	41.98
Sulphuret	Na S ...	39.4
Strontium	Sr	43.8
Protoxide (Strontia)	Sr O ...	51.8
Peroxide	$Sr O_2$ ...	59.8
Chloride	Sr Cl ...	79.22
Iodide	Sr I.....	170.1
Fluoride	Sr F ...	62.48
Sulphuret	Sr S.....	59.9
Tantalum	Ta	185
Binoxide	$Ta O_2$...	201
Tantalic Acid	$Ta O_5$...	209
Terchloride	$Ta Cl_3$...	291.26
Terfluoride	$Ta F_3$...	241.04
Tellurium	Te	64.2
Tellurous Acid	$Te O_2$ ...	80.2
Telluric Acid	$Te O_3$...	88.2
Chloride	Te Cl ...	99.62
Bichloride	$Te Cl_2$ ..	135.04
Bisulphuret	$Te S_2$ ...	96.4
Hydrotelluric Acid	Te H ...	65.2
Thorium	Th	59.6
Oxide (Thorina)	Th O ...	67.6
Chloride ... Phosphuret	exact composition not known.	
Tin (Stanium)	Sn	57.9
Protoxide	Sn O ...	65.9
Sesquioxide	$Sn_2 O_3$...	129.8
Binoxide	$Sn O_2$ ...	73.9
Protochloride	Sn Cl ...	93.32
Bichloride	$Sn Cl_2$...	128.74
Protiodide	Sn I ...	184.2
Biniodide	$Sn I_2$ ...	310.5
Protosulphuret	Sn S ...	74.0
Sesquisulphuret	$Sn_2 S_3$ ...	164.1
Bisulphuret	$Sn S_2$ ...	90.1
Terphosphuret	$Sn P_2$ ...	105.0
Titanium	Ti	24.3
Oxide	Ti O ...	32.3
Titanic Acid	$Ti O_2$ ...	40.3
Bichloride	$Ti Cl_2$...	95.14
Bisulphuret	$Ti S_2$ ...	56.5
Tungsten (Wolfram)	W	99.9
Binoxide	$W O_2$ ...	115.7
Sesquioxide (blue oxide)	$W_2 O_3$...	223.4
Tungstic Acid	$W O_3$ ...	123.7
Bichloride	$W Cl_2$...	170.54
Bisulphuret	$W S_2$ ...	131.9
Persulphuret	$W S_3$ ...	148.0
Vanadium	V.....	68.5
Protoxide	V O ...	76.5
Binoxide	$V O_2$ ...	84.5
Vanadic Acid	$V O_3$ ...	92.5
Bichloride	$V Cl_2$ ...	139.34
Terchloride	$V Cl_3$ ...	174.76
Bibromide	$V Br_2$ ...	225.3
Bisulphuret	$V S_2$ ...	100.7
Tersulphuret	$V S_3$ ...	116.8
Uranium	U.....	217
Protoxide	U O ...	225
Sesquioxide	$U_2 O_3$ ...	458
Protochloride	U Cl ...	252.42
Sesquichloride	$U_2 Cl_3$...	540.26
Yttrium	Y.....	32.2
Protoxide (Yttria)	Y O.....	40.2
Zinc	Zu	32.3
Protoxide	Zu O ...	40.3
Chloride	Zu Cl ...	67.72
Iodide	Zu I ...	158.6
Bromide	Zu Br...	110.7
Fluoride	Zu F ...	50.98
Sulphuret	Zu S ...	48.4
Zirconium.		
Sesquioxide, (Zirconia,) probably...	$Zr_2 O_3$	

Table VIII.

Composition, Symbols, and Equivalents of the Binary Compounds of Non-metallic Elements or Metalloids.

	Symbols.	Equivalents.
Oxygen	O	8
Hydrogen	H	1
Protoxide (Water)	H O	9
Binoxide	H O_2	17
Hydrochloric Acid	H Cl	36.42
Hydriodic Acid	H I	127.3
Hydrosulphuric Acid	H S	17.1
Persulphuret of Hydrogen	H S_2	23.2
Hydroselenic Acid	H Se	40.6
Solid Phosphuretted Hydrogen	H P_2	32.4
Inflammable ditto	H_3 P_2	33.4
Gaseous ditto	H_3 P_2	34.4
Nitrogen	N	14.15
Nitrous Oxide	N O	22.15
Nitric Oxide	N O_2	30.15
Hyponitrous Acid	N O_3	38.15
Nitrous Acid	N O_4	46.15
Nitric Acid	N O_5	54.15
Quadrochloride	N Cl_4	155.83
Teriodide	N I_3	393.05
Phosphuret	N P_2	45.55
Sulphuret	N S_2	62.18
Carbon	C	6.12
Carbonic Oxide	C O	14.12
Carbonic Acid	C O_2	22.12
Protochloride	C Cl	41.54
Dichloride	C_2 Cl	47.66
Perchloride	C_2 Cl_3	118.50
Bisulphuret of Carbon	C S_2	38.32
Sulphur	S	16.1
Sulphurous Acid	S O_2	32.1
Sulphuric Acid	S O_3	40.1
Hyposulphurous Acid	S_2 O_2	48.2
Hyposulphuric Acid	S_2 O_5	72.2
Diehloride	S_2 Cl	67.62
Bichloride	S Cl_2	86.1
Phosphorus	P	15.7
Oxide	P_2 O	55.1
Hypophosphorous Acid	P_2 O	39·4
Phosphorous Acid	P_2 O_3	55.4
Phosphoric Acid Pyro Phosphoric Acid Meta Phosphoric Acid	P_2 O_5	71.4
Sesquichloride	P_2 Cl_3	137.66
Perchloride	P_2 Cl_5	206.4
Protiodide	P I	142.0
Sesquiiodide	P_2 I_3	410.3
Periodide	P_2 I_5	662.9
Protobromide	P Br	94.1
Perbromide	P_2 Br_5	257.7
Chlorine	Cl	35.42
Hypochlorous Acid	Cl O	43.42
Chlorous Acid	Cl O_3	67.42
Chloric Acid	Cl O_5	75.42
Perchloric Acid	Cl O_7	91.42
Iodine	I	126.3
Iodic Acid	I O_5	166.3
Periodic Acid	I O_7	182.3
Protochloride	I Cl	161.72
Terchloride	I Cl_3	232.56
Bromine	Br	78.4
Hydrobromic Acid	Br H	79.4
Bromic Acid	Br O_5	118.4
Fluorine	F	18.68
Hydrofluoric Acid	H F	19.68
Fluoboric Acid	F_3 B	66.98
Fluosilisic Acid	F_2 Si	78.58
Compounds of Hydrogen and Nitrogen.		
Amidogen	N H_2	
Ammonia	N H_3	
Ammonium	N H_4	
Compounds of Hydrogen and Carbon.		
Carburetted Hydrogen	H_2 C	8.12
Olefiant Gas	H_2 C_2	14.24
Numerous others exist, forming compound radicals, which belong to organic chemistry.		
Compounds of Nitrogen and Carbon.		
Cyanogen	N C_2 or Cy	26.39
Paracyanogen	N_4 C_4	105.56
Mellon	N_4 C_6	93.32
Boron	B	10.9
Boracic Acid	B O_3	34.9
Silicon	Si	22.5
Silicic Acid	Si O_3	46.5
Selenium	Se	39.6
Oxide	Se O	47.6
Selenious Acid	Se O_2	55.6
Selenic Acid	Se O_3	63.6
Sulphuret.		
Phosphuret.		

Table IX.

Table of the Composition of Salts.

I. OXY-SALTS.

Sulphates.

Names.	Base.	Acid.	Equiv.	Formulæ.
Sulphate of Potassa	1 eq.	1 eq.	= 87.25	KO+SO_3
Sesquisulph. do.	2 eq.	3 eq.	=214.6	2KO+3SO_3
Do. in crystals with 1 eq. of water			=223.6	
Bisulph. Potassa	1 eq.	2 eq.	=127.35	KO+2SO_3
Do. with 1 eq. of water			=136.35	
Sulphate of Soda	1 eq.	1 eq.	= 71.4	NaO+SO_3
Do. in crystals with 10 eq. of water			=161.4	
Bisulph. Soda	1 eq.	2 eq.	=111.5	NaO+2SO_3
Do. in crystals with 4 eq. of water			=147.5	
Sulphate of Lithia	1 eq.	1 eq.	= 58.1	LO+SO_3
Do. in crystals with 1 eq. of water			= 67.1	
Sulphate of Ammonium.	1 eq.	1 eq.	= 66.25	H_4NO+3O_3
Do. in crystals with 1 eq. of water			= 75.25	
Sulphate of Baryta	1 eq.	1 eq.	=116.8	BaO+SO_3
Do. Strontia	1 eq.	1 eq.	= 91.9	SrO+SO_3
Do. Lime	1 eq.	1 eq.	= 68.6	CaO+SO_3
Do. as Gypsum with 2 eq. of water			= 86.6	
Sulphate of Magnesia	1 eq.	1 eq.		
	+9 aq.	1 eq.	= 69 8	MgO+SO_3HO
Do. in crystals with 6 eq. of water			=123.8	
Sulphate of Alumina	1 eq.	1 eq.	= 91.5	AL_2O_3+SO_3
Do. in crystals with 9 eq. of water			=172.5	
Tersulph. Alumina	1 eq.	3 eq.	=171.7	Al_2O_3+3SO_3
Do. in crystals with 18 eq. of water			=333.7	
Sulph. protox. Mangan.	1 eq.	1 eq.		
	+9 aq.	1 eq.	= 84.8	MnO+SO_3HO
Do. in crystals with 4 eq. of water			=120.8	
Sulph. protox. Iron	1 eq.	1 eq.		
	+9 aq.	1 eq.	= 85.1	FeO+SO_3HO
Do. in crystals with 5 eq. of water			=130.1	
Tersulph. perox. Iron	1 eq.	3 eq.	=210.3	Fe_2O_3+3SO_3
Disulph. do.	2 eq.	1 eq.	=200.1	2FeO_3+SO_3
Do. as a hydrate with 6 eq. of water			=254.1	
Sulph. protox. Zinc	1 eq.	1 eq.		
	+9 aq.	1 eq.	= 89.4	ZnO+SO_3HO
Do. in crystals with 6 eq. of water			=143.4	
Sulph. protox. Nickel	1 eq.	1 eq.		
	+9 aq.	1 eq.	= 86.6	NiO+SO_3HO
Do. in crystals with 6 eq. of water			=140.6	
Sulph. protox. Cobalt	1 eq.	1 eq.		
	+9 aq.	1 eq.	= 86.6	CoO+SO_3HO
Do. in crystals with 5 eq. of water			=131.6	
Tersulph. ox. Chromium	1 eq.	3 eq.	=200.3	Cr_2O_3+3SO_3
Sulph. protox. Copper	1 eq.	1 eq.		
	+9 aq.	1 eq.	= 88.7	CuO+SO_3HO
Do. in crystals with 4 eq. of water			=124.7	
Disulphate do.	2 eq.	1 eq.	=119.3	2CuO+SO_3
Sulph. protox. Mercury.	1 eq.	1 eq.	=250.1	HgO+SO_3
Subsulph. perox. do.	4 eq.	3 eq.	=992.3	4HgO_3+3SO_3
Bisulph. do.	1 eq.	2 eq.	=298.2	HgO+2SO_3
Sulph. ox. Silver	1 eq.	1 eq.	=156.1	AgO+SO_3

Table of the Composition of Salts — (continued.)

Double Sulphates.

Names.			Equiv.	Formulæ.
Sulph. of Soda and Lime	sulp. of soda	1 eq.	=140.0	NaO,SO_3 + CaO,SO_3
	do. lime	1 eq.		
Sulp. of Potas. & Magnesia	sulp. potassa	1 eq.	=148.05	KO,SO_3 + MgO,SO_3
	do. magnesia	1 eq.		
Do. with 6 eq. of water			=202.05	
Sulp. of Amm. & Magnesia	sulp. ammon.	1 eq.	=127.05	H_4NO,SO_3 + MgO,SO_3
	do. magnesia	1 eq.		
Do. with 6 eq. of water			=181.05	
Sulp. of Soda & Magnesia	sulp. soda	1 eq.	=132.2	NaO,SO_3 + MgO,SO_3
	do. magnesia	1 eq.		
Do. with 6 eq. of water			=186.2	
Sulp. of Potas. & Alumina	sulp. potassa	1 eq.	=258.95	KO,SO_3 + $Al_2O_3,3SO_3$
	tersulp. alum.	1 eq.		
Do. with 24 eq. of water			=474.95	
Sulp. of Soda & Alumina	sulp. soda	1 eq.	=243.1	NaO,SO_3 + $Al_2O_3,3SO_3$
	tersulp. alum.	1 eq.		
Do. with 26 eq. of water			=477.1	
Sulp. Amm. & Alumina	sulp. ammon.	1 eq.	=228.95	H_4NO,SO_3 + $Al_2O_3,3SO_3$
	tersulp. alum.	1 eq.		
Do. with 24 eq. of water			=444.95	
Sulp. Potas. & protox. Mang.	sulp. potassa	1 eq.	=163.05	KO,SO_3 + MnO,SO_3
	do. ox. mang.	1 eq.		
Do. with 6 eq. of water			=217.05	
Sulp. Amm. & protox. Mang.	sulp. ammon.	1 eq.	=133.05	H_4NO,SO_3 + MnO,SO_3
	do. ox. mang.	1 eq.		
Do. with 6 eq. of water			=196.05	

Nitrates.

Names.	Base.	Acid.	Equiv.	Formulæ.
Nitrate of Potassa	1 eq.	1 eq.	=101.3	$KO+NO_5$
——— Soda	1 eq.	1 eq.	= 85.45	$NaO+NO_5$
Oxide of Ammonium	1 eq.	1 eq.	= 80.3	H_4NO+NO_5
Nitrate of Baryta	1 eq.	1 eq.	=130.85	$BaO+NO_5$
——— Strontia	1 eq.	1 eq.	=105.95	$SrO+NO_5$
Do. in prisms with 5 eq. of water			=150.95	
Nitrate of Lime	1 eq.	1 eq.	= 82.65	$CaO+NO_5$
——— Magnesia	1 eq.	1 eq.	= 74.85	$MgO+NO_5$
——— Protox. Copp.	1 eq.	1 eq.	= 93.75	$CuO+NO_5$
Do. in prisms with 7 eq. of water?			=156.75	
Nitrate of protox. Lead	1 eq.	1 eq.	=165.75	$PbO+NO_5$
Dinitrate of ditto	2 eq.	1 eq.	=277.35	$2PbO+NO_5$
Nitrate of protox. Merc.	1 eq.	1 eq.	=264.15	$HgO+NO_5$
Do. in crystals with 2 eq. of water			=282.15	
Nitrate of perox. Merc.	1 eq.	1 eq.	=272.15	HgO_2+NO_5
Dinitrate do.	2 eq.	1 eq.	=490.15	$2HgO_2+NO_5$
Nitrate of ox. Silver	1 eq.	1 eq.	=170.15	$AgO+NO_5$

Chlorates.

These are analogous to the nitrates generally composed of one equivalent of acid to one equivalent of metallic oxide. $MO+ClO_5$.

Phosphates.

Names.	Base.	Acid.	Equiv.	Formulæ.
Triphosphate of Soda	3 eq.	1 eq.	=165.3	$3NO+P_2O_5$
Do. in crystals with 24 eq. of water			=381.3	
Triphos. Soda & Basic Water	soda 2 eq.	1 eq.	=143	$2NaO,HO$ + P_2O_5
	water 1 eq.			
Do. in crystals with 24 eq. of water			=359	
Do. ..... 15 eq. of water			=278	
Acid Triph. Soda & Basic Water	soda 1 eq.	1 eq.	=120.7	$NaO,2HO$ + P_2O_5
	water 2 eq.			
Do. in crystals with 2 eq. of water			=138.7	
Triphosphate of Potassa	3 eq.	1 eq.	=212.85	$3KO+P_2O_5$
Triphos. of Potas. & Basic Water	K O 2 eq.	1 eq.	=174.7	$2KO,HO$ + P_2O_5
	H O 1 eq.			
Acid Triphosph. ditto	potas. 1 eq.	1 eq.	=136.55	$KO,2HO$ + P_2O_5
	water 2 eq.			
Triphos. of Soda, Oxide Ammon. & Basic Water	soda 1 eq.	1 eq.	=137.85	$NaO,H_4NO,HO+P_2O_5$
	ox.am. 1 eq.			
	water 1 eq.			
Do. in crystals with 8 eq. of water			=209.85	
Triphos. of ox. of Am. & Bas. Water	ox.am. 2 eq.	1 eq.	=132.70	$2H_4NO,HO$ + P_2O_5
	water 1 eq.			
Acid Triphosph. ditto	ox.am. 1 eq.	1 eq.	=115.55	$H_4NO,2HO$ + P_2O_5
	water 2 eq.			
Bone Phosphate of Lime	8 eq.	3 eq.	=442.2	$8CaO+3P_2O_5$
Triphosphate do.	3 eq.	1 eq.	=156.9	$3CaO+P_2O_5$
Triphos. of Lime & Basic Water	lime 2 eq.	1 eq.	=127.4	$2CaO,HO$ + P_2O_5
	water 1 eq.			
Acid Triphosph. ditto	lime 1 eq.	1 eq.	=117.9	$CaO,2HO$ + P_2O_5
	water 2 eq.			

Pyrophosphates.

Names.	Base.	Acid.	Equiv.	Formulæ.
Dipyrophosphate of Soda	2 eq.	1 eq.	=134.0	$2NaO+P_2O_5$
Do. in crystals with 10 eq. of water			=224	
Acid Dipyroph. Soda & Basic Water	soda & water	1 eq.	=111.7	NaO,HO + P_2O_5
Pyrophosphate of Soda	1 eq.	1 eq.	=102.7	$NaO+P_2O_5$
Dipyroph. Ox. of Silver	2 eq.	1 eq.	=303.4	$2AgO+P_2O_5$

Metaphosphates.

Metaphosphate of Soda	1 eq.	1 eq.	=102.7	$NaO+P_2O_5$
Do. Baryta	1 eq.	1 eq.	=148.1	$BaO+P_2O_5$
Do. Ox. Silver	1 eq.	1 eq.	=187.4	$AgO+P_2O_5$
Submetaphos. do.	3 eq.	2 eq.	=490.8	$3AgO+2P_2O_5$

Arseniates.

Triarseniate of Soda	3 eq.	1 eq.	=209.3	$3Na+As_2O_5$
Do. in crystals with 24 eq. of water			=425.3	
Triarsen. Soda & Basic Water	soda 2 eq.	1 eq.	=187	$2NaO,HO$ + As_2O_5
	water 1 eq.			
Do. in crystals with 24 eq. of water			=403	
Do. in crystals with 14 eq. of water			=313	
Ac. Triars. Soda & Basic Water	soda 1 eq.	1 eq.	=164.7	$NaO,2HO$ + As_2O_5
	water 2 eq.			
Do. in crystals with 2 eq. of water			=182.7	
Triarseniate of Potassa	3 eq.	1 eq.	=256.85	$3KO+As_2O_5$
Triars. of Potas. & Basic Water	potas. 2 eq.	1 eq.	=218.7	$2KO,HO$ + As_2O_5
	water 1 eq.			
Ac. Ars. of Potas. & Basic Water	potas. 1 eq.	1 eq.	=162.55	$KO,2HO$ + As_2O_5
	water 2 eq.			
Triar. of Ox. Am. & Basic Water	ox.am. 2 eq.	1 eq.	=176.7	$2H_4NO,HO$ + As_2O_5
	water 1 eq.			
Ac. Triars. of Ox. Am. & Basic Water	ox.am. 1 eq.	1 eq.	=159.55	$H_4NO,2HO$ + As_2O_5
	water 2 eq.			
Triarseniate of Baryta	3 eq.	1 eq.	=345.5	$3BaO+As_2O_5$
Triars. do. with Basic Water	bary. 2 eq.	1 eq.	=277.8	$2BaO,HO$ + As_2O_5
	water 1 eq.			
Ac. Triar. do. with Basic Water	bary. 1 eq.	1 eq.	=210.1	$BaO,2HO$ + As_2O_5
	water 2 eq.			
Triarseniate of Lime	3 eq.	1 eq.	=200.9	$3CaO+As_2O_5$
Triarseniate do. & Basic Water	lime 2 eq.	1 eq.	=181.4	$2CaO,HO$ + As_2O_5
	water 1 eq.			
Acid Triars. do. & Basic Water	lime 1 eq.	1 eq.	=161.9	$CaO,2HO$ + As_2O_5
	water 2 eq.			
Triarseniate of Ox. Lead	3 eq.	1 eq.	=450.2	$3PbO+As_2O_5$
Triarseniate do. & Basic Water	lead 2 eq.	1 eq.	=347.6	$2PbO,HO$ + As_2O_5
	water 1 eq.			
Triarseniate of Ox. Silver	3 eq.	1 eq.	=463.4	$3AgO+As_2O_5$

Chromates.

Analogous to Sulphates. The Neutral Chromates are $MO+CrO_3$

Borates.

Biborate of Soda	1 eq.	2 eq.	=100.11	$NaO+2BO_3$
Do. in crystals with 10 eq. of water			=190.11	

Neutral Borate of Berzelius (in crystals) is $NaO+BO_3=HO$

Carbonates.

Names.	Base.	Acid.	Equiv.	Formulæ.
Carbonate of Potassa	1 eq.	1 eq.	= 69.27	$KO+CO_2$
Bicarbonate do.	1 eq.	2 eq.	= 91.39	$KO+2CO_2$
Do. in crystals with 1 eq. of water			=100.39	
Carbonate of Soda	1 eq.	1 eq.	= 53.42	$NaO+CO_2$
Do. in crystals with 10 eq. of water			=143.42	
Do. ..... 7 eq. of water			=116.42	
Bicarbonate of Soda	1 eq.	2 eq.	= 75.54	$NaO+2CO_2$
Do. in crystals with 1 eq. of water			= 84.54	
Carbonate of Ammonia	1 eq.	1 eq.	= 39.27	H_4N+CO_2
Bicarbonate do.	1 eq.	2 eq.	= 61.39	$H_4NO+2CO_2$
Carbonate of Baryta	1 eq.	1 eq.	= 98.82	$BaO+CO_2$
——— Strontia	1 eq.	1 eq.	= 73.92	$SrO+CO_2$
——— Lime	1 eq.	1 eq.	= 50.62	$CaO+CO_2$
——— Magnesia	1 eq.	1 eq.	= 42.82	$MgO+CO_2$
——— Do. in crystals with 3 eq. of water			= 69.82	
Carbonate Protox. of Iron	1 eq.	1 eq.	= 58.12	$FeO+CO_2$
Dicarbonate Protox. Copper	2 eq.	1 eq.	=101.32	$2CuO+CO_2$
Do. in malachite with 1 eq. of water			=110.32	
Carbonate Protox. Lead	1 eq.	1 eq.	=133.72	
Dicarbon. Perox. Mercury	2 eq.	1 eq.	=458.12	$2HgO+CO_2$

Double Carbonates.

Carbon. of Lime and Magnesia	Carb. Lime	1 eq.	= 93.44	MgO,CO_2 + CaO,CO_2
	Carb. Magnesia	1 eq.		
Carb. of Baryta and Lime	Carb. Baryta	1 eq.	=149.44	CaO,CO_2 + BaO,CO_2
	Carb. Lime	1 eq.		

Table of the Composition of Salts — (continued.)

II. HYDRO-SALTS.

Ammoniacal Salts.

Names.	Base.	Acid.	Equiv.	Formulæ.
Hydrochlorate of Ammonia	1 eq.	1 eq.	= 53.57	H_3N+HCl
Hydriodate do.	1 eq.	1 eq.	= 144.45	H_3N+HI
Hydrobromate do.	1 eq.	1 eq.	= 96.55	H_3N+HBr
Hydrofluate do.	1 eq.	1 eq.	= 36.83	H_3N+HF
Hydrosulphate do.	1 eq.	1 eq.	= 34.25	H_3N+HS
Trifluoborate do.	3 eq.	1 eq.	= 118.39	$3H_3N+BF_3$
Difluoborate do.	2 eq.	1 eq.	= 101.24	$2H_3N+BF_3$
Fluoborate do.	1 eq.	1 eq.	= 84.09	H_3N+BF_3
Fluosilicate do.	1 eq.	1 eq.	= 95.69	H_3N+SiF_3
Carbosulphate do.	1 eq.	1 eq.	= 55.47	H_3N+CS_2

III. SULPHUR-SALTS.

Hydro-Sulphurets.

Name.	Sulphur-base.	Sulphur-acid	Equiv.	Formulæ.
Hydro-sulphuret of Potassium	1 eq.	1 eq.=	72.35	$KS+HS$
Do. Sodium ...	1 eq.	1 eq.=	57.5	$NaS+HS$
Do. Lithium ...	1 eq.	1 eq.=	43.2	$LS+HS$
Do. Barium ...	1 eq.	1 eq.=	10.19	$BaS+HS$
Do. Strontium	1 eq.	1 eq.=	77.0	$SrS+HS$
Do. Calcium ...	1 eq.	1 eq.=	53.7	$CaS+HS$
Do. Magnesium	1 eq.	1 eq.=	45.9	$MgS+HS$

Carbo-Sulphurets.

Names.	Sulphur.	Sulphur-acid.	Equiv.	Formulæ.
Carbo-sulphuret of Potassium	1 eq.	1 eq. =	93.57	$KS+CS_2$
Do. Sodium	1 eq.	1 eq. =	78.72	$NaS+CS_2$
Do. Lithium	1 eq.	1 eq. =	64.42	$LS+CS_2$
Do. Hydrosulphate of Ammonia	1 eq.	1 eq. =	72.57	$(H_3N+HS)+CS_2$
Do. Barium	1 eq.	1 eq. =	123.12	$BaS+CS_2$
Do. Strontium	1 eq.	1 eq. =	98.22	$SrS+CS_2$
Do. Calcium	1 eq.	1 eq. =	74.92	$CaS+CS_2$
Do. Magnesium	1 eq.	1 eq. =	67.12	$MgS+CS_2$

Arsenio-Sulphurets.

Names.	Sulphur-base.	Sulphur-acid.	Equiv.	Formulæ.
Triarse.-persulph. of Potassium	3 eq.	1 eq.=	321.65	$3KS+As_2S_5$
Diarse.-persulph. do.	2 eq.	1 eq.=	266.4	$2KS+As_2S_5$
Arsenio-persulph. do.	1 eq.	1 eq.=	211.15	$KS+As_2S_5$
Triarse.-persulph. of Sodium	3 eq.	1 eq.=	277.1	$3NaS+As_2S_5$
Do. in crystals with 30 eq. of water			=547.1	
Diarse.-persulph. of Sodium	2 eq.	1 eq.=	236.7	$2NaS+As_2S_5$
Arsenio-persulph. do.	1 eq.	1 eq.=	196.3	$NaS+As_2S_5$
Triarse.-persulph. of Hydrosulphate of Ammonia	3 eq.	1 eq.=	258.65	$3(H_3N+HS)+As_2S_5$
Diarse.-persulph. do.	2 eq.	1 eq.=	224.4	$2(H_3N+HS)+As_2S_5$
Arsenio-persulph. do.	1 eq.	1 eq.=	190.15	$(H_3N+HS)+As_2S_5$

Molybdo-Sulphurets.

Names.	Sulphur-base.	Sulphur-acid.	Equiv.	Formulæ.
Molybdo-sulphuret of Potassium	1 eq.	1 eq. =	151.51	$KS+MoS_2$
Molybdo-sulphuret of Sodium	1 eq.	1 eq. =	136.66	$NaS+MoS_2$

Molybdo-Sulphurets — (continued.)

Names.	Sulphur-base.	Sulphur-acid.	Equiv.	Formulæ.
Molybdo-sulphuret of Lithium	1 eq.	1 eq. =	122.36	$LS+MoS_2$
Molybdo-sulphuret of Hydrosulphate of Ammonia	1 eq.	1 eq. =	130.51	$(H_3N+HS)+MoS_2$

IV. HALOID-SALTS.

Salts composed of two bi-elementary compounds, one or both of which being analogous in composition to sea-salt.

Hydrargo-Chlorides.

Names.	Basic Chloride.	Bichlor. Merc.	Equiv.	Formulæ.
Dihydrargo-chloride of Potassium	2 eq.	1 eq.=	422.98	$2KCl+HgCl_2$
Do. in rhombic prisms with 2 eq. of water			=440.98	
Hydrargo-chloride of Potassium	1 eq.	1 eq.=	348.41	$KCl+HgCl_2$
Do. in acicular crystals with 2 eq. of water			=366.41	
Bihydrargo-chloride of Potassium	1 eq.	2 eq.=	622.25	$KCl+2HgCl_2$
Do. in acicular crystals with 4 eq. of water			=658.25	
Hydrargo-chloride of Sodium	1 eq.	1 eq.=	333.56	$NaCl+HgCl_2$
Do. in crystals with 4 eq. of water			=369.56	
Dihydrargo-chloride of hydrochlo. of Amm.	1 eq.	1 eq.=	378.98	$2(H_3N+HCl)+HgCl_2$
Do. in flat rhombic prisms with 2 eq. of water			=396.98	

Auro-Chlorides.

Names.	Basic Chlor.	Terch. Gold.	Equiv.	Formulæ.
Auro-chloride of Potassium	1 eq.	1 eq.=	380.03	$KCl+AuCl_3$
Do. in prisms with 5. eq. of water			=425.03	
Auro-chlor. of Sodium	1 eq.	1 eq.=	365.18	$NaCl+AuCl_3$
Do. in four-sided prisms with 4 eq. of water			=401.18	
Auro-chloride of hydrochlorate of Ammonia	1 eq.	1 eq.=	410.60	$(H_3N+HCl)AuCl_3$
Do. in acicular crystals with 4 eq. of water			=446.6	

Platino-Chlorides.

Names.	Basic Chlor.	Bichl. of Plat.	Equiv.	Formulæ.
Platino-bichloride of Potassium	1 eq.	1 eq.=	244.21	$KCl+PtCl_2$
——— Sodium...	1 eq.	1 eq.=	229.36	$NaCl+PtCl_2$
Do. in prisms with 6 eq. of water			=283.36	
Platino-bichloride of hydrochlor. of Amm.	1 eq.	1 eq.=	274.78	$(H_3N+HCl)+PtCl_2$

Rhodio-Chlorides.

Names.	Basic Chlor.	Sesquichl. Rhod.	Equiv.	Formulæ.
Dirhodio-chloride of Potas.	2 eq.	1 eq.=	359.80	$2KCl+R_2Cl_3$
Do. in 4-sided prisms with 2 eq. of water			=377.8	
Trirhodio-chloride of Sodium	3 eq.	1 eq.=	389.82	$3NaCl+R_2Cl_3$
Do. in prisms with 18 eq. of water			=551.82	

The Chlorides of Palladium, Iridium, and Osmium, form similar Haloid Salts.

Table X.

Of Acids composed of Three or more Elements. (Brande.)

Acetic (Anhydrous)	$C_4H_3O_3$	51
Ditto (Glacial)	$C_4H_3O_3+HO$	60
Benzoic (Anhydrous)	$C_{14}H_5O_3$	113
Ditto (Crystals)	$C_{14}H_5O_3+HO$	122
Citric (Anhydrous)	$C_4H_2O_4$	58
Ditto (Crystal)	$C_4H_2O_4+HO$	67
Cyanic	CyO or C_2NO	34
Cyaminic	Cy_2O_3 or $C_6N_2O_3$	102
Formic	C_2HO_3	37
Fulminic	Cy_2O_2 or $C_4N_2O_2$	68
Gallic (Anhydrous)	$C_7H_2O_5$	85
Ditto (Crystal)	$C_7H_2O_5+HO$	94
Hydrocyanic	Cy H or C_2NH	27
Lactic	$C_6H_5O_5$	81
Malic	$C_4H_3O_4$	58
Mucic	$C_6H_4O_7$	96
Succinic (Anhydrous)	$C_4H_2O_3$	50
Ditto (Crystal)	$C_4H_2O_3+HO$	59
Sulphocyanic	C_2NS_2H	59
Sulphonaphthalic	$C_{20}H_5+2SO_3$	208
Sulphovinic	$C_4H_5+2SO_3$	108
Tartaric (Anhydrous)	$C_4H_2O_5$	66
Ditto (Crystals)	$C_4H_2O_5+HO$	75
Uric	$C_{10}H_4O_6N_4$	168

TABLE XI.

Table of the Discovery of Metals.

Names of Metals.	By whom Discovered.	Date of Discovery.
Gold, Silver, Iron, Copper, Mercury, Lead, Tin	Known to the Ancients.	
Antimony	Described by Basil Valentine	1490
Bismuth	Described by Agricola	1530
Zinc	Mentioned by Paracelsus	16th century.
Arsenic, Cobalt	Brandt	1733
Platinum	Wood, Assay Master, Jamaica	1741
Nickel	Cronstedt	1751
Manganese	Gahn and Scheele	1774
Tungsten	D'Elhuyart	1781
Tellurium	Müller	1782
Molybdenum	Hielm	1782
Uranium	Klaproth	1789
Titanium	Gregor	1791
Chromium	Vauquelin	1797
Columbium	Hatchett	1802
Palladium, Rhodium	Wollaston	1803
Iridium	Descotils and Smithson Tennant	1803
Osmium	Smithson Tennant	1803
Cerium	Hisinger and Berzelius	1804
Potassium, Sodium, Barium, Strontium, Calcium	Davy	1807
Cadmium	Stromeyer	1818
Lithium	Arfwedson	1818
Zirconium	Berzelius	1824
Aluminium, Glucinium, Yttrium	Wöhler	1828
Thorium	Berzelius	1829
Magnesium	Bussy	1829
Vanadium	Sefström	1830
Lantarium	Mosander	1839
Didymium	Mosander	1841

TABLE XII.

Table of ascertained Points in the range of Temperature, (Graham.)

	Deg. Fahr.
Greatest artificial cold, Thilorier	—135
Solid compound of alcohol and carbonic acid melts	—121
Greatest artificial cold measured by Walker	—91
Temperature of planetary space, Fourier	—58
Greatest natural cold observed by Ross	—60
Greatest natural cold observed by Parry	—55
Sulphuric ether congeals	—47
Melting point of solid mercury	—39
Proof spirit freezes	—7
One part alcohol, three parts water, mixed, freezes	+7
Strong wine freezes	+20
Ice melts	+32
Medium temperature of the surface of the earth	+50
Heat of human blood	+98
Wood spirit boils	+150
Alcohol boils	+174
Water boils	+212
Tin melts	+442
Mercury boils	+662
Red heat, Daniell	+980
Heat of a common fire	+1141
Brass melts	+1869
Silver melts	+2233
Cast iron melts	+3479

TABLE XIII.

Of the Boiling Points of Liquids, determined with precision. (Graham.)

	Boils.
Hydrochloric Ether	52° Fahr.
Sulphuric Ether	96°
Bisulphuret of Carbon	116°
Ammonia (sp. gr. 0.945)	140°
Alcohol (sp. gr. 0.798)	172°
Water	212°
Nitric Acid (sp. gr. 1.42)	248°
Crystallized Chloride of Calcium	302°
Oil of Turpentine	314°
Naphtha	320°
Phosphorus	554°
Sulphuric Acid (sp. gr. 1.843)	620°
Whale Oil	630°
Mercury	662°

FOREIGN DEPARTMENT.

ACADEMIE DE MEDECINE (PARIS.)

AUGUST & SEPTEMBER.

ON THE INFLUENCE OF TRAUMATIC LESIONS OF THE SPINAL CORD ON THE GENITO-URINARY FUNCTIONS.

M. SEGALAS read a paper on the above subject, principally founded on two cases of traumatic lesion of the spine, of which the following is an abridged account:—

In July, 1839, a shoemaker, named Lamarre, fell into a cellar at Saint Denis: he was taken up insensible, and brought home to Paris. On examining the dorsal region, the apophysi of the fifth and sixth dorsal vertebræ were found abnormally prominent; there was complete paralysis of sensibility and myotility as high up as the umbilicus, and retention of urine and fæces. The catheter was introduced several times a day, and the urine remained clear; a slough formed on the sacrum, but the body having been supported by stays and straps, it gradually healed. After fifteen months' treatment, Lamarre left Paris to live in the country; there was then retention of the urine and fæces, and the paralysis was as complete as at first. He is now still in the same state; he experiences occasionally, as it were, electrical shocks, which make his limbs jump; but the only sensation experienced is that of a trembling in the abdomen. The fæces are retained, but he labours under a kind of incontinence of urine. He has become very fat, the paralyzed limbs participating in the change. For some months after the accident, he was troubled with frequent erections; they have since subsided, but he has now venereal desires. He is in excellent spirits.

In May, 1840, a jeweller, thirty-seven years of age, fell from a tree, on the loins. He immediately experienced a prickling sensation in the abdomen and the lower part of the body, and on attempting to rise, found that the abdominal limbs were paralyzed. There were no external lesions; the urine and fæces were retained. In spite of lengthened treatment, the paralysis remained the same six months after the treatment. A sound was left permanently in the bladder, and changed every ten days. At the end of the third month, the urine, which till then had been clear, became catarrhal, and the sounds were incrusted with phosphatic concretions. Under the administration of strychnine and the tincture of cantharides, sensibility began to return, firstly in the thighs, and then in the legs and feet. In the space of a few weeks the patient moved his limbs, and he became able to walk with crutches. During this time incontinence of urine succeeded to the retention. A phosphatic stone had formed in the bladder; it was destroyed by lithotomy. With this patient, erections commenced a few days after the accident. He is now able to accomplish the sexual functions; the testicles present their ordinary volume. He still labours at the present time under incomplete paralysis.

Following out the idea suggested by these cases, M. Segalas has made a number of experiments on living animals, in order to ascertain what is the physiological influence of the spinal cord on the functions of the genito-urinary organs. He firstly analyses the facts by which Krimer, quoted by M. Ollivier d'Angers in his work on "Spinal Diseases," endeavours to establish, experimentally, that the secretion of the urine is modified by lesions of the spinal cord; and details his own experiments, which prove, on the contrary, that every portion of the spinal marrow may be successively destroyed without the secretion of the urine being suspended or even sensibly diminished, provided, on the destruction of the cervical portion, respiration be artificially kept up.

M. Segalas then examines what is the influence of traumatic lesions of the spinal cord on the composition of the urine. He has found, as the result of his experiment, that the section of the cord, either in the lumbar region or at the lower part of the cervical, has no constant influence on the quantity of urea in the urine, or on that of the phosphates, of the sulphates, of the uric acid, or of the mucus, and that if the urine be modified by this operation,

which he considers doubtful, it is in a very diversified manner. He therefore thinks that the modifications which Krimer says occur in the constitution of the urine, after severe injury of the cord, cannot be considered constant. M. Segalas recapitulates the results of his researches and his opinions on the subject in the following propositions:—

1. Traumatic lesions of the spinal cord do not prevent the secretion of urine.

2. Nor do they directly modify its composition.

3. The change in the composition of the urine which shews itself subsequently, is the result of the catarrhal inflammation of the bladder. This inflammation is itself produced by the lengthened presence of the urine in the organ, or by the action of the permanent sound, and that with or without the assistance of other causes.

4. Traumatic paralysis is always primarily complicated by retention of urine. The incontinence which follows, if proper treatment be not resorted to, is, at first, the result of over-distention of the bladder, and subsequently of the inflammation which supervenes.

5. Traumatic lesions of the spine do not arrest the secretion of sperm.

6. They do not sensibly alter its composition.

7. They are often attended with erections without desires, which are sometimes followed by desires without erections.

8. They do not always prevent sexual intercourse.

9. They do not prevent conception or gestation, but when such lesions exist, artificial means become necessary to accomplish parturition.

By these propositions M. Segalas evidently means to assert that the spinal cord exercises little or no influence on the functions of the kidneys, the testicles, or the ovaries, whereas it keeps under its immediate control the bladder, the seminal vesicles, and the uterus.

M. Martin Solon thought that the inflammation of the bladder, which followed in these cases, was principally owing to the irritating properties which the retained urine acquired from the absorption of its aqueous elements. He mentioned as a proof of this absorption, the urinary odour of the patients, which had always been remarked.

M. Segalas stated that the absorbing powers of the bladder were very slight indeed, as his experiments had shewn. It is only by enormous doses of poison that animals can be killed when injection into the bladder is resorted to. The urinary smell mentioned by M. Solon was seldom observed in private practice, when it was possible to surround patients with every attention.

M. Royer Collard much doubted whether experiments on living animals were calculated to explain physiological phenomena; there were so many sources of error under such circumstances.

M. Ollivier d'Angers stated that he was not acquainted with any case of dislocation of the cervical vertebræ occasioning erection in hanging, erection only taking place when the body is suspended after death. Chaussier had narrated two cases in which paraplegic women had been spontaneously delivered.

M. Segalas said he had consulted these cases, and found that only one of the two women was really delivered, and that she had still the power to retain her urine, which shewed that the paralysis was incomplete. Besides, she was labouring under hydatids of the cord, and in that disease the compression might vary in degree. He rested his opinion on the results furnished by his own experiments, and by those of M. Brachet, and also on a case related by the latter physician, in which a paraplegic woman was delivered with the assistance of galvanism.

M. Moreau knew a paraplegic lady who had been delivered three times naturally under his superintendence. The uterus receives nearly all its nerves from the ganglionic nervous system, and not from the spine, so that it is withdrawn from the influence of the will. Women had even been delivered spontaneously after death.

M. Velpeau said that it must be remembered that parturition was a complex phenomenon, accomplished partly by the uterine contractions, and partly by the abdominal muscles and the diaphragm. If the latter were paralyzed through a lesion of the cord, labour might be rendered difficult or impossible. The difficulty, however, in such a case, was to be attributed to the paralysis of these muscles, and not to that of the uterus, over the contraction of which the spinal cord does not preside. He was surprised to hear M. Segalas maintain that lesions of the spinal cord had no influence over the renal functions. He had certainly seen cases in which the secretion was modified both in quality and quantity.

M. Baudelocque had seen a paralytic woman naturally delivered. There were more than twenty cases known to science of women delivered after death. He considered these deliveries the result of putrefaction. Gases are developed which expel the fœtus.

SELECTIONS FROM A SERIES OF ESSAYS ON GENERAL PATHOLOGY.

By J. Bower Harrison, Esq., M.R.C.S.L., &c., late Surgeon to the Ardwick and Ancoats Dispensary, and formerly one of the Resident Medical Officers of the Manchester Royal Infirmary.

No. IV.

OF THE VARIOUS FORMS OF CONSTITUTIONAL PECULIARITY.

We are well aware that there exist original morbid constitutional peculiarities, the essential differences of which we cannot define, and yet we may describe their characteristic appearances and habitudes. Now these states of the system have often been confounded with the pathological conditions which are incidental to them, and this might naturally be expected to arise, since certain aberrations from the healthy state contribute to the production of particular diseased actions. Mr. Lawrence observes, in his "Surgical Lectures," that the word "scrofula" is sometimes used to signify a certain state of constitution, and at other times a local disease. Such confusion may always be traced to the confounding of the molecular constitution with the incidental disease to the establishment of which it conduces. The separation of these obviously different conditions will be apparent when we have treated of the *relation* of morbid derangements, and shewn the manner in which the secondary disorder is influenced, and in some measure occasioned, by the existence of a depraved constitution.

In speaking of the different morbid states of constitution, it is not easy to point out in what manner they may be discriminated, because there exist all the gradations between health and each variety; and sometimes the deviation from health is apparently so slight, that we are not aware of its existence until the supervention of other morbid phenomena indicates, by their modified character, the original distemper of the constitution. In relation to scrofula this remark is certainly applicable, for we are often at a loss to say to what degree of aberration the word is to be applied, and hence some writers have even asserted that there are few Englishmen who are exempt from the disease.

Scrofula is commonly said to be known by an unusual delicacy of structure. The skin is generally of an extraordinary degree of fineness, which has suggested the idea of transparency; it is soft to the touch, and the muscles do not seem to possess that degree of firmness which is characteristic of health. Even the conformation of the body is in many cases peculiar; the chest being narrow and its sides flattened, so as to present considerable resemblance to the breast of a chicken; the ends of the fingers are somewhat enlarged, what is called "chubbed," and the lips are thick and have a coarse appearance. The conjunctiva is also characteristic of the disease; it has a pearly whiteness, which has been aptly compared to the interior of an oyster-shell. But though these are said to be the characters of the scrofulous diathesis, it is often found impossible to pronounce with certainty on its existence; and in many cases it seems to be in a latent state, or rather, to exist in so slight a degree, that favourable circumstances are necessary to render it palpable. Perhaps scrofula may be considered as resulting from a defective organization of the body, as though the nutrient process was incomplete—an imperfect assimilation of the blood to the various textures of the body. At any rate, we know that all causes of depression conduce to the establishment of this form of constitution. There seems to be some analogy to this state in the condition of plants which have grown rank in an unhealthy soil, and are deprived of the salutary stimulus of the light of day. "Toutes les causes," says a French writer, "que nous avons indiquées, en agissant, comme nous l'avons démontré, d'une maniere plus ou moins directe sur la nutrition, rendent imparfaites l'elaboration et l'animalization de tous les tissus, dont la substance est pour ainsi dire *crue, etiolée*, comme celle d'un vegetal, d'un fruit privé pendant son developpement d'air, de calorique et de lumiere; on conçoit sans difficulté que cette imperfection substantielle ne doit pas affecter au meme degré tous les tissus de l'economie, et qu'elle se manifestera specialement dans ceux qui tiennent le dernier rang par leur activité vitale."

In some cases the *physical* appearances of constitutional derangement are so slight or subtle, that it is next to impossible to pronounce on their existence by the mere inspection of the body; and in these instances we are led to conclude on the presence of molecular peculiarity rather by a negative than a positive method of reasoning. When we have evident symptoms of disorder, and are yet unable to discover any progressive morbid derangement; when we can discover no lesion of parts, and yet find the body suffering excessively from circumstances which are ordinarily inadequate to occasion mischief; and when these signs of disturbance are of a varying and capricious character—it seems reasonable to suppose that the disease is to be ascribed to, or at any rate

that it is associated with, a peculiarity in the constitution. We have little or no evidence of any extraordinary difference in many of these cases, and the conclusion is rather a matter of inference than one of demonstration. It not unfrequently happens that females of full and robust appearance, with every indication of health, are strongly affected by the most trivial circumstances, and experience the most acute pain from the slightest causes, or fall into fits characterized by extraordinary gesticulations. It would seem probable, therefore, that these phenomena arise from the co-existence of various derangements with a particular character of constitution. Amongst these accompanying disorders, the derangements of the uterine system (probably from the great sympathy of the other parts of the body with the uterus) are chiefly important, and hence the epithet hysteric (*ὑστέρα*, the womb) has been applied to signify this excitability of body. We know that the mobility of the female sex is found in unison with a greater physical delicacy, and it may be conjectured, with some probability, that a variation of a similar nature, but more subtle and intense in degree, may be the occasion of an extreme mobility. In these instances it may be further probable that the nervous centres are more especially concerned. In the production of hysteria, as we have stated, a derangement of the uterine functions is always to be considered as a very important and frequent cause; but this subject will come under consideration hereafter.

A depraved state of the constitution more strongly marked in the osseous system than elsewhere, and probably to be distinguished from scrofula, is described under the denomination of rickets. This peculiarity is often arrested as the subject advances in years, so that it is principally seen in early life. The bones, being preternaturally soft, become distorted, especially those of the inferior extremities, which support the weight of the body. The pelvis is generally small, the skull thick in places, and the spine curved. This peculiarity of constitution is often associated with other conditions of disease, which together constitute a formidable malady; but in other instances, where this is not the case, the patient ultimately enjoys a robust health, so that the original affection is only evident in the conformation.

In some instances the molecular changes are so disguised and blended with other conditions of derangement, that it would be difficult to say how they are to be discriminated. This applies more especially to what may be regarded as the *acquired constitution*; for, independent of the peculiarity given by hereditary transmission, it is obvious that there are many circumstances which, even acting on the healthy state, would in process of time derange the organization. But the nature of these acquired dispositions will be better understood when we have considered the other conditions of disease which are often their immediate occasions, and are almost universally complicated with them. In the meantime we may notice some of the constitutional changes which are acquired from the agency of extrinsic causes, and which do not necessarily arise from the pre-existence of other disease.

Now the healthy condition of the tissues can only be sustained by a proper supply of food; and a morbid condition of body, which is very deserving of attention, is induced by a want of food, or by the long continuance of innutritious food. When we come to visit the poor at their own homes, and witness their habits, we cannot fail of being struck with the importance of this subject in its bearing on what may be called "the *acquired constitution*." Every one may live, without injury, for a time, on an irregular kind of food; but it cannot be continued long without producing a deleterious effect on the system. Many of the Irish poor in the neighbourhood of Manchester subsist on a very precarious diet. Herrings and potatoes, water-porridge, and tea without milk, and often without sugar, form the ordinary repast; sometimes a little bacon is added to the meal. It will be readily imagined that habitual use is made of tobacco and dram-drinking, which, whilst they impair the appetite, are no real substitutes for wholesome articles of food. Every one must have noticed, who has examined the bodies of the destitute in our dissecting-rooms, the peculiar pale and watery state of the muscles. They seem, indeed, scarcely like muscles, for we cannot well distinctly trace the more minute fasciculi; they seem almost to have lost their characteristic appearance, their healthy red colour and proper consistence. Now this state must undoubtedly exist during life. I am sure there is yet much to be done in the way of inquiring into these states of constitution as the basis for a proper understanding of disease—not by vaguely referring to tendencies and predispositions, but by a bonâ-fide description of the alterations which various circumstances induce. The feel of the hand is often a good criterion of the state of the constitution. I am generally in the habit of examining the firmness of the muscular fibre in arriving at a conclusion as to the state of the patient's health. We may in some degree guess at the strength of the constitution by the touch of the hand. We notice the difference of texture of flesh at the butcher's; and shall there be no difference in ourselves in health and disease? The appearance of the hand, both as to its form and compactness, is not to be overlooked, and is a very significant indication of molecular peculiarity. The acquired depravity of constitution to which we have alluded is much aggravated, and indeed promoted, by the mental distress which necessarily accompanies the hardships and trials of poverty. The subject is alluded to by one, the simplicity and elegance of whose style served to adorn whatever he undertook, (*nullum quod tetigit non ornavit.*) "The lower races of animals," says Dr. Goldsmith, in his "Animated Nature," "when satisfied for the moment, are perfectly happy. But it is otherwise with man; his mind anticipates distress, and feels the pangs of want even before it arrests him. Thus, the mind, being continually harassed by the situation, it at length influences the constitution, and unfits it for all its functions. Some cruel disorder, but no way like hunger, seizes the unhappy sufferer; so that almost all those men who have thus long lived by chance, and whose every day may be considered a happy escape from famine, are known at last to die of a disorder caused by hunger, but which, in common language, is often called a broken heart. Some of these I have known myself when very little able to relieve them." Of this condition he might have said here, as he has done elsewhere, "*Haud inexpertus loquor.*"

Some depraved states of constitution which accompany diseases of a malignant nature, are included under the general term of the cachectic diathesis. These seem brought about by a variety of causes, which depress the vital powers and produce continued irritation, and probably a constant state of anxiety of mind may be considered as one of the most effective. Hereditary influences have likewise much to do with the development of these peculiarities, and the advance of life, connected as it is with particular structural alterations, seems very favourable to their formation. We shall notice, in a subsequent section, those changes which are supposed to arise more immediately in the fluids, and are known by the name of malignant deposits.

The appearances indicated by the cachectic state mostly precede the manifestations of the malignant diseases; but of this there can be no absolute certainty, because we cannot always say that the interior of the body is perfectly free. In many instances, we undoubtedly find, whether or not it produce any effect by its peculiar irritation, that the progress of the local complaint is at all events attended by a more rapid and complete exhibition of the depraved nature of the constitution.

The cachectic diathesis is distinguished by a sallowness of countenance and a dull yellow cast, which is devoid of all that freshness which we call the *bloom* of health. There is a partly œdematous feeling communicated to the touch without the accustomed elasticity. All the various functions of the body are more or less imperfectly performed, and the mind becomes dejected, whilst the countenance gives the appearance of premature age. But this constitution, as may be said of the others, may be evident in a greater or less degree, and to what extent of degeneration the term is to be applied is not to be determined with any degree of precision.

Many of the changes which are natural to the body are also important in their relation to disease, because each is more or less favourable to the supervention of certain conditions of derangement. Thus, the various periods of life may be said to border closely on some morbid states; and certainly advanced age is accompanied with constitutional changes which can scarcely be separated from disease. It may probably seem incorrect to regard as disease those natural alterations which arise in the course of time; but when we consider the vagueness of the term "disease," (which simply signifies a want of ease,) it is not perhaps in reality so improper. In old age, the various organs become gradually incapable of discharging their several functions, or can only carry forward their operations with great labour and imperfection. The nutrition, by some curious law of animal life, becomes altered, and the natural elasticity of many structures is lost by the deposition of more rigid textures; bone occupies the place of cartilage, and the osseous tissue itself becomes exceedingly brittle. Dr. Cullen was in the habit of stating, in his lectures, that if he were to attempt to establish a standard of health, it would consist in a certain size in the conformation of the body—in a certain vigour of action affixed to a certain time of life; and young persons not arrived at that period, or old persons who have gone from it, could not be considered as coming within his definition, though at the same time not in a state of disease. Amongst the many circumstances which conduce in old age to occasion an imperfect *tolerance* of the causes of disease, we may enumerate, the obliteration of many capillary vessels by the shrinking of parts, and the contraction or alteration of structures; the diminution of vital energy, and probably of the vital affinities which regulate the operations which are carried on in the molecules of the body; the gradual failure of the senses and the con-

sequent impairment of the functions which are in some measure dependent on sensation—the decrease of animal heat, whether it be ascribable to the obliteration of the capillaries and failure in the circulation and respiratory movements, or more directly on changes going forward in the nervous centres. The loss of irritability which attends these constitutional changes enfeebles the action of the heart, whilst the alterations which take place in the structure of the brain, and which are rendered evident by the well-known diminution of the mental powers, are inimical to many of the functions which require the supervision of the brain. It would appear, then, that the molecular constitution of various parts of the body suffers changes, in the course of time, which must give a new character to the system, and which, though perfectly natural, must be regarded by the pathologist as highly important in their morbid relations. It must be confessed that these peculiarities are made up of several distinct derangements; but it is perhaps better to view them in their totality, because the changes are so general and so intimately connected, that their importance is rather evident in the aggregate than in their individual consideration.

The same remarks are also applicable to the other stages of life. Infancy has its peculiarities connected with a real physical difference of constitution. Youth has also its peculiarities, consistent with healthy youth, but still possessing a character which approaches nearer to some conditions of disease than the other periods of life, and therefore more liable to pass into them. I have often been struck with the difference produced by age in the meats brought to our table, as, for example, between veal and beef; and the same is, no doubt, the case with the human body. We thus see that it is not even possible to define the limits of health and disease; and in order to take a just view of the latter, we must, to some extent, go into the boundaries of the former; that it is important to consider the various alterations in the constitution of the body, which follow each other in the course of time, inasmuch as they are not imaginary but real, and ascribable to actual peculiarities of structure, and inasmuch as they always exercise great influence on all the co-existing states which may arise.

ON DISEASES OF THE HEART.

WITH CASES.

By JOHN W. TRIPE, Esq., Surgeon, London.

(Continued from p. 74.)

HYPERTROPHY.

CASE 6.—May 22nd, 1842. J. D——, cowkeeper, aged forty-six, of rather robust make, has been subject to palpitation and dyspnœa for the last six or seven years, at first only in fits, but after a time, constantly. On violent exertions being used they invariably increased, sometimes producing even a feeling of suffocation, and occasionally of faintness. Lately these exacerbations have occurred on the slightest exertion, so that now he is scarcely able to move about, and on walking up stairs the palpitation increases to a very great extent. His rest at night is much disturbed by dreams, from which he often wakes in a fright, starts up in bed, either with a feeling of choking, or as if the heart ceased to beat for a time, and then went on rapidly again. He has had a cough for some time, which has lately much increased. There is also an oppressive dull pain of the præcordial region and of the left shoulder, angina, pain and giddiness of the head, especially on lying down. His complexion is cadaverous; lips slightly purplish; tongue furred; skin cool; bowels irregular; appetite indifferent; much flatus; urine non-albuminous; pulse 100, full, regular, and tense; gradually swelling beneath the finger, and then as gradually subsiding.

On a local examination the heart was perceived to beat violently against the chest, the apex striking just below the nipple; the impulse violent, raising the stethoscope and head each time, and of a peculiar swelling, heaving character, commencing gradually, and on having attained its greatest power, suddenly receding; both sounds diminished in intensity, and between the cartilages of the second and third ribs, near the sternum, a bruit de souflet accompanying the first sound, and propagated up the carotid arteries; slight bronchitis of both lungs. On percuting the præcordial region the dullness was a little increased.

Diagnosis.—Hypertrophy of the left ventricle, and obstruction at the aortic orifice. The hypertrophy was diagnosed by—α, the general signs of diseased heart; ζ, the oppressive pain of the præcordial region; γ, the peculiar state of the pulse; δ, the diminution of the sounds; ϵ, the increased swelling and heaving character of the impulse, and the increased dullness on percussion being but slight.

Diet.—Meat, two ounces daily; no stimulants; sago, arrow-root, &c. To keep in bed. Eight leeches to be applied over the heart every other day; and let him have tincture of foxglove, fifteen drops; antimonial wine, twenty drops; water, one ounce, three times a day; and calomel, two grains; extract of colocynth, five grains, every night.

24th.—Cardiac symptoms slightly relieved, but an attack of rheumatic gout has occurred, attacking the ankles and knees. Let him have tincture of meadow saffron seeds, half a drachm; tincture of foxglove, twelve drops; sulphate of magnesia, half a drachm, four times a day; compound ipecacuanha powder, ten grains, at bedtime; and continue the leeches.

28th.—Rheumatic gout gone; in other respects better; the palpitation and cough very much diminished; the breathing more regular, and slower; the pulse 90, and not so full or tense; and the sleep better, being rarely disturbed by dreams, or awaking with a start; the impulse not so powerful or long continued; the sound slightly clearer. Omit the leeches. Tincture of foxglove, ten drops; antimonial wine, fifteen drops; water, one ounce, three times a day; compound powder of jalap, fifteen grains, every morning, if required. Under this treatment he rapidly improved; the cough ceased, the dyspnœa and palpitation lessened, the countenance became clearer, the congestion diminishing, and the sleep became natural.

June 26th.—His condition is much relieved, his only complaints being of palpitation on slight exercise being taken, and slight dyspnœa; the cough, habitual dyspnœa, and vertigo, are removed; sleep and appetite good; and the congestion about the lips and face gone. The results of local examination are not so satisfactory, the impulse and sounds being still diagnostic of hypertrophy, though much lessened; the aortic bruit still continues; and the pulse retains something of its former character.

Sept. 18, 1843. Was attacked with an apoplectic fit, and died in a few hours.

Post Mortem.—A clot in the left hemisphere of the brain. The heart is rather increased in size, and more spherical; the cavity of the left ventricle about natural, or a little dilated; the walls hypertrophied, being from three-quarters to seven-eighths of an inch in thickness; on the aortic valves, close to the walls of the ventricle, were warty vegetations; the edges of the valves being healthy, carneæ columnæ enlarged, and the valves completely close the opening; the rest of the heart healthy. Lungs healthy, with the exception of slight congestion of the bronchial mucous membrane.

Remarks.—This is by no means a common disease, as hypertrophy is usually complicated with dilatation, especially when it is originally produced by a diseased condition of the valves; but here it would appear as if the hypertrophy, being sufficient to counterbalance the impediment to the circulation, and the mitral valves remaining healthy, the disease did not extend further. But we do not usually have such severe general symptoms when the hypertrophy is merely sufficient to counterbalance the obstruction, and we must therefore suppose that it went beyond that point, and was entitled to be considered as a diseased condition. One of the most remarkable features about the case was the rapid improvement which occurred in the early part of the treatment, most probably caused chiefly by the change from a comparatively active state to one of complete rest. It was also aided by the small depletions which removed the congestion. The meat was given lest the heart might become weakened, and unable to propel the blood, and thus add dilatation to the disease already existing.

The cause of the disease in this case evidently was the obstruction to the exit of blood from the ventricle, and which is a common occurrence. We may say that the causes of hypertrophy are—α, any obstruction to the free circulation; ζ, an unusually large amount of blood to be propelled; γ, continued nervous palpitation, or an unusually stimulating quality of the blood, producing increased action and nutrition of the part. Inflammation also is considered a cause.

The termination of the case is also worthy of remark, though it is by no means an uncommon occurrence for hypertrophy, or hypertrophy and dilatation of the heart, to produce apoplexy, and which is commonly said to depend on the inordinate action causing rupture of some of the vessels of the brain; but as hypertrophy can scarcely continue long without producing both arterial and venous congestion, it is more probable that the vessels give way to the continued passive distention, rather than to the active power of the ventricle. But be that as it may, there can be no doubt that hypertrophy with, or without dilatation, not very unfrequently causes death by apoplexy, and is considered one of the most common causes of the apoplectic attack. In the case related, the cavity of the ventricle was about the normal size, but it may be enlarged or diminished. Of the former, some cases will be hereafter related; of the latter, one will next be detailed, premising, however, a doubt whether it existed during life, or only occurred during the act of dying.

CASE 7.—July 30, 1842. M. B——, a labourer, aged 38,

in-patient of the London Hospital, worked for several years in Smith's distillery, and has been in the habit of drinking spirit largely. He was quite well previously to June, 1841, when he was attacked with symptoms of acute inflammation of the liver, followed by anasarca. This continued for a short time, when symptoms of granular degeneration of the kidney supervened; and on examination of the urine, it was found albuminous, and of specific gravity, 1018. Has been troubled with palpitation of the heart, and occasional attacks of dyspnœa. Countenance pale and waxy, pulse 96, small and weak, respiration difficult, and cough with bronchitic sputa.

On a local examination, the sounds of bronchitis were heard all over the lungs. The percussion of the præcordial region about natural; the impulse of the heart not perceptible; the sounds normal, without any abnormal bruits.

These symptoms remained with but little alteration, except those produced by granular kidney, which became worse, and he died comatose, about two weeks afterwards.

Post Mortem.—Granular degeneration of the liver and kidneys. The heart smaller than usual; the cavity of the left ventricle about half the normal size, and its parietes somewhat thickened; the other cavities healthy.

Remarks.—The local symptoms during life corresponded, to a certain extent, with those mentioned as characteristic of this affection—viz., "dullness on percuting the precordial region rather lessened, and the impulse and sounds of the heart diminished, and the pulse small and rather tense." (Hope.) May we, then, suppose it existed in this case during life? In the first place, if it had occurred after death, the cavity of the ventricle could have been dilated to its proper size. This, I regret to say, was not tried; in the second, they usually happen in persons dying a sudden death while in the full vigour of life, whereas this man had exhausted the irritability of his muscular system by the long continued abuse of stimulants; his strength had been reduced by an illness of long duration, and his death had not been sudden, or from violence, but from long continued disease.

The question whether hypertrophy of the heart causes granular degeneration of the kidney, or *vice versâ*, has been much discussed; but it is most probable that the latter hypothesis is correct, as most who have examined the question give evidence in its favour, and in above thirty cases of cardiac disease, unaccompanied by symptoms of granular degeneration, which were examined by me, not one had albuminous urine, although several had been diseased above ten years, and the cases embraced almost all the varieties of heart disease.

POISONING BY ARSENIC—IRON ADMINISTERED—RECOVERY.

By Samuel Argent, Esq., Surgeon.

I was called to J. P——, the daughter of a little tradesman of this town, about five o'clock A.M., on the 30th August, and found her violently vomited and purged; the evacuations consisting of a watery fluid, intermixed with lumps of green mucus. She had pain in the stomach, heat in the mouth and throat, with thirst. I was informed she had been in this state all night. As she had been for some time past in a low and melancholy way from some disappointment that she had met with, it was at once suspected that she had taken a corrosive poison, which she stoutly denied; till, after a diligent search, a paper was found, with "Arsenic—poison," written upon it, when she confessed having taken half an ounce of arsenic the preceding evening. I then lost no time in washing the stomach out with whiting and water, by means of the stomach pump, it being at hand, and afterwards gave her two drachms of sub-carbonate of iron, (having none of the hydrated peroxide by me,) which was repeated at short intervals; after which she was desired to take three table-spoonfuls of the following mixture frequently:—sulphate of iron, one drachm; solution of potash, half a drachm; water, twelve ounces. In a short time the sickness gradually subsided, though she continued to vomit occasionally that day and the next. She had leeches applied to the epigastric region, which bled copiously, and afterwards mustard cataplasms, and had mucilaginous medicines. On the third day the sickness had left her, she took some food, and appeared quite convalescent and out of danger. It appears that she had taken the arsenic a short time after eating her supper—a very small portion of bread and cheese, (her appetite had been bad for some time,) and a quarter of a pint of beer. Could the recovery be attributed to the iron acting as an antidote, or from the mucous coat of the stomach having been protected by the scanty supper which she had just before eaten? I inquired of the druggist of whom she bought the drug, when he had sold it to her, and he said a few days before.

Hinckley, Sept. 3rd, 1844.

POISONING BY OXALIC ACID.

By H. Letheby, M.D., Lecturer on Chemistry at the London Hospital School.

An unmarried female, named Rebecca ——, aged twenty-two, of previously good health, had on Saturday, September 28th, a quarrel with her lover respecting another of his mistresses, and in a fit of jealousy, after he had left her, she must have taken oxalic acid, and destroyed herself, for she was found dead in her room on the following morning. My friend Mr. Garrett was sent for, who made a post-mortem examination of the body, removing the stomach and its contents, although he had great difficulty in so doing, from the corroded and softened state of that organ. These he brought to me to examine. The stomach was very much blanched, excepting in two or three places, where there were black spots, as if blood had been effused and acted upon by the poison; here and there a bloodvessel might be seen ramifying with its contents similarly blackened. The tissue of the stomach was so softened and disorganized, that it could scarcely be handled without tearing; indeed, at the cardiac end it was reduced to a soft, pulpy, or gelatinous consistence, and had numerous perforations in consequence. The contents, which had been saved in a glass, amounted to about six ounces in quantity; they had a very dark colour, like porter, and contained very little solid matter. They were strongly acid, and on being tested, were found to contain about three drachms of oxalic acid.

Remarks.—It has been doubted by some authorities whether oxalic acid has any corrosive action on the stomach. Dr. Christison, I think, only mentions one case in which he found the stomach perforated after its exhibition, and Mr. Taylor remarks, that in his experiments on animals, and from some few observations on the human subject, he has found nothing to bear out the view, that perforation is a common effect of the action of this poison. This case, however, is sufficient to shew that softening and perforation may take place, and, in a medico-legal inquiry, it is proper and important to bear the fact in mind.

12, Tredegar-square, Oct. 7, 1844.

THE LANCET.

LONDON: SATURDAY, OCT. 19, 1844.

Amongst the civilized portions of mankind, the science of medicine has been increasing in importance during several centuries. The early professors of the healing art were deified, and that feeling of devotion which was displayed towards Machaon and Podalerius, at a period when the powers of medicine were in their infancy, has, as might have been expected, been exhibited with equal strength in modern times,—not by uninformed persons,—not by the creatures of blind prejudices and superstitions, but by the mightiest and most highly-gifted of our philosophers and statesmen. Such a result might have been safely predicated by practical and intelligent minds. The applications of the science of medicine, whenever and wherever they are brought into operation, are always directed against causes which interfere with the happiness of the human race. The mitigation of human suffering is the invariable object of the professors of the healing art; and in the endeavour to remove, or to diminish, the influence of disease, medical practitioners are brought into direct contact with all the manifold elements which lead to the destruction of human life. They who believe that a knowledge of the science of medicine is to be acquired by a mere superficial acquaintance with the structure of the human body, a casual observation of the treatment of maladies, or an investigation into the qualities of those therapeutic agents with which vulgar minds are admitted to have some acquaintance, know little, in reality, of the scientific character of the profession of medicine. Equally insignificant is their knowledge of the power which it can be made to display in lessening the amount of human suffering; and totally devoid are they of all acquaintance with the benign influence which medical practitioners can exercise upon the social condition of every extensive community. The study of medicine leads not only to an inquiry into the nature and peculiarities of disease,

but it involves, even in an enlarged sense, the study of mankind. Medicine, therapeutically considered, operates upon a vast assemblage of human misfortunes, accidents, and maladies, by means of superior intelligence and acquirements. Knowledge, in short, of the highest order, obtained by laborious study and wide research, is ever exercised and brought into action by well-educated practitioners with a view to remove the diversified causes of suffering, and to restore to a healthy condition the organization and functions of the human body. Such is directly the aim, the end, of the science and art of medicine. But, indirectly, medical studies and pursuits take a range as extensive as the spheres; and the researches which are necessarily made into the sciences accessory to that of medicine embrace an inquiry into all the materials of which the universe is composed. When it is admitted that chemistry is one of those sciences, the truth of such a proposition cannot be questioned. For obvious reasons, we avoid making any direct reference to medicine in connexion with either revealed or natural religion; but in a moral and a social sense, the influence which the study and practice of physic is calculated to exercise in every civilized community, is of a character so exalted, that it would be difficult to form an over-estimate of its value. But, unhappily, the extent, nature and benevolent character of that social influence is only known, and can only be known, in the full sense of the term, to medical practitioners themselves. In contending even for its existence we may be addressing our observations to some minds that are not willing to give credence to the fact. Nevertheless, it is true; and it can only be denied by careless, inattentive, or illiberal observers of human affairs. If the professors of the science of medicine commenced the great labour of their lives in a charnel-house, and terminated them in a closet—if in such secluded places they merely promulgated accounts of their discoveries, issued dogmatical precepts, and kept isolated from the great mass of the community, the effects of their labours upon the social condition of mankind might naturally enough be questioned. Instead, however, of acting upon the community as through the oracles of ancient times, or silently and covertly, through the instrumentality of the press, they directly mix, in the daily pursuit of their avocations, with all classes of the people; and the palace of the sovereign, the mansions of the nobility, the dwellings of the middle classes, the comfortless habitations of the poor, the hospitals, workhouses for the destitute, asylums for the demented, and jails for criminals, are daily, nay, hourly, the scenes of their scientific, noble, and generous avocations.

In order to be successful in the objects to which his labours are directed, various and exalted are the qualities of mind which the medical practitioner should possess. In his studies he must have been zealous, diligent, methodical; in his investigations, searching, comprehensive, analytical; in the manifestations of his disposition, benevolence must be a prominent quality; in the exercise of his judgment, a profundity of ready resources, and the elements of correct reasoning, must be extensively displayed.

At last, acknowledged by a public tribunal to have exhibited all the qualifications which render him entitled by law to exercise the manifold duties of his high calling, what is the frightful proclamation which assails his ear from a leading member of the Government under which he lives? What the insult offered to his understanding? What the outrage to his wounded feelings? Why, that the knowledge of the science of medicine is so easily acquired, or that—not being a science—it is a thing so easily understood, and affects so slightly the welfare of mankind, that there shall exist no law to prevent any impostor—any brutal speculator on human life—any imbecile, from undertaking and pretending to discharge the duties of a qualified practitioner in medicine. Such is the astounding, the disgusting proclamation which has been made to the intelligent people of this country, in a speech addressed to the House of Commons, by a principal Secretary of State, and by him repeated in a Parliamentary Bill, which we are now about to scrutinize, clause by clause, in the columns of this journal.

In the hope of obviating any charge of misrepresentation or omission, we shall reprint the clauses *verbatim*, introducing them in their existing order, as we advance in making those comments which we feel it our duty to offer upon the provisions they contain. It is especially desirable that any remarks condemnatory of the measure should be placed in juxtaposition with the sections of the Bill. We may thus prevent the supporters of the measure (if it have any) from alleging hereafter that the whole Bill had not been fairly set forth in connexion with our strictures.

In adopting this plan, the preamble and clause one will constitute our first quotation.

"Whereas it is for the good of all her Majesty's subjects that the knowledge of physic and surgery should be promoted, and that means should be afforded whereby those who have been examined and found skilful by competent authority may be known from ignorant and unskilful pretenders to the same knowledge: and whereas the laws now in force concerning the profession of physic and surgery require to be amended; be it enacted, by the Queen's most excellent Majesty, by and with the advice and consent of the lords spiritual and temporal, and commons, in this present parliament assembled, and by the authority of the same, that an act passed in the third year of the reign of King Henry the Eighth, intituled, 'An Act for the appointing of Physicians and Surgeons;' and also another act passed in the fifth year of the same reign, intituled, 'An Act concerning Surgeons to be discharged of Quests and other Things;' and also another act passed in the session of parliament holden in the fourteenth and fifteenth years of the same reign, intituled, 'The Privileges and Authority of Physicians in London;' and also two acts passed in the thirty-second year of the same reign, respectively intituled, 'For Physicians and their Privilege,' and 'For Barbers and Surgeons;' and also another act passed in the session of parliament holden in the thirty-third and thirty-fourth years of the same reign, intituled, 'A Bill that Persons being no common Surgeons may minister Medicines, notwithstanding the Statute;' and another act passed in the first year of the reign of Queen Mary, intituled, 'An Act touching the Corporation of Physicians in London;' and also an act passed in the session of parliament holden in the sixth and seventh years of the reign of King William the Third, intituled, 'An Act for exempting Apothecaries from serving the Offices of Constable, Scavenger, and other Parish and Ward Offices, and from serving on Juries;' and so much of every other act as continues the last-recited act; and also an act passed in the tenth year of the reign of King George the First, intituled, 'An Act for the better viewing, searching, and examining of all Drugs, Medicines, Waters, Oils, Compositions, used or to be used for Medicines, in all places where the same shall be exposed for Sale or kept for that purpose, within the City of London and Suburbs thereof, or within Seven Miles circuit of the said City;' and so much of another Act passed in the eighteenth year of the reign of King George the Second, intituled, 'An Act for making the Surgeons of London and the Barbers of London two separate and distinct Corporations,' as does not relate to the separation of the said corporations, or to the master, governors and commonalty of the mystery of Barbers of London; *and also so much of an act passed in the fifty-fifth year of the reign of King George the Third, intituled, 'An Act for better regulating the practice of Apothecaries throughout England and Wales,' as relates to the examination of Apothecaries, or to the qualifications of persons intending to be examined or to qualify themselves under that act to practise as an apothecary, or to the fees to be paid by apothecaries for the certificate of the court of examiners, or to the* PENALTIES *for practising as an apothecary without having obtained such certificate;* and also so much of an act passed in the sixth year of the reign of King George the Fourth, as enacts, that all members and licentiates of the Royal College of Physicians in London actually practising; all surgeons being members of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, and actually practising; all apothecaries certified by the court of examiners of the Apothecaries' Company, and actually practising, shall be freed and exempt from being returned, and from serving upon any juries or inquests whatsoever, and shall not be inserted in the lists to be prepared by virtue of that act; *and also so much of any act or charter granted before the* PASSING OF THIS ACT *as prohibits any person from practising physic or surgery in any place without such licence as is mentioned in such act or charter respectively, or as imposes any restriction on the practice of physic or surgery other than is contained in this act, shall be repealed and annulled.*"

The lines in Italics provide for the repeal of all the existing laws which interfere with the free practice of medicine in Great Britain or Ireland, either by qualified practitioners, or by persons PRETENDING to be qualified practitioners in medicine.

The restraints (*restraints?*) to be imposed in lieu of the repealed prohibitions are—First, the REGISTRATION of all practitioners who may become qualified in conformity with the regulations to be framed by the "council of health;" and, secondly, the prevention of all persons who are not so registered, from holding medical appointments in public institutions. In principle, there is nothing novel in either of these provisions. With regard to the first, may it not be asked—Are not the qualified medical practitioners of the United Kingdom registered or enrolled in the institutions to which they respectively belong? Such, undoubtedly, is the fact. Thus the proposal of the government amounts merely to this, that there shall be *three* registers instead of seven or eight. What an improvement! Yet, at the few meetings where the bill has received a word of sanction, the new system of registration has been nearly all of which its doubting and hesitating advocates could express any distinct approval. But even that advantage, trifling as it is, cannot be had without payment of some pounds sterling, as we shall find by a provision in another section of the measure. This mode of advertising legally-qualified practitioners is to constitute their great shield against the quacks and all the other impostors of the empire who may dare to meddle with the practice of medicine. That a good, that a simple system of registration is not without its value, we willingly admit; but that it affords any efficient protection to legally-qualified medical practitioners against the frauds of quacks—that it affords any protection to the public against ignorant pretenders to medical skill, we utterly and unhesitatingly deny. All the existing systems of registration are entirely disregarded by the public; nobody ever thinks of asking whether Mr. A., who calls himself a surgeon, Dr. B., who calls himself a physician, or Mr. C., who styles himself an apothecary, is so in reality, or thinks for an instant of applying to the secretaries of the institution to which he professes to belong, to ascertain whether he is or is not what he pretends to be. The boast of a reckless advertiser, or the unprincipled statements of a mercenary quack or his hired agents, constitute, but too frequently, sufficient grounds for confidence in the minds of unsuspecting sufferers. A registration, an enrolment, the legal qualifications, or the actual scientific acquirements of the parties seeking to obtain their favourable opinion, would seem to be the last subjects to engage the attention of patients or their friends. A system of registration, to be really valuable to the profession, or really useful to the public, can only be either the one or the other from a single but a very significant cause—the confidence, the *full confidence* of the public, in the efficiency of the *examination* which obtains for the practitioner his *right* of registration. Our existing medical colleges do not command the respect and favour of the public; hence, their systems of registration and enrolment are treated with complete indifference by all classes of the community. The new measure leaves those establishments nearly as they stand, with the exception of the Court of Examiners of the Apothecaries' Company, an institution which is unscrupulously demolished. The powers which the bill confers on the Council of Health, can produce no alteration in public opinion with reference to the existing colleges, which are all vicious and corrupt at heart, and are known only as the bane and opprobria of the medical profession of this country. If there be no respect or confidence in the registering authority, it cannot be conceived that the persons who are registered will derive any advantage from participating in such a system of publishing their qualifications. The notion involves a very gross absurdity, and is scarcely entitled to be discussed. What is the second proposition—that other great substitute for the repealed penal provisions of the Apothecaries' Act? Why, that no medical practitioner, unless he be registered, shall be entitled to occupy any medical office in a public institution. A great law, truly! But it is lamentable to be obliged to confess that this stern decree, of which so much has been said, offers to us nothing new in effect, or in practice; for, of a verity, it must be acknowledged that the "regulations" of all the public medical institutions of the kingdom, from the most magnificent hospital, down to the most wretched dispensary or workhouse, expressly exclude all individuals as medical officers who have not obtained degrees in medicine, or diplomas or licences. Thus, in reality, the only protective barriers which now environ the general practitioners of England and Wales, and offer to the public the slightest security against quacks and impostors, are to be broken down, and swept entirely away; the unsuspecting portion of the community are to be exposed, without check, to the intrigues, daring pretensions, and fraudulent practices of the most odious set of vagabonds in the world; and all the existing long-established rights and privileges of the qualified practitioners in medicine are to be laid waste, because a Secretary of State for the Home Department is of opinion that—

> "The pleasure is as great
> Of being cheated as to cheat."

How long, we may ask, has such a notion as this possessed the mind of our medical legislator? When this absurd couplet was quoted by him in the House, some of his auditors were stricken with astonishment, because his furious onslaught on the gambling-houses of the metropolis had just previously been the subject of general notice and commendation. It was equally well known that his avowed horror of cheating had induced him to invade, with an irresistible police force, all the race-courses in the neighbourhood of the metropolis, for the purpose of seizing and knocking down the booths in which gambling was discovered, and of causing to be grasped, with unscrupulous hands, the thimble-rig gentry, together with the mysterious pea, and the other important instruments of their fraud. What marvellous consistency! What signs of mighty wisdom! There is such a vast and rational pleasure in being deprived of health and life, that the authors of such deprivations are entitled to a generous aid from the legislature! Statutes of the realm must not interfere with pursuits which are productive of so much happiness. It is not criminal—it is not even punishable at law—to rob a man of his health, or to deprive him of the means of labour and of acquiring wealth; but the dishonest acquisition of a shilling by means of some legerdemain trick is to subject the culprit to the penalties of a gaol and the labour of a tread-mill. A severe punishment for fraudulently obtaining a few pence is to be promptly awarded, whilst the fraudulent acquisition of large sums of money, the infliction of torture, and the destruction of health and life, are not to subject the perpetrators of such atrocities to the slightest penalty at law.

Such gross contradictions and inconsistencies are outrages offered to common sense; they are altogether devoid of reason, and exhibit apparently a reckless love of change, unrelieved by one valid reason or argument. How can any of the supporters of the Bill be so thoughtless as to talk of the *principle* of the measure, when, in truth, this very first clause is signalized by an *unprincipled* scheme for annihilating the existing rights and interests of the medical profession of this kingdom. The GENERAL PRACTITIONERS of England and Wales, who have acquired these legal rights and privileges under the provisions of the 55th George III., have an undoubted right to demand of the Government an answer to the question—Who are the persons that have applied to the Legislature, praying that all the laws which restrain *unqualified* medical practitioners from engaging in their nefarious pursuits should be at once and for ever repealed? We know perfectly well that hundreds of petitions have been presented to Parliament on behalf of the profession, beseeching the Legislature to enact a law which should give to the great body of medical practitioners of this empire the right of electing the governing bodies of their own colleges. The petitioners believed, unwisely it seems, that their acquirements, their usefulness, their station and respectability, entitled them to urge such a claim, without being considered unreasonable, intrusive, or impertinent. What is the answer which they have received

from the executive Government? "Instead of bestowing upon you any new privilege or immunity,—instead of giving to you further protection against misgovernment in your own institutions, we consider it to be just that you should henceforth be deprived of that protection at law which you already possess; we deem it to be prudent to break down, as speedily as possible, that legal barrier which has hitherto separated you from the quacks and other impostors of the day." Such is the practical, the substantial reply from the executive Government which the profession has received, as an acknowledgment of the respectful petitions which they had caused to be presented to the Legislature! If the majority of the profession had failed to regard the repealing provisions of the first clause of the Bill as insulting to their feelings, as well as injurious to their interests, they would not have duly estimated their own high character or their true position in society.

The Act of the 55th Geo. III. has acquired a value, in consequence of the decisions of the courts of law, which was never anticipated by the most ardent of its advocates. The only definition of what is really "practising as an apothecary,"—the only legal distinctions between apothecaries and chemists and druggists, are founded exclusively and entirely upon the penal provisions of the statute of 1815. Repeal those provisions, and the decisions of the judges cease, from that moment, to possess the least force or effect. Thus, between 30,000 and 40,000 chemists and druggists in England and Wales (leaving Scotland and Ireland out of the question) might at once assume the functions of physicians, surgeons, and apothecaries, without being subjected to the slightest legal obstacle, hindrance, or restraint. Ruin to half the general practitioners, or may be more than half, would be the speedy and inevitable result; and thousands upon thousands of the lives of the community would be sacrificed, owing to the vicious, the abominable, the detestable scheme of the government. What was the circumstance which led to the enactment of the statute of 1815? The common and ordinary practice of medicine by chemists and druggists, a fact well known to all who are versed in the history of the medical affairs of this country. Individuals who had been the errand-boys and bottle-cleaners of apothecaries—persons who had acted as the occasional servants in the shops of chemists and druggists, if they had acquired a few pounds by some sudden or accidental piece of good fortune, would often, on the instant, attempt to start into a professional existence, by announcing on their doors and windows that they were surgeons, surgeons and apothecaries, or surgeons and accoucheurs. Society suffered most severely from such nefarious practices. The ignorant and unsuspecting were tortured and robbed by the odious impostors of that time. The evil became so common and so intolerable, that the general practitioners of the empire combined as one man for its removal. They held in 1812 the largest meeting of medical gentlemen which had, at that time, ever been seen in London. After three years of strenuous exertion the measure of 1815 partially crowned their labours with a successful termination. What is the proclamation of the government which now assails the ear of the profession? Why, that the evils which were prevalent before 1815 from the fraudulent conduct of unqualified practitioners shall now be restored, with all their concomitant robberies, cruelties, and other enormities. We cannot yet acknowledge that proclamation to be regarded as an irrevocable decree. Before it can become law, the conduct of the government must be subjected to a severe scrutiny, and the principles of their measure must be tested by the touchstones of truth, just policy, and consistency.

The assault which has been made on the rights of the general practitioners of the kingdom—rights acquired, and hitherto secured by a statute of the realm—must be placed in contrast with the protection which that self-same government willingly, cheerfully, and of its own suggestion and authority, bestowed on ATTORNEYS and SOLICITORS forming the great body of the profession of the LAW of this country, in the session of parliament for 1843. In that session which immediately preceded the one in which it was boldly and broadly proclaimed by the minister, that it was not his intention "to impose the slightest restraint on unqualified practitioners in medicine," the statute was passed from which we have quoted the three following clauses. This Act is the 6th and 7th of Victoria, cap. 73. It received the royal assent on the 22nd of August, 1843. It was a government measure. In less than twelve months after it had become law, that government which had framed it and caused it to be passed, introduced a bill into the House of Commons, with a view to *repeal* all the laws which prevent unqualified persons from practising medicine. Now then, we call upon the general practitioners of this kingdom to examine the provisions of the following three clauses of the act for the protection of the profession of the *law*, and to place in contrast with them the provisions of that bill which appears to have been decidedly framed for the *destruction* of the profession of medicine. After providing, in previous clauses of the statute, that "no person shall act as an attorney or solicitor unless he has served a *clerkship* of *five years*, and has been *examined* by persons appointed by the judges for that purpose, and has been *admitted* and *enrolled*, it is then enacted,—

"That if any attorney or solicitor shall wilfully and knowingly act as agent in any action or suit in any court of law or equity, or matter in bankruptcy, for any person *not duly qualified* to act as an attorney or solicitor as aforesaid, or permit or suffer his name to be anyways made use of in any such action, suit, or matter, upon the account or for the profit of any *unqualified* person, or send any process to such *unqualified* person, or do any other act thereby to enable such *unqualified* person to appear, act, or practise in *any respect* as an attorney or solicitor in any suit at law or in equity, knowing such person *not* to be duly qualified as aforesaid, and complaint shall be made thereof in a summary way to any of the said superior courts wherein such attorney or solicitor has been admitted, and proof made thereof upon oath to the satisfaction of the court that such attorney or solicitor hath wilfully and knowingly offended therein as aforesaid, then and in such case every such *attorney* or *solicitor* so offending shall and may be *struck off the roll*, and *for ever* after disabled from practising as an attorney or solicitor; and in that case, and upon such complaint and proof made as aforesaid, it shall and may be lawful to and for the said court to *commit* such *unqualified* person so acting or practising as aforesaid to the *prison* of the said court, *without bail* or mainprize, for any term not exceeding *one year*.

"And be it enacted, that from and after the passing of this Act, in case any person shall in his own name, or in the name of any other person, sue out any writ or process, or commence, prosecute, or defend *any* action or suit or any proceedings in any court of law or equity, *without being admitted and enrolled* as aforesaid, or being himself the plaintiff or defendant in such proceedings respectively, every such person shall and is hereby made incapable to maintain or prosecute any action or suit in any court of law or equity for any fee, reward, or disbursements on account of prosecuting, carrying on, or defending any such action, suit, or proceeding, or otherwise in relation thereto; and such offence shall be deemed a *contempt* of the court in which such action, suit, or proceeding shall have been prosecuted, carried on, or defended, and shall and may be *punished* accordingly.

"And be it enacted, that in any case any person shall commence or defend any action, or sue out any writ, process, or summons, or carry on any proceedings, in the Court commonly called the *County Court* holden in any county in that part of *Great Britain* called *England* and *Wales*, who is not or shall not then be *legally admitted* an attorney or solicitor according to this Act, or shall not himself be plaintiff or defendant in such proceeding respectively, such person shall and is hereby made incapable to maintain or prosecute any action or suit in any court of law or equity for any fee, reward, or disbursement, on account of prosecuting, carrying on, or defending any such action, suit, or proceeding, or otherwise in relation thereto; and such offence shall be deemed a *contempt* of the court in which such action, suit, or proceeding shall have been prosecuted, carried on, or defended, and shall and may be *punished* accordingly."

In these clauses, the profession will find an ample supply of materials for meditation until the publication of the next number of this journal.

In another part of this journal our readers will find a list of the new Fellows, which has at last been published by the Council of the Royal College of Surgeons. It is most evident, however, that the Council is ashamed of its performance, from the pitiful attempts

which it has made to screen the chosen few from the gaze of the insulted members of the College. Instead of boldly making known at once the names of those who had been selected, the Council prudently thought it more judicious to keep the secret until the annual list of the members was published—that is, from the beginning of September until the beginning of October. Further concealment, however, becoming impossible, the list has been at last produced, but in such a manner as to defy a less scrutinizing glance than the one which we have bestowed upon it. The new Fellows are amalgamated with the old; the names of both being given, without distinction, in an alphabetical list which precedes the general list of members. In order, also, completely to conceal the professional and scientific position of the gentlemen who now form the body of Fellows, the date of their admission into the College is not given. Thus, their names not being contained in the general list, the period at which they received their diplomas can only be ascertained by referring to the former lists of the members of the College.

We have given ourselves the trouble to separate the names of the new from the old Fellows, in order that the "subordinate" members of the College may be able to form an opinion as to the *success* with which the Council has remedied the deficiencies of their first choice. We have pursued these new Fellows into the old lists, in which the Council ridiculously thought to hide them, and affixing to each name the date of admission, have framed *our* list according to seniority.

The more we examine this list the more difficult do we find it to discover on what principle the Council has founded its selection. As we have already stated, all grades and all ranks have been admitted, as well as graduates of a very recent date, whose claims to the honours we are at a loss to discover. On the other hand, hosts of GENERAL PRACTITIONERS, old army, navy, and East Indian surgeons, have been omitted from the list. We are indeed quite in the dark as to the qualifications which have been considered necessary in these latter departments. It cannot be seniority, as there are several junior medical officers among the elected, and many surgeons of recent date, who, for *purity* of practice, certainly cannot compete with the gentlemen belonging to the military and naval services. We really think that the latter have every reason to consider themselves deeply injured, and that a close scrutiny of the claims of those who have been chosen will shew that favouritism, more than merit, has been the standard adopted.

Many of the young London *pures* have been left out, to their great astonishment and indignation; and truly one would have thought that they would have found favour in the eyes of the Council, men who are their juniors having been admitted without any very plausible pretext. The Council has indeed broken faith with its own "children"—with those who, when students, paid their hundreds to the surgeons composing it—and who now, as practitioners, eschew midwifery and pharmacy in order to gain its favour. Thus are they rewarded for their deference to the whims and prejudices of a corrupt and egotistical body. They are cast aside, to make room for dentists, oculists, and amiable young gentlemen, who, being plentifully endowed with the bump of veneration, have distinguished themselves in getting up subscriptions for plates and lithographic likenesses of the eminent members of the Council!

The Council has also published, along with its List of Fellows and Members, the By-laws relating to the professional education and examination of Candidates for the Fellowship, which we will reproduce next week. These by-laws are worthy of the consideration of the members of the College, as they illustrate most admirably the real designs of the Council—the ends for which it legislates. Verily they shew the cloven foot!

In the first clause, we find that no pupil or member will be allowed to present himself for examination unless he have served the office of house-surgeon, or dresser, in one of the recognised hospitals in the kingdom. Now it is well known that of late the hospital surgeons have found great difficulty in keeping up their complement of dressers and house-surgeons, owing to the enormous fees which they demand of pupils. Painfully affected by this falling off in the tax which they avariciously levy on the junior members of the profession, they have evidently resorted to this means of replenishing their coffers. Every noble-minded studious pupil who aspires to the higher grade must henceforth pay the fee, or otherwise, however great his knowledge, however great the reputation he may acquire in after-life, he must ever remain a SUBORDINATE.

Any person unacquainted with the motives that influence the Council which professes to intend to confer the fellowship upon science and merit only, would have thought, that after thus mulcting ambitious students, it would have paved the way for the easy admission of the more learned and talented of the members of the College. Such, however, is very far from being the case. By the sixth and seventh clauses, it is ordained that the members who obtained their diplomas previously to the 14th of September, 1844, will only be allowed to present themselves for examination EIGHT years after the date of their admission to the membership, whereas they who graduate subsequently to 1844 will only be able to present themselves TWELVE years after the date of their diplomas.

Thus, on the one hand, the Council intend to extract from the students large fees, in their capacity of hospital surgeons, under pretence of qualifying them for the fellowship examination, and on the other forbid them, as members, even to offer themselves as candidates, until twelve years have elapsed from the date of their admission; or, in other words, until they have become settled in life, engaged in the routine of practice, and have forgotten that part of their medical education which alone could enable them to pass a strict examination. Indeed, there is only one class of surgeons who, twelve years after obtaining their diplomas, know more, or indeed half as many elementary facts as at the time of passing their examination, and they are the lecturers and young hospital surgeons. There cannot, therefore, be a doubt, but that this clause is destined to confine the fellowship to the men on whom the Council has already conferred it—viz., the hospital surgeons and lecturers, and thus to constitute a species of aristocracy for public appointments, consultation practice, and students' fees. When once such a body is fully invested with power, the more the mere members are degraded, or degrade themselves, the better it will be for the Council and Fellows, the more prominently will they stand forth as the heads of the profession. We have been really amazed at the duplicity and the cunning displayed by the Council in framing these by-laws, and leave them for the present to the consideration of the insulted eleven thousand members, whose claims have been disregarded, and whose feelings and respectability have been so basely outraged and attacked.

WE have this week reported, at some length, the proceedings of a meeting of the Metropolitan Drapers' Association, with the view of furthering, as far as lies in our power, the views of this very meritorious body. The cause which they so strenuously advocate is that of humanity, and it is the duty of the members of the medical profession to contribute, as far as lies in their power, to the success of the measures that they propose—measures which are calculated to diminish the toils of the inhabitants of towns. The laws of hygiene are becoming daily better understood, and none are more favourably placed than the practitioners of the healing art for impressing them on the non-professional public. We have already repeatedly given it as our decided opinion that over-labour is one of the most fertile causes of disease in large towns, and are much pleased to find such energetic efforts made by a numerous and respectable association, to rescue a portion of their inhabitants from the slavery which they now suffer. If the eyes of the public are opened with respect to one branch of retail trade, they will also be opened with regard to others, and thus the day may arrive when all shops will be closed early in the evening, from want of customers. All who are interested in the welfare of their fellow-creatures, must devoutly wish that such a state of things may soon come to pass.

LIST OF THE NEW FELLOWS OF THE ROYAL COLLEGE OF SURGEONS,

ARRANGED ACCORDING TO SENIORITY.

1789 Woodyer, Caleb, Guilford
— Leese, L., Norwood, Surrey
1791 Gepp, G. A., Chelmsford
1792 Coates, Henry, Army
1793 Travis, W., Scarborough
1795 Doratt, Sir John, Pall Mall
1796 Tudor, Wm., Bath
— Rogers, Peter, Looe
— Goldstone, Robt. Guernsey
1797 Reynolds, Michael, Army
— Dickinson, Nodes, Wigmore-street
1798 Rumsey, James, Amersham
1800 Young, George W., Mortimer-street
— Spencer, Richard, Army
— Pooler, John, Army
— Peach, George, Army
— Carter, John, Army
— Hartle, Robt., Army
1801 Bennett, Samuel Nevitt, Chester
— Berry, Titus, Army
— Rumsey, Nath., Henley-on-Thames
— Smith, Wm. Lymington
1802 Clarke, Thos., Army
— Fixott, Charles, Jersey
— Fuge, John Hele, Torquay
— Mellis, James, Bengal Establishment
— Nicholson, Simon, Bengal Estab.
— Snow, James, Lincoln
1803 Hough, Henry, Bengal Estab.
— Fitzpatrick, Nicholas, Brighton
— Gibbs, Harry Leeke, Exeter
— Este, Michael L., Albany
— Reece, Richard, Cardiff
— Scratchley, James, Paris
— Vassall, Wm., Army
— Widmer, Christopher, Army
1804 Carwardine, Henry Holgate, Earl's Colne, Essex
— Conran, J. Trebeck, Madras Estab.
— Clement, Wm. James, Shrewsbury
— Good, Samuel, Scots Fusileer-guards
1805 Howell, John, Clifton
— Alexander, Henry, Cork-street
— Marshall, John, Bengal Estab.
— Muscroft, James, Pontefract
1806 Seagram, Wm. Frowd, Warminster
— Tripe, Cornelius, Devonport
1807 Atkinson, Henry, Boulogne-sur-mer
— Clarke, Sir A., Dublin
— Tuckwell, Wm., Oxford
— Williams, John, Navy
1808 Ranken, James, Bengal Estab.
— Wise, John, Banbury
1809 Chambers, John, Army
— Fisher, John Wm., Argyll-street
— Stewart, Alexander, Army
1810 Darby, Wm., Bengal Establishment
— Ireland, Richard S., Dublin
— Lawrence, Sam. G., Military Asylum, Chelsea
— Roe, Sam. Crozier, Army
— Salter, Thos., Poole
1811 Barton, Samuel, Manchester
— Dunn, John, Scarborough
— Edwards, John, Navy
— Leonard, Daniel, Army
— Poyser, Thomas, Wirksworth
— Ware, Martin, Russell-square
— Young, Wm. Henry, Army
1812 Whitfield, Chas. T., United Ser. Club
— Watson, Wm., Bengal Establishment
— Brown, James, Navy
— Gardner, John, Marlborough
— Green, Wm., Durham
— Jubb, Abraham, Halifax
— Kelley, Wm., Navy
1812 Lawder, James, Madras Estab.
— Murray, Denis, Army
— Nugent, Morgan, Erectheum Club
— Paul, John, Elgin
— Quigley, Th. Haswell, Barbadoes
— Windsor, John, Manchester
— Wylie, John, Madras Establishment
1813 Williams, R. Lloyd, Denbigh
— Bullen, George, Ipswich
— Bury, John, Coventry
— Coleman, Thos., Dover
— Crosse, John Greene, Norwich
— Franklin, Henry, Army
— Garden, Alexander, Bengal Estab.
— Kane, Christopher, Bombay Estab.
— Melville, Alexander, Ghent
— Moore, David, Belfast
— Nicholson, Brinsley, Army
— Palmer, Charles Q., Army
— Partridge, Alderman, Colchester
— Ricketts, Martin, Droitwich
1814 Gilson, Benj., Halstead, Essex
— Jackson, Wm., Bengal Establisment
— Lunn, Wm., Hull
— Pinkey, Robt., Bombay Estab.
1815 Acheson, J. Hamilton, Navy
— Bell, Thos., New Broad-street
— Brigham, Wm., Lymm
— Hunter, Christ. T. A., Downham
— Judd, W. H., Scots Fusilier Guards
— Macdonnell, G. Beane, Madras Est.
— Price, Wm., Leeds
— Sillery Robt., Army
— Tarn, John, Navy
— Williams, Benjamin, Madras Est.
1816 Anderson, Alex., Dunlop, Glasgow
— Bird, James, Bombay Est.
— Knox, George, Madras Est.
— Leyson, Wm., Navy
— Maurice, Thelwall B., Reading
— Waddington, Joshua, Margate
1817 Flint, Richd., Stockport
— Grantham, John, Crayford
— Griffith, Th. Taylor, Wrexham
— Mitchelson, Wm., Bengal Estab.
1818 Higginbottom, John, Nottingham
— Hutchinson, James, Bengal Est.
— Tapp, Wm. Denning, Dorchester
— Wood, Abraham, Rochdale
1819 Egerton C. Chandler, Calcutta
— Harrison, J., Stockdale, Lancaster
— Jackson, A. Russell, Essex
— Lallemand, F. F., Macclesfield
— Seddon, Joshua, Shelton
— Worthington, W. Collins, Lowestoff
1820 Harrison, John, Chester
— Lane, Thos. Moore, Madras Est.
— Spark, James, Newcastle-under-Line
— Williams, Caleb, York
1821 Creed, George, Bury St. Edmunds
— Eves, Augustus, Cheltenham
— Fowke, John, Wolverhampton
— Greatrex, Edwd. Coldstream Guards
— Huthwaite, F. C., Grenadier Guards
1822 Fowler, Charles, Cheltenham
— Franklin, Sir Rich. Knt., Limerick
— Hewson, John, Lincoln
— Jones, Richard, Leamington
— Kays, Martin Thos., Bombay Est.
— Kelsall, Henry, Navy
— M'Cormick, Robert, Navy
— Wright, Jas. Dennis, Grenadier Gds.
1823 Bartlet, Alex. Henry, Ipswich
— Birch, William Barton, Lichfield
— Browning, Benjamin, Navy
— Crellin, Frederick, Birmingham
— Grantham, John, Crayford
— Gruggen, William, Chichester
1823 Pritchard, John, Leamington
— Rowland, William, Swansea
— Verling, James Roche, Devonport
1824 Boultbee, Henry, Sheffield
— Dabbs, George Henry, Navy
— Goldney, Harry, Navy.
— Kidd, John, Navy
— M'Donald, Thomas Wallis, Navy
— Toms, Philip, Navy
— Waylen, William, Colchester
1825 Ball, Daniel, Bursiem
— Bynoe, Benjamin, Navy
— Dodd, Ambrose Thos. S., Chichester
— Dollard, William, Calcutta
— Jameson, Hugh, Navy
— Ring, Thomas Edward, Navy
— Russell, Henry, York
— Smith, Chas. C., Bury St. Edmunds
1826 Beaumont, W. R., Toronto, Canada
— Birtwhistle, Richard L., Navy
— Medd, John, Stockport
— Middleton, William, Leamington
— Rogers, Samuel, Madras
1827 Braithwaite, Francis, Hereford
— Legrand, Frederick Wm., Navy
— Ryland, Frederick, Birmingham
1828 Bellott, Thomas, Sunderland
— Goodeve, Henry Hurry, Calcutta
— Harrison, George, sen., Chester
— Kent, William, St. Helen's Place
— Lancaster, John James, Navy
— Mahon, Henry Walsh
— Morris, Harvey, Navy
1829 Alford, Henry, Taunton
— Crompton, D. W. Birmingham
— Howitt, Ralph, Lincoln
— Smith, John G., Harewood, Leeds
1830 Brooke, Charles, Keppel-street
— Bulley, Francis Arthur
— Downs, George, Stockport
1831 Curry, William, Barnstaple
— Image, Wm. Ed., Bury St. Edmunds
— Law, Thos. Shephard, Barnstaple
— Nasmyth, Alex., George-street
1832 Colthurst, John, Clifton
— Duke, Abraham, Chichester
— Folds, William, Navy
— Gaskell, Samuel, Lancaster
— Harrison, J., the Court-yard, Albany
1833 Brittain, Thomas, Chester
— Chavasse, Thomas, Birmingham
— Hinds, Richard Brinsley, Navy
1834 Cornish, Henry, Taunton
— Higgins, Charles Hayes, Taunton
1835 Harrison, George, jun., Chester
— Ikin, Joshua Ingham, Leeds
— Morrison, Wm., Chester-le-Street, Durham
— Pritchett, Morris, Navy
1836 . . . . . .
1837 Birkett, John, Broad-street Buildings
— Cam, Thomas, Hereford
— Lingen, Charles, Hereford
— Pettigrew, Wm. Vesalius, Chester-st., Grosvenor-square
1838 Crawford, Henry, Canterbury
— Mouat, Frederick John, Calcutta
— Simon, John, Wellington-street
— Toynbee, Joseph, Argyll-place
1839 Bowman, William, Norfolk-street
— Jeaffreson, William, Framlingham
1840 Blake, James, Conduit-street
— Fergusson, William, Dover-street
1841 Humphry, Geo. Murray, Cambridge
— Jones, Thos. Wharton, George-street
— Wells, Thomas Spencer, Navy
1842 Hill, W., Wootton-under-Edge

THE GOVERNMENT MEDICAL BILL.

MEETINGS OF THE MEDICAL PROFESSION.

MEDICAL PROTECTION ASSEMBLY.

EXETER-HALL, MONDAY, OCT. 14.

THE committee of the Assembly met this evening,—W. SIMPSON, Esq. in the chair. Many of the most influential members of the profession were present, and expressed a lively interest in the progress of the cause of medical reform. Business of considerable importance was transacted. Amongst other matters, Mr. CURTIS submitted a series of propositions with reference to the formation of borough meetings on a particular plan, which was warmly entertained, and a sub-committee was finally appointed to take the subject into further consideration, and report thereon. The members were ardent in the expression of their wishes to appoint a time for a general conference with delegates from the metropolitan and county associations; and in order to effect this desirable object, it was moved by Dr. LYNCH,—"That the Medical Protection Assembly do open communications with the secretaries of the different associations in the metropolitan districts, and in the counties, with a view to make arrangements to hold a conference of delegates, in order to devise the measures that are best calculated to promote unanimity of opinion, and to strengthen the interests of the profession; also to enforce upon the legislature a due attention to such facts as are necessary to a correct opinion relative to the principles of medical reform."

The resolution having been unanimously carried, the meeting then adjourned to Monday, the 21st inst., at eight o'clock P.M.

It is necessary to state, that the committee of correspondence continues to sit at Exeter-hall, every Tuesday, from three to five o'clock P.M., to receive suggestions, and to give information of the progress of medical reform.

BRADFORD, YORKSHIRE.

A GENERAL meeting of the medical practitioners of the town and neighbourhood of Bradford was held on Tuesday, October 1st, in the Exchange Rooms, to take into consideration the proposed bill of Sir James Graham on medical reform. THOMAS BEAUMONT, Esq. in the chair.

The meeting was addressed at some length by the chairman, and several of the leading members of the profession in the town, and it seemed to be the general feeling, that the thanks of the profession are due to Sir James Graham for the trouble and interest he has taken in its behalf, and that the proposed bill, as a whole, should be thankfully received as a boon. The registration clauses were highly approved of, and it was considered that if the bill passed into a law, it would certainly have the effect of raising the respectability of the profession. Several gentlemen spoke very strongly in favour of the abolition of the Apothecaries' Company as an examining body, considering it highly derogatory to the profession that a trading company of druggists should have the power of obliging gentlemen who intend to practise the sciences of medicine and surgery, to come before them for examination previous to obtaining a licence.

While the principle of the bill was thus far approved of, a hope was expressed by the meeting that some additional clause would be introduced to put a check upon quackery.

The following resolutions were unanimously passed at the meeting:—

1st. Moved by Mr. MEADE, seconded by Mr. ROBERTS—

"That this meeting hails with satisfaction the introduction of a bill into parliament for the 'better regulation of medical practice,' since there are many points, particularly in the present mode of conducting the education of medical men, that require amendment. This meeting is of opinion that the proposed bill contains some provisions unquestionably calculated to raise the standing of the medical profession, such as the appointment of the central board to regulate the examination of all classes of practitioners, which will be a step towards obtaining a higher and more uniform standard of qualification."

2nd. Moved by Dr. CRYER, seconded by Mr. DOUGLAS—

"That though the Apothecaries' Act of 1815 contains much that is objectionable in principle, yet its unconditional repeal would be attended with great evil both to the medical profession and the public, by removing all restrictions on unqualified and ignorant persons. Having, however, experienced the reluctance, and also the incapacity, of the Worshipful Company of Apothecaries to check illegal practitioners, it is the hope of this meeting that some more stringent and summary measure will be introduced into this bill for the better protection of the public and the profession."

3rd. Moved by Mr. MACMICHAN, seconded by Mr. BUCKLEY—

"That a committee, consisting of the following gentlemen—viz., The Chairman, Dr. Caton, Mr. Douglas, Mr. Illingworth, Mr. Meade, Mr. Roberts, and Mr. Stansfield (with power to add to their number)—be appointed, to communicate with the borough members, to watch the progress of the bill, and to take any other steps that may be necessary to carry out the views of this meeting."

4th. Moved by Mr. STANSFIELD, seconded by Mr. HOLMES—

"That an account of this meeting, containing these resolutions, be forwarded to the provincial papers, THE LANCET, the "Medical Gazette," and the "Provincial Medical and Surgical Journal," with a request that they will publish the same."

BIRMINGHAM.

MEETING OF THE STUDENTS OF QUEEN'S COLLEGE.

A MEETING of the students of Queen's College, Birmingham, was held in the Library of that Institution, on Monday, Oct. 7th, for the purpose of considering Sir James Graham's proposed bill for medical reform, as affecting their interests.

Mr. PASQUIN having been called to the chair, observed, that the object of the meeting was to consider the tendency of Sir James Graham's proposed medical reform bill. Certain parts of that bill appeared to deal harshly with men who had devoted years of study to the science of medicine, and who, by the enactments of that bill, would be deprived of much of the fair remuneration to which their studies entitled them: he would leave the further consideration of the matter in the hands of those gentlemen who were about to propose the different resolutions.

Mr. JOHN MOORE remarked, that when Sir J. Graham's bill was first published, he became impressed with the conviction that it especially behoved medical students to raise their voices against it; throughout it was founded upon the basis of injustice—injustice to the community at large, as it tended to diminish the qualifications of their medical attendants, and injustice to the medical profession, whose hard-earned reputation and remuneration it was calculated to lessen; but on none did it press more unjustly than upon medical students. Those gentlemen now in practice might be expected to have established such a claim upon the respect and confidence of their patients as would prevent their being superseded by the innumerable quacks who (with growth of mushroom quickness) would be brought into existence by the genial provisions of the not inaptly termed "Quacks' Protection Bill;" but how poor would be the prospect of the student who, after devoting years to the study of his profession, should, on entering upon practice, find himself surrounded by a horde of unprincipled adventurers, whose assurance (the natural concomitant of ignorance) enabled them to impress the public with a fatal confidence in their qualifications, by spurious certificates as to the value of their specifics, by advertisement of fictitious cases, and by assumption of the names of men of talent. It had been urged by the author of the medical reform bill that he meant to raise the character of the profession. Granted that he did so; was it fair that their remuneration should be diminished? What were the advantages held out to those who qualified themselves by study and examination? Eligibility to public offices! poor-law unions, forsooth! entailing upon their possessors an infinity of work which could not conscientiously be got through, and for which they received inadequate remuneration; and hospital appointments, for election to which they must depend upon interest, and not upon professional acquirements. In what respect, he would ask, would deprivation of these privileges be discouraging to quackery? Would men, whose object it was to obtain wealth—wealth frequently the price of blood, be likely to seek offices which conferred upon their possessors mere honour, or the satisfaction of having conduced, under God's will, to the cure or relief of their fellow-creatures? Liability to serve upon juries was another proposed obstacle to quackery; but this was no new preventive: and had it not failed in preventing it whilst restrictive enactments had been in force? How much more, then, would it not fail in its intent when those restrictions were removed, and a wider sphere for plunder thus opened to the adventurer? Inability to recover debts by action at law was another means proposed for limiting quackery; but would the cool, calculating, mercenary quack, whose sole inducement to practise was cupidity, trust to such a means of securing his booty? The Apothecaries' Act was constituted for the purpose of checking unlicensed practice; it had, however, proved inefficient; but it was the duty of good legislators to remedy the defects of their predecessors. Sir J. Graham had said that quackery could not be put down, but let him at any rate diminish the evil he cannot eradicate. The legal profession, for the better protection of the interests of property, has been provided against encroachment by penal statutes; why, then, should the medical profession, which

cares for life and health, without which wealth is comparatively useless or of little worth, be destitute of a like protection? The periodicals of late have swarmed with details of cases illustrative of the evils of unlicensed practice, some in which money has been obtained under false promises of cure; some in which death has been the result: the government, therefore, which legalizes such practice, indirectly fosters robbery and murder. Mr. J. Moore concluded by proposing the following resolution:—

"That this meeting view with extreme regret the bill proposed by Sir J. Graham for medical reform, which (by repealing statutes tending to prevent unlicensed practice) they deem calculated to lessen materially the qualifications of the mass of medical practitioners, and thus inflict a grievous injury upon the community.

Mr. Barnett begged to second the resolution before the meeting: he considered the proposed bill calculated to support in their malpractices an unprincipled class of men, who, ignorant of the structure and functions of the human frame, trifled with life and health, intent only upon gain. The uneducated vendor of nostrums would, by Sir J. Graham's bill, still be enabled to live a life of luxurious ease, whilst the qualified practitioner, who would not degrade himself and his profession by advertising his qualifications, and who was subject to much mental and bodily toil, would be deprived of his fair emoluments. Medical practitioners, he was glad to see, were unanimous in their opposition to this bill: the co-operation of medical students would, he doubted not, contribute to its downfal, and they ought, and he felt convinced would, hasten generally to express their disapprobation of it.

Mr. Pemberton, in proposing the next resolution, which he observed was of extreme importance, said that the man who by hard study alone obtained a knowledge of his profession, deserved encouragement, whilst the provisions of the medical reform bill appeared to be framed with the intention of lessening the rewards to which that study had entitled him. He begged to propose—

"That this meeting consider that any bill which will render it legal to practise medicine and surgery without a preliminary systematic course of study, and without previous examination as to competency, must prove detrimental to the character and usefulness of the medical profession."

Mr. Frederick Moore seconded the resolution. The bill (he said) certainly appeared well calculated to remedy the defects of those measures which had heretofore been unsuccessfully devised for the purpose of getting rid of a surplus population; but he trusted that its efficacy might not be put to the trial.

Mr. Chavasse had the honour of proposing a resolution, of the correctness of the expressions contained in which all present must, he was sure, be convinced, as he himself had been of the various arguments advanced against Sir James Graham's bill. The resolution was as follows:—

"That the boon of eligibility to public offices which is held out to practitioners qualified by examination, cannot be deemed a sufficient incentive to a *regular and systematic course of study*, since the inducements offered are either unremunerative, (as poor-law unions,) or attainable but by an extremely small proportion of the profession, (as hospital appointments,) and for obtaining which the candidates must depend *rather upon interest than talent.*"

Mr. Davis seconded the resolution, and expressed his delight at witnessing the unanimity which prevailed amongst the students of Birmingham on the subject which they had met to discuss.

Mr. John Moore regretted, that as Sir J. Graham had been so lavishly condemned for the *matter* of his proposed reform bill, he had not met with more general thanks for the *time* at which it had been introduced into parliament, as this evidenced a wish to gain a correct estimate of the opinions of the profession at large. As yet he had advised with only a few of its leading members, whose interests would not be influenced by it; but the universal condemnation it had received would doubtless induce him so to modify it as to render it acceptable to the great mass of the profession.

Mr. Johnstone said that he rose to propose a resolution of the greatest importance to the interests of all those assembled. Since their prospects would be so materially affected by the proposed bill, they were entitled to express their opinions on the matter freely. Medical students formed a numerous class, and their universal representations must have some weight; let students, then, act for themselves. He begged to put the following resolution to the meeting:—

"That the proposed bill appears to this meeting to be peculiarly unjust to those who, as themselves, are pursuing a course of studies necessarily entailing upon them great expense and numerous anxieties, and who nevertheless will, on entering upon practice, be subjected to the competition of self-constituted practitioners, whom exemption from study has disqualified for practice, and yet between whom and regularly educated men no adequate distinction is provided."

Mr. Pemberton seconded the resolution.

Mr. Clay had to propose the next resolution. There was little to add to the arguments advanced. The students of Birmingham had acted well in expressing their sentiments as they had done; but he thought it necessary that they should go still further. Let them express to parliament their opinion of the injustice proposed to be inflicted upon the body, of which they formed but a small proportion, by the provisions of the Medical Reform Bill; let them explain to Sir James Graham, that the difficulties which the student has to encounter entitle him to encouragement rather than the reverse, and that the tendency of his bill is to diminish that degree of attention to the study of the profession which is necessary to render the practitioner equal to his duties. It is notorious that the increased demands made upon students by the examining bodies have materially increased the qualifications of applicants for their diplomas, and can it be good legislation to check the onward progress of medical science when all others are advancing so rapidly towards perfection? The resolution he had to propose was

"That a petition to parliament, expressing the sentiments of this meeting on the subject of medical reform, be prepared; that every student of this college be requested to sign the same, and that the members for the borough of Birmingham be solicited to support its prayer."

Mr. Pemberton seconded the resolution.

Mr. Izod said that there was no necessity for prefacing the resolution he was about to propose with any remarks of his own, as the feelings of gratitude of those present must be unanimous towards a gentleman who, though not connected with the profession, had nobly advanced his important influence to the support of its threatened interests: he begged to propose—

"That the best thanks of this meeting be tendered to the Editor of "The Times" for his noble, powerful, and spontaneous advocacy of the rights and interests of the medical profession."

Mr. Langsford seconded the resolution.

Mr. Hooper said, that the pleasant duty devolved upon him of proposing a vote of thanks to a gentleman to whose exertions in their favour medical students were mainly indebted for their improved and improving condition: it was hardly necessary for him to say that he referred to Mr. Wakley. He proposed the following resolution:—

"That this meeting beg to express their sense of extreme gratitude to Mr. Wakley, (whose attention to the interests of students has always been especially manifest in his editorial capacity,) for his late powerful and persevering advocacy of the dignity and welfare of the medical profession."

The resolution was seconded by Mr. Sharman.

Mr. Adams briefly proposed, and Mr. Shutt seconded, the following resolution:—

"That this meeting earnestly, and thus publicly, call upon medical students throughout the United Kingdom to hold meetings for the purpose of considering the provisions of the proposed bill for medical reform, and to co-operate with them in opposing its injurious tendency."

Mr. Clay proposed the last resolution: he believed, from the disposition of the editors of the respective periodicals therein mentioned, to avert the danger to the medical profession likely to result from the proposed bill for medical reform, that they would readily afford medical students an opportunity of expressing their sentiments in their columns: he proposed—

"That a copy of the above resolutions be forwarded to the Editors of The Lancet and of the "Provincial Medical and Surgical Journal" respectively, to be inserted in those periodicals."

The resolution was seconded by Mr. Chavasse.

A vote of thanks having been passed to the chairman for his able presidency, the meeting adjourned.

KIDDERMINSTER.

At a meeting of a committee of the Medical Practitioners of Kidderminster, held at the Dispensary, on Tuesday evening, October 8th, 1844, Thomas Bradley, Esq. in the chair, the following draft of a petition to both houses of parliament was unanimously adopted.

The petition of the undersigned medical and surgical practitioners residing in Kidderminster, in the county of Worcester,

Humbly Sheweth,—

1. "That your petitioners are legally qualified practitioners in medicine and surgery."

2. "That though your petitioners regard with lively satisfaction those portions of Sir James Graham's proposed measure of medical reform which they believe will tend to exalt the character

of the profession, they have read with one feeling of disappointment and alarm that clause in the bill which, by removing all restrictions on the practice of medicine and surgery, would expose the profession and the public to the inroads of uneducated and unqualified men."

3. "That the clause referred to offers direct encouragement to quackery, with all its consequent enormous evils; and tends to discourage the progress of medical science, degrade the honourable practice of medicine, and injure and endanger the public health."

4. "That the repeal of the Apothecaries' Act, without the substitution of some other and more efficient security against empiricism, would be unjust to those practitioners who have qualified themselves by prolonged and expensive study; and that any measure which does not provide direct prohibition from unqualified practice, will fail to protect either the profession or the community."

5. "That your petitioners humbly submit to your honourable house the necessity of affording to the public in general, in the more extensive field of private practice, the same protection which has been very wisely deemed necessary for her Majesty's subjects who are the inmates of hospitals, dispensaries, and workhouses."

6. "That your petitioners have to deplore the immense injury to the community, involving, in very numerous instances, the loss of life itself, produced by the present extensive system of prescribing by chemists and mere vendors of medicines; and would also humbly submit to your honourable house the great benefit which would accrue to the public by the summary infliction of a penalty on all persons practising medicine and surgery, or pretending to be on the register, without being duly qualified."

7. "That the constitution of the proposed 'Council of Health' is objectionable, inasmuch as members of the councils of the different colleges would, in the council of health, have the power of confirming by-laws which they had already sanctioned in the councils of their colleges. Your petitioners have also to regret, that by the clause in question, the great body of general practitioners are not allowed any representatives in the said council."

8. "That your petitioners feel convinced that no measure of reform will be complete which does not grapple with the crying evils to the public produced by the unlimited sale of nostrums; and though your petitioners willingly admit that it is not in the power of the legislature to put an entire stop to quackery, they humbly submit to your honourable house their opinion, that it may be very much lessened and controlled by strict and judicious enactments—allowing, at the same time, any really useful discoveries in medicine *to be registered for the inventor*, subject to the examination and approval of the council of health."

9. "That your petitioners view with great dissatisfaction the plan of Sir James Graham to divide the profession into three grades, and would beg to suggest, that as medicine and surgery are in their nature indivisible, the same preliminary course of study, and the same test of efficiency, be submitted to by all desirous of obtaining a licence to practice, leaving any party at a future period the opportunity of taking a further degree in medicine or surgery, should he wish to confine himself to either branch exclusively."

"Your petitioners therefore earnestly appeal to your honourable house, with the full conviction that the prayer of their petition will receive your serious attention and consideration, and that their interests and the public good, so intimately connected in this vitally important question, will be well weighed at your hands."

"And your petitioners will ever pray."

BRISTOL.

On the 1st of October a very full meeting of the medical profession of Bristol, to take into consideration the new bill brought in by Sir James Graham, was held in the theatre of the Philosophical Institution.

Mr. W. Mortimer having been called to the chair, briefly opened the proceedings, and called upon

Dr. Symmons, who, in moving the first resolution, said he thought they were greatly indebted to her Majesty's government for having introduced the measure. Sir James Graham was the first minister of the crown who had brought forward so general and extensive a measure of medical reform. He thought the bill, as a whole, had been carefully framed, though it was faulty in some of its clauses. There could be but one opinion as to the advantages which would arise from the appointment of a central council of health; an authorized register of legally-qualified practitioners would be also highly advantageous. But while he thus confessed his approval of the bill as a whole, he was not blind to its faults, the principal of which was, the want of proper protection to the qualified practitioner. They ought, therefore, to demand such protection, and that the charlatan or contraband practitioner should be subject to penal consequences. He knew it might be said that the register would be open to the public, who might thus select properly-qualified practitioners, and that it was a part of the liberty of an Englishman to select whom he pleased; for if they were foolish enough to select unqualified persons, they would themselves suffer for their folly. But, he would ask, was it just for the government to encourage imposture, or was it correct for a government to allow the public health to be placed at the mercy of unskilful pretenders? They certainly ought not to go before the government with an *argumentum ad misericordiam*, but they ought to speak firmly, but respectfully, and demand that protection to which they were entitled, from the toils, the difficulties, and the expense of the education which they had to acquire before entering on practice. They all knew that medical practitioners had to toil from early dawn to dewy eve, and were often deprived of their rest for perhaps three nights in the week, and if for this any one of them obtained a remuneration equal to that obtained by some person who ministered only to the artificial tastes of mankind, they were considered to be receiving a wonderful income. Dr. Symmons then moved the following resolution:—

"That this meeting has great pleasure in expressing its obligation to Sir James Graham and her Majesty's government for bringing before the legislature the long-agitated question of medical reform, and also for laying the 'Bill for the better regulation of Medical Practice throughout the United Kingdom,' on the table of the House of Commons, so that it may be well considered by the medical profession during the parliamentary recess."

Mr. Colthurst having seconded the resolution, it was carried unanimously.

Mr. J. C. Swayne, in moving the second resolution, said, that having been in practice for several years previous to the passing of the Apothecaries' Act, he could bear testimony to the many benefits which had arisen from it. Nothing could be more marked than the decided improvement in the education and respectability of the medical practitioners since that period. Although, when the profession endeavoured to get an act, it was not intended to give the Apothecaries' Company the powers they afterwards obtained under the act, yet they had found in that company men of intelligence and integrity, who having once undertaken the task, had carried it out in a most exemplary manner, and had instituted regulations and examinations, which had greatly raised the character of the profession. By the Apothecaries' Act powers were given of legalizing practitioners, and of punishing those who practised without passing the proper examinations, and having pursued the prescribed course of study; and he for one thought the former part of that act would have been of very little use but for the power of punishment; besides, it was well-known that many medical students, as well as other persons, would shirk the labour of the extreme study which they had to undergo, and the expense also, if they found that unlicensed persons could practise as well, without either the trouble or expense. It might be said that the penal clauses were to be abolished in the present bill, because they had not altogether cured the evil, but that would be an argument against penal clauses in any case; for what penal enactment was there which they could say had been altogether successful? Still, however, those penal clauses had had a most beneficial effect, and he thought they should be transferred to the new bill, having been so altered as to make them simple and effective. He then moved—

"That this meeting cannot concur in the justice or propriety of abolishing the existing enactments against unqualified practitioners, upon the plea of their inefficiency, but urges the practicability of making the law in this respect more simple and effective."

Mr. Staples seconded the resolution, which was passed unanimously.

Mr. Waldo moved the third resolution—

"That this meeting considers the appointment of a 'council of health and medical education' to be highly advantageous, but that its constitution is unsatisfactory, inasmuch as the 'licentiates of medicine and surgery' are not adequately represented.

Carried unanimously.

Dr. O'Brien moved the fourth resolution—

"That this meeting views with much satisfaction the beneficial results that must accrue from an authorized register of licensed practitioners, especially if such be compulsory, and published annually."

Carried unanimously.

Mr. Sherdon proposed, and Mr. Stanton seconded, the fifth resolution, which, after some discussion, and the addition of some words, was passed in the following form:—

"That this meeting believes the penal clauses will be inoperative in defending her Majesty's subjects from the mischievous practices of ignorant and unskilful pretenders, as expressed in the preamble of the bill, unless they include all those who act in the capacity of a medical man without legal qualification, for the purposes of gain. And that we hereby call on the government to introduce a stringent clause into their bill, prohibiting unauthorized practice by a penal enactment, to be carried into effect by some cheap and easy proceeding before a bench of magistrates, or by any other mode easy of access."

Dr. O'Brien said they would remember that in introducing the bill Sir James Graham had entirely thrown overboard every thing prohibitory in the practice of medicine; he was a free trader in that if in nothing else: he did not think, therefore, that the resolution sufficiently met the views of the profession, for there were no prohibitory clauses in the bill; there was only one penal clause, and that was most loosely worded: he thought that they ought to protest against the unlimited practice which would be introduced by the bill. It was not, however, sufficient to condemn, they must suggest some remedy, and it ought to be one which could be cheaply and speedily obtained, so that charlatans might be certain to meet with punishment. He thought the plan adopted in France a very good one, where, if an improper person practised, it was notified to the police; and for any misconduct he was brought before the magistrates, and fined and imprisoned, and upon a second offence, he was fined &c. more heavily, and if he committed a third, was altogether prohibited from practising. He would move, therefore, that the following words be added to the resolution:—"And that we hereby call on the government to introduce a stringent clause into their bill, prohibiting unauthorized practice by a penal enactment, to be carried into effect by some cheap and easy proceeding before a bench of magistrates, or by any other mode easy of access."

Mr. Prowse having seconded the resolution, it was put and carried.

Petitions were then adopted to both houses of parliament, and the meeting, which was a most respectable one, broke up.

SALISBURY.

A meeting of the members of the medical profession residing in Salisbury and the surrounding district, was held at the Council Chamber, on Tuesday, October 8, to take into consideration the provisions of Sir James Graham's bill "for the better regulation of Medical Practice."

Dr. Groves having been called to the chair, opened the business of the meeting, briefly stating that its object was to discuss the provisions of Sir James Graham's medical bill; and especially those portions of it which, while they provided for the examination and registration of regular practitioners, still left it open for uneducated persons to practise as medical men, the only practical penalty being that they could not hold any public medical or surgical office.

Mr. Winzar, the honorary secretary, read letters from many gentlemen, expressive of their great regret at not being able to attend the meeting, and their interest in the objects for which it had been convened.

Mr. Toone then rose to propose the first resolution. He should not, he observed, trouble the meeting with a long speech. Their profession demanded that they should be men of deeds rather than men of words. With respect generally to the introduction of the bill they had met to consider, he thought, as the government had been so frequently called on from various quarters to make some such enactment, the members of the profession ought not to complain that the attempt had been made; but at the same time it was competent for them to consider whether that attempt had so far borne out the preamble of the bill, as to be conducive to the improvement of medical practice, and the good of the public at large. In the first place, it must be acknowledged, that the bill insured a certain degree of knowledge, skill, and intelligence; but there were some points to which he had considerable objection—the constitution of the Council of Health, for instance, which, in his opinion, did appear to throw more influence into the hands of the government than any government ought to possess: and who could tell how that influence might be brought to bear on the working of the measure? (Hear.) For his own part he had not sufficient confidence in Sir James Graham to entrust the administration of such a law entirely to his care. There was a spirit of centralization observable in this part of the measure, which, if it were not calculated to destroy, must yet endanger, the well-being of the profession. Then, as to the providing "for the good of her majesty's subjects," he did not think this had been sufficiently carried out. Whether or not the examinations would insure competency in those who were registered, the grand objection was, that facility was given for irregularity of practice. The prizes of the profession, so to speak, were, it was true, given to those who might be registered; but a possibility still remained that those who were incompetent might gain, without deserving it, the confidence of the public. (Hear.) Mr. Toone then submitted the following resolution:—

"That whilst this meeting hails with satisfaction such portions of 'The Bill for the better regulation of Medical Practice throughout the United Kingdom,' recently introduced by Sir James Graham, as are calculated to increase the influence of the profession and improve its character, it cannot but regard with a feeling of regret and disappointment those general principles which remove all restrictions from the practice of medicine, as a measure most dangerous to the public, and most prejudicial to the best interests of the profession."

Dr. W. C. Finch seconded the resolution, which was carried unanimously.

The following resolution was then moved by Mr. Tatum, seconded by Mr. Martin Coates, and carried unanimously:—

"That the practitioners resident in this city and neighbourhood do resolve to present petitions to both houses of parliament in accordance with the preceding resolution, and that the Earl of Shaftesbury and the members for the city be requested to present and support the same."

Mr. Ogilvie, of Calne, in moving the third resolution, said that it was incumbent on the profession to stand forward and make known their grievances. They might possibly be accused of being parties interested in the matter in question; but he would ask, whether on all other questions vested interests were not vigilantly watched? There was no body of men whose interests ought to be more respected than those of the medical profession, whether they considered the amount of money invested in it or the time spent in acquiring by study the knowledge requisite for the practice of the profession—time so spent being equivalent to money. They did not call upon the public for protection to themselves alone, but for that of the community at large—for that which was most conducive to the public health—and he felt that it was their duty to act in accordance with the knowledge they possessed on this subject. He was strongly opposed to the abolition of the Apothecaries' Act, the benefits of which were about to be withdrawn. By that enactment incompetent persons were prevented from practising on the public health; and he felt anxious that those restrictions should still be maintained. (Hear.) In conclusion he moved the following resolution:—

"That the practitioners resident in the county do resolve to present petitions to both houses of parliament in accordance with the first resolution, and that the Marquis of Lansdowne, lord-lieutenant of the county, and the members for the county, be requested to present and support the same."

Mr. Newman, of Mere, seconded the resolution, which was unanimously agreed to.

On the motion of Mr. Winzar, seconded by Mr. Pyle, of Amesbury, the following petition was adopted *una voce*:—

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in parliament assembled.

"The petition of the undersigned Physicians, Surgeons, and Apothecaries of Salisbury and the surrounding districts, humbly sheweth,

"That your petitioners are legally-qualified practitioners of medicine and surgery, resident in Salisbury and its neighbourhood; that they deplore the anomalous condition of the medical profession, and concur in the expediency of its revision by legislative enactment; that although they regard with satisfaction some of the provisions contained in the projected bill of Sir James Graham, yet as a whole they view it with disappointment, disapprobation, and alarm: while it professes to protect the medical profession and the public health, they believe it to be directly and most grievously injurious to both; that it offers direct encouragement to empiricism, with its enormous and incalculable evils, tends to degrade the educated and legalized practitioner, and to discourage and retard medical science; that it is unjust to practitioners, who have qualified themselves by a prolonged and expensive course of study, to subject them to an open and unrestricted competition with the uneducated; and while protecting the army and navy, together with the poorer classes, it fails to provide for the great body of the community, and exposes them to the wrongs and miseries of the ignorant and unprincipled pretender; that the repeal of the Apothecaries' Act, without substituting ample security against empiricism, is both unwise and unjust; and that any bill which does not provide direct and efficient prohibition will fail to give adequate protection to the profession and to the community. Your petitioners, therefore, respectfully and humbly appeal to your honourable house, in con-

fidence that the prayer of their petition will duly receive your serious and mature consideration.

"And your petitioners will ever pray, &c."

A good deal of discussion took place in reference to the means adopted by the Apothecaries' Company, in order to insure the respectability of the medical profession, the result of which was, that the following resolution was moved by Mr. CROZIER, of Hindon, seconded by Mr. BAKER, of Steeple Langford, and passed by a considerable majority:—

"That this meeting is desirous of expressing its thanks to the Society of Apothecaries for the lead they have taken in advancing the requirements of the candidates for their licence, and view with regret any act of parliament which curtails the powers they at present possess."

It was then proposed by Mr. FOX, of Broughton, seconded by Mr. BLEECK, of Warminster, and carried unanimously—

"That the thanks of this meeting be given to the Editor of "The Times" and the Editors of THE LANCET and the "Medical Gazette," for their advocacy of the interests of the profession."

On the motion of Mr. WINZAR, seconded by Mr. LUSH, it was resolved—

"That the thanks of the meeting be given to the worshipful the mayor for the use of the council-chamber."

A vote of thanks was given to Dr. Grove for his able conduct in the chair, which having been suitably acknowledged, the meeting separated.

KENSINGTON.

ON Thursday, the 11th inst., a meeting of the medical gentlemen practising in the parish of Kensington was held in the large room of the King's Arms Tavern, High-street, Kensington, for the purpose of taking into consideration the provisions of the new medical bill laid before parliament by Sir James Graham, previous to the close of the past session.

Dr. OGIER WARD and Mr. T. W. POLLARD having been appointed joint secretaries,

Mr. GODRICH proposed that Mr. J. MERRIMAN take the chair, which having been seconded by Mr. TURNER,

Mr. MERRIMAN, on taking the chair, opened the business of the meeting by stating that he could not but be anxious that there should be a community of feeling amongst medical practitioners generally on all matters peculiarly affecting their interest. The chairman then proceeded to eulogize the character and exertions of the general practitioners, and concluded, amid much applause, by calling on Mr. Godrich to move the first resolution. In doing so,

Mr. GODRICH expressed the great pleasure he experienced at meeting so many of his medical brethren, and said he trusted that such meetings would have a great and a good effect on the feelings of the profession. Sir James Graham's bill would, he was confident, afford no real protection to the profession; in fact, that had been admitted by Sir James Graham himself; but in his (Mr. Godrich's) opinion, the introduction of the measure was an attempt to lower the general practitioners, and reduce them to the state they were in previous to the year 1815. (Hear, hear.) They sought no exclusive privileges, and were desirous only of protecting themselves and the poor. Mr. Godrich, having stated at some length his opinion as to the bad tendency of the bill to separate the duties of physician and surgeon, which, in connexion with the charter, would tend to degrade the general practitioner, concluded by expressing his regret at the present discordant state of the profession, and by moving the following resolution:—

"That this meeting, having maturely considered the provisions of Sir James Graham's medical bill, is of opinion that the repeal of so much of the Apothecaries Act of 1815 as prohibits any unlicensed person from practising medicine, without substituting some other protective enactment, would be productive of serious evil, both to the public and to the general practitioner, by throwing open the profession to unqualified and ignorant pretenders."

Dr. CAHILL felt much pleasure in seconding the resolution, of which he highly approved.

Dr. OGIER WARD proposed the second resolution:—

"That the proposal to appoint a Council of Health, without including as a member of such council a single representative from the body of general practitioners, is most unjust and derogatory to a class of gentlemen now generally selected by the public, and possessing their almost entire confidence."

Dr. LEE said that he fully concurred in, and begged to second, the resolution.

Mr. WOOLLEY proposed the third resolution—

"That this meeting cheerfully bears testimony to the satisfactory manner in which the Society of Apothecaries have carried out their act of 1815, as evinced by the high standard of medical education which they have established. And further, that it is the opinion of this meeting that the regulations relating to the medical education of the general practitioner, and the medical examination as to his efficiency, should be committed solely to members of his own grade, which has for nearly thirty years so ably performed those duties, and rendered thereby such essential service to the country and the profession, and not, as proposed by the bill, to persons whose interest it may be to lower the standard of education, and lessen the efficiency of that branch of the profession."

He said the College of Physicians was constituted to provide medical men for the metropolis, and failing therein, the general practitioner was produced by the exigencies of the public—(hear, hear)—and he attended all, from the Queen to the pauper. (Hear, hear, and cheers.) The general practitioner ought to be highly educated, and any bill he considered wicked that would lower their standard of education, and such he felt confident would be the effect of the present bill, for as but little would be required of the licentiates, they would have less inducement to industry and improvement—(hear, hear)—and though he would not say that such was the object of the bill, yet the effect would be, to throw the most lucrative practice into the hands of the pure physician and surgeon; and we must not expect that when men had the power they would not abuse it and benefit their own grade. (Hear, hear, and cheers.)

Mr. HEWETT seconded the resolution.

Mr. POLLOCK proposed the fourth resolution—

"That while this meeting agrees in the propriety of having a general registration of all the legally-qualified medical practitioners, it must object, first, to a tax being laid upon men who have already been put to a great expense in paying the admission fee of the existing medical corporations; and, secondly, that the registration clauses do not effectually preclude by their penalties the influx of uneducated and disqualified men into the profession."

Mr. Pollock said that he considered that the difference made in the amount of registration fee for the general practitioner would be most derogatory to him. (Hear, hear.)

Mr. TURNER seconded the resolution.

Mr. GODRICH, in speaking of the resolution, deprecated the intrusting the carrying out of the bill to men whose interests are so much at variance with those of the general practitioner. (Hear, hear.)

Mr. READ then proposed the fifth resolution, which was seconded by Mr. C. POLLARD—

"That this meeting do agree that a petition be presented to the houses of parliament, signed by the members of the medical profession residing in the parish of Kensington, embodying the above resolutions."

Mr. E. POLLARD proposed the sixth resolution—

"That the qualified practitioners of the parish of Kensington do form themselves into an association, and that a committee be appointed to draw up the petition, to watch the progress of the bill, and to co-operate with their medical brethren in their measures of self-defence."

Mr. GARL seconded the resolution.

Mr. GUAZZARONI proposed the seventh resolution—

"That the county members be requested to take charge of the petition to the House of Commons, and to use their best exertions in advocating its prayer; and that Colonel Fox, M.P., be waited on, and requested to give his support in aid of the above measure."

Mr. KNEVETT seconded the resolution.

Dr. ROBERT BARNES proposed the eighth resolution—

"That the cordial thanks of this meeting are due, and are hereby presented, to the Editor of "The Times," and also to Mr. Wakley, M.P., for their powerful advocacy of the principle of protection to the public health."

The resolution was duly seconded.

The whole of the above resolutions having been passed unanimously, they were ordered to be advertised in "The Times," THE LANCET, and the provincial journals; and the thanks of the meeting having been voted to Mr. Merriman for his excellent conduct in the chair, the meeting broke up.

WOOLWICH.

To the Editor of THE LANCET.

Woolwich, Oct. 14, 1844.

SIR,—At a meeting of medical practitioners of this town, held at the Town Hall, Oct 11th, it was resolved unanimously to petition the House of Commons against several objectionable clauses contained in Sir James Graham's medical bill, and that a deputa-

tion should wait upon the borough and county members, soliciting them to support its prayer.

A vote of thanks was proposed, seconded, and carried unanimously, to the editors of "The Times," THE LANCET, and "The Medical Gazette," for their timely and talented exertions in behalf of the profession.

I have the honour to be, Sir, your obedient servant,

AUG. PRATER, Hon. Sec.

MEDICAL SOCIETY OF LONDON.

Monday, October 14, 1844.

DR. THEOPHILUS THOMPSON, PRESIDENT.

BLEEDING IN PUERPERAL CONVULSIONS.

DR. WALLER had been surprised at the remarks of Dr. Lever at the last meeting, to the effect that bleeding in puerperal convulsions was too often resorted to. Dr. Lever himself doubtless meant to qualify these remarks. The practitioner would meet with two distinct conditions of system in cases of puerperal convulsions—the one of these would be sthenic, the other asthenic; in the sthenic, bloodletting was essential—in the other variety it might be injurious. With respect to his own practice, he might remark that he had never lost a patient with puerperal convulsions. His practice generally consisted in large bloodlettings, and the quickest possible delivery. Indeed, if there were any secret in the successful treatment of this formidable affection, it was, speedy delivery. Bleeding, he believed, was necessary, in nineteen out of twenty cases.

Mr. CRISP, in the absence of Dr. Lever, remarked that that gentleman invariably bled in the sthenic form of the disease. His remarks at the last meeting had reference mainly to the want of discrimination between this and the asthenic form of the complaint.

Some discussion followed on the presence of albumen in the urine, and its influence in the production of convulsions.

Mr. CRISP remarked that phlegmasia dolens succeeded to the convulsions in his case, related at the last meeting; and during the prevalence of this affection, the albumen in the urine gradually diminished.

SPECIFIC GRAVITY OF THE URINE IN ALBUMINURIA.

Dr. THOMAS WILLIAMS did not believe that the presence of albumen in the urine was the cause of the convulsions, neither did he think that there was any direct connexion between these convulsions and the presence of urea in the blood. He had administered nitrate of urea on many occasions, but its only effect had been the production of diuresis.

Dr. G. O. REES had seen an animal in whom death had been caused by the introduction of urea into the veins. The direct influence of the poison seemed to be on the heart, as the left ventricle was found distended with arterial blood. He did not think the presence of urea in the blood was the cause of the convulsions in albuminuria.

Dr. GARROD related a case of "Bright's Disease," in which the cerebral symptoms seemed to bear a direct relation to the quantity of urea in the blood. Thus, when there were convulsions, the blood contained a large quantity of urea; when coma was present, it contained less; and when no cerebral symptoms were present, scarcely any urea could be found. When urea was taken into the stomach, it would pass from the system by the kidney. Urea had, however, been found, of late, by some German chemist, in healthy calves' blood.

Dr. RISDON BENNETT said that the same chemist had not only detected urea in healthy calves' blood, but in healthy human blood also, as well as in blood taken from patients suffering under inflammatory disease of the chest and other organs. When in Edinburgh, he recollected that the presence of albumen in the urine was considered to be no certain diagnostic mark of the presence of "Bright's Disease," unless the fluid was also of low specific gravity; but when these two conditions of urine existed, the disease might pretty certainly be determined to be present.

Dr. REES remarked, that in the early stages of "Bright's Disease," the urine was often of high specific gravity, ranging from 1025° to 1032°, and this, too, when the quantity of urine made was large. If this fluid decreased in quantity, then its specific gravity increased also: he remembered one case in which it reached 1035°. He believed that the observation of Christison and Gregory, to the effect that in "Bright's Disease" the specific gravity of the urine must be low, was a mistake—at all events, it was by no means a good rule. Of course, in the advanced stage of the disease, the blood itself became of low specific gravity, and the urine, from this cause, became of a similar constitution.

Dr. WILLIAMS said, that even in the very advanced stages of albuminuria, the urine might become of high specific gravity, as the result of the least excitement. He related the case of a lady suffering from this disease, in whom the specific gravity of the urine was, on rising in the morning, about 1003°, but after carriage exercise, would become as high as 1030°, and remain in that state for two or three days. He referred to some papers of Mr. Ross, in THE LANCET, in which it was stated that the presence of albumen in the urine was attended by a dry state of skin, and that, in fact, the function of the skin and the albuminous condition of the urine bore a direct relation to each other. Now this he (Dr. Williams) could positively state was not correct: albumen was often found in the urine when the skin was perfectly moist.

The president and Dr. Rees confirmed the latter observation of Dr. Williams.

The question of the influence of mercury on albuminuria was broached.

MERCURY IN "BRIGHT'S DISEASE."

Dr. REES said that mercury had been given in some cases of "Bright's Disease," in Guy's Hospital, and sometimes, apparently, with good effect. In this disease the patient was peculiarly susceptible to the influence of mercury. His experience did not lead him to the conclusion that the administration of mercury produced albuminous urine. He had carefully examined the urine of fifteen patients in the syphilitic wards of Guy's Hospital, and in no one instance was it found to be albuminous. A repetition of these experiments had been followed by the same result.

Dr. THOMAS WILLIAMS observed, that Dr. Prout, in his splendid work on urinary diseases, had expressly stated that he had seen an albuminous condition of the urine as the result of the injudicious use of mercury. The same high authority had prohibited the employment of mercury in all stages of "Bright's Disease."

Dr. REES replied that the opinions just expressed were opposed to those of Dr. Bright. He (Dr. R.) thought Dr. Prout might possibly be mistaken in regard to the influence of mercury on the production of albumen in the urine.

CHLORATE OF POTASH IN CANCRUM ORIS.

Dr. RISDON BENNETT inquired whether members had of late seen many cases of what was denominated "cancrum oris"—a name which he considered to be essentially a bad one; the disease to which it referred consisted of a generally diseased state of the mucous membrane, attended by gastric fever, having, at particular seasons, a disposition to the production of ulceration of the mucous membrane of the mouth &c. Within the last two months he had seen six or seven cases of this disease, and the plan of treatment he had adopted had been more than usually successful. In these cases, in which there was extensive ulceration of the interior of the lips, the tongue, and gums, with foul tongue, fetid breath, fever, and emaciation, after giving a mild purgative, such as the compound jalap powder, or castor oil, he immediately gave them a mixture containing chlorate of potash. This, with attention to diet, and in some cases, where a purgative was required, a dose of rhubarb and soda at bedtime, had been attended with the best results. The dose of the chlorate of potash to a child four or five years of age, was three grains, increased to five grains, four or five times a-day. The youngest child to whom he had given this medicine was an infant seven or eight months old; the dose here was a grain, increased to two grains. The ordinary plan of treatment in these cases was not generally successful, the ulceration often proceeding, and the patient becoming exhausted by the continuance of febrile action.

Mr. DENDY remarked that the disease in question was generally the result of a disordered action of the mucous membrane, and was always attended with remittent fever. He had seen many cases of it lately; it was usually prevalent in wet weather. The ulceration was of various degrees: when gangrenous, he had never found any application to the affected part so serviceable as pencilling it with the balsam of Peru. The constitutional treatment must be directed to the setting to rights the diseased condition of the mucous membrane, and this was often effected by the administration of minute doses of rhubarb, such as the eighth of a grain, four or five times a-day. In cases of phagedenic ulceration he had found the iodide of potash useful.

After some remarks on the influence of medicines when given to the mother, on an infant at the breast, the society adjourned.

MEETING OF THE METROPOLITAN DRAPERS' ASSOCIATION AT EXETER-HALL.

ON Wednesday, October 9th, a very numerous meeting of the members of this association was held at Exeter-hall. The objects of the meeting were, to endeavour to prevail on the drapers generally to agree to close their shops in the ensuing winter evenings at an early hour, and on the public to avoid late shopping, in

order that the evils which the late-hour system of business entails on a very numerous class—the drapers' assistants—might be avoided.

The body of the magnificent hall, its gallery, and platform, were alike densely crowded.

At the time it was announced that the chair would be taken, eight o'clock, there were at least 4000 persons in the hall.

Mr. W. A. Moore was sorry to announce that he had just received a letter from the Lord Mayor, stating that an unavoidable engagement would prevent his lordship from presiding over the meeting that evening. He concluded with moving that Mr. Alderman and Sheriff Sidney be requested to take the chair.

Mr. D. Wire seconded the motion, which was agreed to amidst loud acclamations.

The Chairman then briefly addressed the meeting. He felt very happy to occupy that high post of honour on an occasion so interesting to his feelings. He regretted the absence of the Lord Mayor, who should have honoured the post he (the Chairman) then occupied. (Applause.) He was convinced that the object which had assembled them would meet with the approbation of the meeting. Without further detaining them, he would call on the secretary, Mr. Weatherley, to read the report of the committee.

The report was then read, shewing that the society was established in 1842; that its object was to endeavour to persuade the public to abstain from making purchases in the evening, and thus to remove all inducement from employers to keep their shops open beyond a reasonable time, by taking from them the risk of loss. Their efforts had had the advocacy of the press; and other towns had joined them in endeavouring to secure this object, which the committee hoped would be eventually obtained. (Loud cheers.)

The report was agreed to amidst loud cheers.

Mr. D. Wire thought this a most auspicious commencement of the official character of the sheriff. (Cheers.) The wisdom and humanity of this country had abolished West Indian slavery, and now, in those islands, where compulsory labour for 18 out of the 24 hours had formerly existed, six hours' voluntary labour was found sufficient to obtain an ample subsistence, leaving the rest of the day for recreation, mental improvement, and repose. If the humanity of this country could thus travel across the Atlantic, ought it not, upon every principle of patriotism, to be found at home? (Cheers.) The protracted hours of labour were the chief cause of the deteriorated health of people in towns. Incessant toil deteriorated the morals, and was the greatest bane to the spiritual welfare of civilized man. He concluded, after an eloquent address, during which he was frequently loudly applauded, with moving the following resolution:—

"That this meeting being of opinion that the present protracted hours of business in shops and other public establishments are devoid of advantage to employers and unnecessary for the convenience of the public, and, further, being deeply impressed with the conviction that the health, morals, and spiritual interests of the assistants are thereby sacrificed, does therefore now express its decided opinion that an immediate change in such a pernicious custom is loudly and imperatively called for."

Dr. J. Coupland, Fellow of the Royal Society, rose to second the resolution. The last speaker had very forcibly and truly said, that there was not a physician or surgeon who would not agree that 15 hours' labour out of the 24 must be most destructive to health and in every way injurious. As a physician, he concurred in that opinion. (Cheers.) It might be recollected that the immortal Bacon had advised the division of the 24 hours into three equal parts, eight to be devoted to sleep and repose, eight to devotion, and food, and amusement, and eight to mental or physical exertion. But this was in the merry days of old England. They lived now in somewhat altered times. It was a fact, as had been stated, that the hours of exertion of many in the middle classes of society extended to 15 or 16; and it was well known to medical men that this was a most fruitful source of disease; for however wholesome the food might be during that long period of exertion, it could not be properly digested, and hence those slow but fatal diseases which undermined the constitution, and were perpetuated to the third and fourth generation, if indeed the offspring extended so far, which was rarely the case under such circumstances. He might be asked what were the evils of this state of society? He believed that three-fourths of the diseases to which human life was liable actually arose from the operation of this cause in the metropolis. He would state what they were—that most fatal and irremediable disease, consumption; diseases of the brain and nervous system, and of the digestive organs. They had, as a consequence of these diseases, liver complaints, disorders of the stomach, diseases of the heart and of the kidneys, terminating in dropsy and other diseases of a more fearful nature—scrofula and all the different forms of struma, general debility, a sinking of the powers of life, low nervous fevers, and numerous other diseases. In manufacturing towns, where individuals were employed in walking the factories and in needlework for these long periods of labour, numerous disorders, usually termed nervous disorders, were generated. These not only injured the health of the individual, but the offspring almost always became diseased. General debility also predisposed to vicious indulgences. Individuals who were exhausted by long exertion sought for renovation in noxious and injurious stimulants; hence gin-shops and cigar-divans, and all the other evils which had recently sprung up among them. To women especially these long hours were most injurious. He had seen scores of similar instances every day to that mentioned by their chairman, occurring among the sempstresses; and if the better part of the community who employed these women could only be brought to reflect that, by a more prudential arrangement of their day's occupation, many of these evils might be prevented, one great object of that meeting would be attained. (Cheers.)

Mr. T. Hall briefly moved the next resolution:—

"That this meeting cordially approves of the measures adopted by the Metropolitan Drapers' Association to obtain the necessary abridgment of the hours of business, and now pledges itself to further that object by discountenancing in every way the practice of evening shopping, and calls upon the public and also upon employers to afford every facility for effecting a change, which will be of the highest advantage to the assistants, and will beneficially affect society at large."

Mr. G. Thompson seconded the resolution in an eloquent address. He asked emancipation for 20,000 assistant-drapers, on the simple ground that they were men, and not as an act of compassion to a mere animal. He had travelled through most of the countries of the globe, and among neither black nor white men, nor men of intermediate colour of any other nation, had he ever witnessed the incessant and destructive toil which he had witnessed in his own country.

The resolution was carried unanimously.

Mr. A. Moore, after a spirited address, then moved the following resolution:—

"That while this meeting regrets that the Right Hon. the Lord Mayor has been prevented from presiding on this occasion, it tenders to his lordship its respectful and grateful thanks for his distinguished sanction, and for the kind interest he has manifested in the objects of the association."

The resolution having been seconded was adopted by acclamation.

Mr. Moore having taken the chair,

Mr. Fosket moved a vote of thanks to Mr. Sheriff Sidney for his kindness in taking the chair.

The motion having been seconded and carried amidst loud plaudits,

Mr. Sheriff Sidney briefly thanked the meeting.

The meeting then separated, at 11 o'clock.

HOSPITAL REPORTS.

LONDON HOSPITAL.

By W. B. Herapath, Esq., Pupil at the London Hospital.

RUPTURE OF THE LIVER, WITH HÆMORRHAGE, SOFTENING OF THE SPLEEN, AND PERITONITIS.

E. H——, aged 27, a sailor, was admitted into the London Hospital, a patient of Mr. Andrews, Jan. 17, 1844. He had received an injury from a piece of beef falling on his abdomen. It weighed a hundred weight and a half. It struck him on the left side, and knocked him backwards over some pieces of wood. He had two wounds on the back—one nearly an inch and a half deep, over the supra spinatas fossa of the left scapulum, the other in the right lumbar region, and more superficial. He was in a state of great collapse; the surface and extremities very cold; frequent shivering, repeated attacks of distressing sickness, insensibility, and a lethargic appearance; complaining, when roused, of great pain and tenderness in the left side, and also in the epigastric region; he breathed, also, with difficulty: pulse small, weak, and almost imperceptible. To be kept warm in bed; to have two ounces of brandy, with a teaspoonful of this mixture—one ounce of sulphuric ether, and half an ounce of aromatic spirit of ammonia; the latter to be given frequently.

One P.M. — He lies in the same state: skin a little warmer. Mr. Andrews gave a very unfavourable prognosis,—probably a rupture of some viscus, with internal hæmorrhage. He ordered the brandy to be repeated, and aromatic spirit of ammonia thirty minims, and tincture of opium twenty drops, to be given every four hours.

Jan. 18th.—He appeared somewhat better to-day, and had rallied a little; the pulse still very small and weak, but more rapid; sickness still present. To have his abdomen well and frequently fomented, and to take two grains of chloride of mercury every eight hours. Brandy to be continued.

19th.—He had so far recovered from the urgent symptoms of collapse, that Mr. Andrews thought himself justified in applying twelve leeches to the side and chest. Continue fomentations: the calomel to be given night and morning.

21st.—Leeches to be repeated, and the brandy to be continued: the sickness left him yesterday: pulse improving; his countenance less anxious and more cheerful, but still blanched and sickly.

23rd.—Much improved, mouth becoming sore; beef-tea, half a pint.

25th.—Much improved in all respects; so much, indeed, that his recovery was looked forward to as almost certain. Calomel to be omitted, as the mouth is now sore; he may have full diet, if he can take it.

27th.—Upon our visit to-day, he was found to have relapsed into his former state, and appeared to be dying fast. He had got up yesterday, contrary to orders, and walked to the water-closet; he felt faint, and returned to bed. During the night, his sores had discharged, immensely, a serous fluid; and he had sunk rapidly into his present state. He died at half-past three P.M.

Post Mortem.—Upon removing the sternum &c., a large patch of ecchymosis existed in the anterior mediastinum, all the glands being gorged with blood; heart healthy; left lung adhered to the pleura costalis by several recent bands of false membrane. Upon going on with our examination in the peritoneal cavity, an immense quantity of coagulated blood was found effused—nearly four pounds; and upon raising the liver, a rupture was discovered in its left lobe, extending about an inch into its texture: it was a stellated fracture; the gall-bladder was separated on the left side from the liver, and blood effused behind it; the whole tissue of the organ was softened and rendered easily laceable; no attempt at reparation appeared upon these wounds; the spleen was completely softened, and reduced to a thick pultaceous mass, of a chocolate colour. Several lacerations existed, but apparently made in removing it; large quantities of tuberculous-looking fibrin were effused into the gastro spleine and the great omenta; about a pint of bloody serum was found in the left hypochondrium.

Remarks.—The effused blood proceeded, without doubt, from the ruptured liver; but at what period, or whether at different times, it is impossible to say; the softening of the spleen and liver resulted from the inflammation produced by the injuries received; and the effused fibrin arose from peritonitis. Death in this case was probably the effect of syncope, brought on, perhaps, by a recurrence of the hæmorrhage, or by the immense discharge of fluid from his wounds. It is rather remarkable that he should have so far recovered himself with such extensive injuries existing in his abdominal viscera. We might also call attention to the length of time intervening between the dates of the accident and his death—just ten days.

ILLUSTRATIONS OF THE OPERATION OF THE QUACKS' BILL.

To the Editor of THE LANCET.

SIR,—"Hurrah for repeal!" is the dominant cry of quacks, bone-setters, *et id genus omne*, from one end of the kingdom to the other. The prospect of freedom from all pains and penalties which the act of 1815 gave the power to inflict upon all ignorant pretenders to the healing art, has infused a degree of assurance even into the "generous public" which must be quite delightful to Sir James Graham. They are already preparing themselves to enjoy the pleasure which is "as great in being cheated as to cheat," by actually going at once *in medias res*, and diving into the profundity of medical science. I will give you an example:—A fortnight ago, my assistant was summoned, in the middle of the night, to a man whom the messenger stated was dying. He attended without loss of time, but the man was dead before his arrival. The statement made by the man's wife was as follows:—"My husband, who has enjoyed excellent health, came home last night, and retired to bed about twelve o'clock. He had been to one or two houses, and had taken some harvest beer, but was not intoxicated. He complained of being cold after he got into bed, and I put some additional clothes on him. I then went to sleep. About four o'clock in the morning, I was awakened by his attempting to vomit. I struck a light, and tried to raise up his head, but he fell back on the pillow and expired."

This was the history of the case. I wrote to the coroner, stating the circumstances, and that I had no knowledge whatever of what was the cause of death, and did not think anything but a *post mortem* examination could reveal it. This was on Saturday. No notice whatever was taken of my note. The inquest was held on the Monday. No medical evidence was called, nor any *post mortem* instituted. The jury looked at the body. The coroner, I suppose, dilated upon the symptoms of apoplexy, and a verdict was speedily returned, that "Samuel Haserl died by the visitation of God, *from the rupture of a vessel in the head.*" "And upon what evidence," I said to one of the jury, "did you return a verdict of this kind?"—"Oh, sir," returned the man, "the blood was running out of his nose." All this is almost too absurd for belief, but it is nevertheless true to the letter. I do not mean to throw any suspicion upon this case, but it is quite clear that the man might have been poisoned. Had no examination been instituted in the late case of the unfortunate Mrs. Bellany—had a coroner and jury like this held the inquest—the cause of death would never have been discovered.

Another inquisition has lately been held in this neighbourhood, which further exemplifies the manner in which the coroner's court is held here.

A man called Balus, residing at Barmingham, in this county, applied at the residence of a notorious quack, called Syer, who lives at the village of Kersey, near Hadleigh. He had been to him once or twice before. Before he got into his cart to return home, he took a draught, and directly exclaimed—"This is stronger than anything he ever gave me before!" Soon after he started, the man who drove him observed that he became drowsy, and complained of being ill. He grew worse and worse; was obliged to stop on the road; and by the time he had got eight miles, (which occupied three hours,) he became quite insensible, was lifted out of his cart, and taken into an inn near this town, and died before medical assistance arrived.

Well, an inquest was of course held; but it so happened that many of the jury had actually been under the hands of Mr. Syer, and it was with great difficulty that they would permit the medical man—a highly respectable practitioner in this town—to make the *post mortem* examination. The coroner, however, insisted, and he left the room for the purpose. He had no sooner done so, than a fellow, who ought to have been kicked out of the room, instead of being permitted to decide upon a case like this, observed—"I propose that the jury be present when the examination is made; for how do we know but that the medical man may have a bottle of poison in his pocket, to put into the stomach!" This was, however, too much for the respectable part of the jury, and he was put down. When the medical man returned, he stated that he had discovered a large carcinomatous tumour in the thorax; that he did not consider this the direct cause of death; but that the appearances were such as to induce the belief that the man had died from the effects of a narcotic poison. He declined to speak more positively without an analysis of the contents of the stomach, for which, however, the jury would not wait, but returned a verdict of—"Died by the visitation of God."

This case is an excellent illustration of the sympathy which quacks are sure to find in the public mind, and for which, if Sir James Graham's bill becomes law, we must be prepared to have many examples. This man Syer, I have heard it said, is making a larger income than most of the medical men in the county. He is a man without education, and can hardly write his own name. He calls everything *cancer* or *fistula*, and has thirteen different kinds of scrofula in his medical category. If a patient applies to him with a small swelling, he or she is told that it is a "cancer"—the enlarged gland disappears, and the fame of the man who cures cancer spreads through the county, and poor deluded dupes crowd to his levees.

Much has been said of the good which the Apothecaries' Company has done, and people sympathize with them now, when their act is threatened with repeal. I am willing to allow that they have done good, but I sincerely believe they have done much harm also. They have never, I assert it fearlessly, thrown the protection of the act of 1815 around the profession. They have not appropriated their funds in prosecuting illegal practitioners; and this has been one of the main causes why the profession has been calling out loudly for an alteration in the law. In the case of Syer I have written to them, and offered to bring forward cases of *a purely medical character* which he has undertaken to treat; and what was their answer? Why, a polite note, from the most urbane of all secretaries, stating that he had written to Syer to *caution him*, and that the answer sent was, that he only undertook cases that had been pronounced incurable! "And," continued Mr. Upton, "he appears to be a very illiterate person." Again: I have repeatedly written to state that I could bring forward cases in which chemists and druggists had not only prescribed but visited. But I never got them into action. The money paid by the licentiates for their licence and the *right* to demand from the company protection under the act of 1815, I suppose was diverted into better channels than that of support-

ing the "honour, the dignity, and the interests of the profession."

I for one, then, shall not regret to see a protective act of parliament placed in better hands. I give them credit for raising the standard of medical education, but they would have deserved much more had they carried out the provisions of their act. They had the honour to suppress illegal practice, and the time is come when they must regret that they did not assume a position which would have effectually secured to them the gratitude and support of the profession. I am, Sir, your obedient servant,

C. R. Bree.

Stowmarket, Sept. 17, 1844.

MEDICAL SERVICE IN THE COOLIE TRADE.

To the Editor of The Lancet.

Sir,—It afforded me much pleasure in reading in a late number of The Lancet, "The Delights of serving as Surgeon in Merchant Vessels." I was lately engaged in that service, and my object in troubling you with these lines, is to assure you that every word stated in the account is perfectly correct, and, at the same time, to warn the unwary, lest they be taken in by one of those plausible advertisements described.

On your arrival in Calcutta, the ship may be detained a month or more, (we were detained four,) and you are expected to defray all your expenses if you live on shore, which a gentleman must do; and, in case of sickness, you are sent to the hospital, for which you will be charged. And this is called by certain brokers and captains an eligible opportunity for a surgeon to visit the Indies.

In the Coolie trade, *alias* the slave trade, (for the poor wretches are, to all intents and purposes, slaves,) it is really dreadful to be on board with such a cargo of filth and disease.

The women are generally suffering from venereal when they are *inveigled* on board, with the assurance that they are going a short journey to a beautiful climate, where they will be well paid. When they arrive, they find, to their sorrow and grief, that they are indifferently paid, and cannot return to their country under a period of five years. I hope, sir, you will find a place in your invaluable journal for these few lines, as I have suffered myself, and am anxious that no member of the profession should be placed in a like position. By its insertion, it may be the means of deterring some young men from embarking in such an unprofitable and dangerous trip.

I am, sir, yours most obediently,

Also One who served in the Coolie Trade in 1843.

THE QUACKS' BILL IN STAFFORDSHIRE.

To the Editor of The Lancet.

Sir,—Being animated by the soul-stirring speeches which have lately appeared in your invaluable columns, I wish to ask my medical brethren in Staffordshire why they linger in putting their shoulders to the wheel to annihilate Sir James Graham's "monster destruction bill?" Is it because they have been so lately bespattered by the blushing honours of our liberal college, by the title of F.R.C.S.E., which, although it is not in accordance with the strict rules of stenography, looks very much like farce; or is it because there are no "bone-setters," "worm-doctors," "midwives' midwifery," and mosquitoes of the like sort to contend with? I do hope the "subordinates" will call a meeting of the medical profession, to be held at Stafford, for Staffordshire to oppose the bill, and co-operate with their professional brethren in the vineyard of medical reform. I am, sir, yours, &c.

An Old Subscriber, Staffordshire.

October 9th, 1844.

DR. A. GUY'S LATE WORK ON MEDICAL JURISPRUDENCE.

To the Editor of The Lancet.

Sir,—I request the favour of a place in your columns for the following statement in reference to my recently published work on Forensic Medicine.

Having lately been made aware of an inadvertence, by which several passages, originally taken, with little or no alteration, from Mr. Taylor's unfinished "Elements of Medical Jurisprudence," have found their way, unacknowledged, into the second part of my work on Forensic Medicine, I am anxious thus publicly to express my regret, and to explain the circumstances which led to the omission.

In preparing my first course of lectures, I made extensive use of Mr. Taylor's work, and embodied several passages without taking the precaution of noting the source from which they had been derived. In subsequent courses, though most of the lectures were entirely remodelled, or greatly modified, these underwent comparatively little change. While preparing my work for the press, such parts of the lectures as suited the plan of it were introduced, and thus the borrowed passages found their way into print.

Not long since, through the kindness of a friend, to whom the passages in question had been pointed out, I was informed of the error which I had committed, and gave in reply the explanation now offered; but finding that the subject has since become one of more than private remark, I have thought it right to offer this public explanation, and to express my regret at the occurrence. I should be more deeply concerned at what has taken place if it could, by any possibility, injure any one but myself. The frequent reference made to Mr. Taylor's labours in several parts of my work, as well as in that which contains the passages in question, will shew how far I was from wishing to deprive of the credit due to him one to whom I am under personal obligations for his friendly assistance, rendered to me at my first entrance on my duties at the King's College.

I have the honour to be, sir,

Your obedient, humble servant,

William A. Guy.

13, Bloomsbury-square, Oct. 14, 1844.

DR. COSTELLO'S ASSUMED CONNEXION WITH THE ROYAL FREE HOSPITAL, ETC.

NOTE FROM MR. J. GAY.

To the Editor of The Lancet.

Sir,—Dr. Costello, "Principal of Wyke House Asylum," and "long the friend and pupil of the illustrious Gall," has, in a recent number of a cotemporary journal, taken the liberty of using my name without my leave, and of announcing *me* as one of *his colleagues*. Not being ambitious of that honour, may I be allowed, through the medium of your journal, to state that I am not a colleague of, nor in any way whatever connected with, that gentleman.

As Dr. C. has persisted in assuming an official connexion with the Royal Free Hospital, in defiance of its contradiction by myself and colleague, which you did us the favour to publish in a late Number of The Lancet, I will, by your permission, as this opportunity occurs, shew, not only that Dr. C. is not, but that, under existing circumstances, he cannot, become one of the medical officers of that institution.

Amongst the rules of the charity are the following:—

Rule 50.—"That the physicians of the hospital shall be fellows or licentiates of the Royal College of Physicians in London."

Rule 51.—"That the surgeons of the hospital shall be members of the Royal College of Surgeons in London."

I cannot find the name "W. B. Costello" either in the lists of fellows or licentiates of the Royal College of Physicians in London, or in that of the members of the Royal College of Surgeons. I am, sir, your obedient servant,

John Gay, F.R.C.S.E.,

Surgeon to the Royal Free Hospital, &c.

12, Pavement, Oct. 13, 1844.

NOTE FROM MR. W. ECCLES.

To the Editor of The Lancet.

Sir, — As Dr. Costello has had the bad taste, in a paper published in the "Medical Times" of last Saturday, again to assume the title of "Surgeon Lithotritist to the Royal Free Hospital," notwithstanding the disclaimer of Mr. Jones, Mr. Gay, and myself, in your journal of the 21st of September, I have thought it right to address the following note to the editor of another periodical. With a view, however, to ensure its general circulation amongst the profession, may I take the liberty of requesting the favour of its insertion in the columns of The Lancet? I have the honour to be, sir,

Your most obedient servant,

William Eccles.

Old Broad-street, Oct. 16, 1844.

(COPY.)

"Sir,—By your publishing in your last number a reiteration, from Dr. W. B. Costello, of his connexion with the Royal Free Hospital, I presume that you have not read a joint note from Mr. Greville Jones, Mr. Gay, and myself, in The Lancet of the 21st ult., page 790, in which we, as surgeons of that hospital, denied the fact of Dr. Costello holding the appointment he professes to have been elected to in that institution.

"I beg leave now, on my own part, to repeat that there is no such officer as that of 'Surgeon Lithotritist to the Royal Free Hospital;' hence the designation of myself and some others as his

'*colleagues*,' in Dr. Costello's last paper, was a liberty which no person actuated by honourable feelings would have presumed to have taken.

"After your attention has been thus drawn to the subject, I hope you will no longer allow your columns to disseminate statements which, in the long run, cannot but redound to the discredit of the writer. I am, sir, your obedient servant,

"WILLIAM ECCLES."

Old Broad-street, Oct. 15, 1844.

**** What is the matter with poor COSTELLO? It would appear that the inmates of a LUNATIC ASYLUM and ALEXIS "the detected," are somewhat dangerous companions. The letter of the unhappy STONE-GRINDER on the marvels of Mesmerism, shews that he ought to be treated with kindness and forbearance. —ED. LANCET.

NOTE FROM MR. GREVILLE JONES.

To the Editor of THE LANCET.

SIR,—I have to request the favour of the insertion of the following. I do not ask this favour out of any mere reference to myself or the gentleman from whom I differ; your columns contain matter more important than individual disputes.

Mr. Costello has stated publicly, that he performed an operation for stone in *the presence* of his *colleagues*, Drs. Weatherhead, Jones, Gay, and Eccles. He makes a few mistakes in his paper. 1. He is not our colleague; we have repudiated the appointment, and he has taken no steps to establish it. 2. Dr. Weatherhead was not present. 3. I saw no stone, but, after some time, was called, and found some sabulous matter. It was very small in quantity, but might have been the fragments of a very small calculus. There is also some want of precision in his article. He tells us of a man operated upon many times in an hospital in London, without success. Why not tell us *which* hospital, and *who* made the attempt?

I trouble you with this only to express my regret that a gentleman of Mr. Costello's attainments should lend himself to the system of splitting the profession into exclusive departments. To *invent* lithotrity was an arduous task, but now every surgeon knows how to practise it. If an hospital wants a lithotritist, we shall next find the governors of St. Bartholomew's arresting Lawrence's hand, and appointing an *oculist* to teach him something about the eye; and then, as Guthrie does not quite confine himself to the visual organ, they will want an oculist to the Westminster. Aurists, chiropodists, bonesetters, &c. &c., will be wanted, if once the principle be admitted, that a fully-educated surgeon is incapable of doing all that belongs to therapeutics, as far as the science is established.

I am, sir, your obedient servant,

W. GREVILLE JONES,

Second Surgeon to the Royal Free Hospital,

Gray's-inn-lane Road.

Thursday, Oct. 17, 1844.

THE CASE OF CHOREA TREATED BY PRUSSIC ACID AT THE BIRMINGHAM HOSPITAL.

WE have received from Dr. Blakiston, physician to the Hospital, Birmingham, a communication, in which, referring to the case of chorea alluded to in our last week's leading article, he draws our attention to the report of the proceedings of the annual meeting, which has lately been published at the order of the meeting. From this report we extract the following letter from Mr. C. Freer, the resident medical and surgical officer of the Infirmary, who, it appears, had the management of the case in the absence of Dr. Blakiston. The letter was written in reply to one addressed to Mr. Freer, by the Rev. J. P. Lee, requesting information:—

"General Hospital, Sept. 17, 1844.

"SIR,—In answer to your note asking me to detail the particulars of a lad who died from choreatic convulsions, I feel called upon to state—

"1st. That the case was not one of ordinary St. Vitus's dance, but of a most frightfully aggravated character, the patient having been convulsed for seven days and nights, during which time he never closed his eyes, and presented, in my opinion, no hope of recovery.

"2nd. The medicine was only two-thirds of the strength stated. Had the largest dose ordered been administered, it would only have been equivalent to fourteen drops of the diluted pharmacopœial acid, whereas thirty-five drops is the smallest dose ever known to have proved fatal.

"3rd. A doubt having arisen as to the instructions given, I thought it better not to increase the dose, although I had no misgivings about the case.

"4th. The dose had occasionalyl been administered in the hospital without having been attended with the slightest injury.

"5th. Three quarters of an hour is the longest time a person has been known to survive, who has been fatally affected, and in this case two hours were allowed to intervene between each dose, and the patient lived twelve hours after the last dose had been given.

"6th. Grain doses of morphia were not ordered or administered by the mouth, but in a form of enema, and that on the day previous to the administration of the acid.

"7th. No symptoms whatever indicative of injurious effects having been produced on the system by either medicine were observed.

"8th. Tæniæ, not lumbrici, were found in the intestines.

"9th. In this class of diseases no traces of organic derangement are usually found.

"The orders for the administration of the medicine were given to the dispenser and myself jointly—the former being enjoined to measure and administer it himself, in order to prevent any mistake, and to call me in case of anything unusual being observed, as I was to regulate the dose according to the state in which I might find the patient.

"Hence I declare that no dose of medicine was ordered or administered which was not fully justified by the nature of the case, and that no injurious effects whatever were produced by it.

"I am, sir, yours, &c.,

"WALTER C. FREER,

"Resident Medical and Surgical Officer,

"The Rev. J. Prince Lee." "Birmingham Hospital.

NEWS OF THE WEEK.

A new medical society, under the title of "The South London Medical Society," held its first meeting on Thursday, the 10th instant, at the South London Dispensary, when Dr. Barlow, the President, read a paper on Pericarditis. All legally-qualified practitioners are eligible to become ordinary members of the Society.

The Westminster Medical Society holds its first meeting for the session this evening, (Saturday,) in the Society's rooms, 32, Sackville-street. Mr. Snow is announced to read a paper on Poisoning by Carbonate of Lead. The Society meets every Saturday until the last Saturday in April next, with the exception of the Saturday in Christmas week, and the Saturday before Easter Sunday.

The Council of the Medical and Chirurgical Society have determined on placing busts of all the past Presidents of the Society, in the Library or other rooms of the Institution. Busts of Dr. Babington, Mr. Earle, and Mr. Travers, have already been received.

A public dinner was given to Professor Liebig, on Friday, the 11th instant, in the Trades Hall, Glasgow. About 300 noblemen and gentlemen sat down at table; the Earl of Eglintoun in the chair. Among the company were, Professors Gregory, of Edinburgh; T., J., and W. Thomson, and Gordon, of Glasgow; Shier, of Aberdeen; Heinsten, of Giessen; and Dr. Lyon Playfair. We shall refer more fully to this dinner next week.

MEETING OF THE TOWER HAMLETS MEDICAL ASSOCIATION.—We much regret that want of room compels us to defer until next week, our report of this important meeting, which took place on Tuesday, October 15th, at Crosby Hall, Bishopsgate-street.

MEETING FOR THE PROMOTION OF BATHS FOR THE WORKING CLASSES.—On Wednesday, the 16th instant, a most numerously and respectably attended meeting took place at the Egyptian Hall, Mansion-House, to consider this important subject. The Lord Mayor in the chair. We will give an account of the proceedings.

MEETING OF THE MEDICAL PROFESSION AT CHESTER.—On Thursday, Oct. 10, a meeting of the medical practitioners of Cheshire took place at Chester, the details of which we will give next week.

INTENDED MEETING OF THE MEDICAL PROFESSION AT NORTHAMPTON.—A meeting of the members of the profession resident in Northamptonshire and the adjacent counties is appointed to take place in the board-room of the Northampton Infirmary, on Thursday, the 31st instant, at twelve o'clock precisely, to consider the provisions of Sir James Graham's medical reform bill.

MEETING OF THE MEDICAL PROFESSION AT WINCHESTER.—A numerously attended meeting of medical practitioners took place at Winchester, on the 3rd instant,—Dr. Philipps in the chair,—to take into consideration Sir James Graham's bill. We shall give a report of the proceedings next week.

CORONERSHIP IN MONTGOMERYSHIRE.—A medical gentleman —Mr. Slyman, of Newtown, in Montgomeryshire—has started as a candidate for the coronership of the lower division of that county, in opposition to three rival candidates of the legal profession. A letter we have received states that the feeling of the freeholders in the county generally is decidedly in favour of a medical coroner, the office having been held for the last forty years by a medical man. The members of the legal profession themselves in Montgomeryshire seem to be awake to the natural advantages of entrusting the office to a medical gentleman, for we learn that as many as "three or four lawyers" are on Mr. Slyman's committee. The gentlemen of the law should no longer endeavour to thrust themselves into the office of coroner. There is not an individual amongst them who does not know that it is impossible for them to execute the duties of the office in an efficient manner.

MORTALITY TABLE.

The deaths in the metropolis for the week ending October 12th, 1018. The weekly average of the last five years is 946, of the last five winters, 1009.

All causes	1018
Specified causes	1017
Zymotic (or epidemic, endemic, and contagious) diseases	259
SPORADIC DISEASES—	
Dropsy, cancer, and other diseases of uncertain or variable seat	124
Diseases of the brain, spinal marrow, nerves, and senses	162
Diseases of the lungs, and of the other organs of respiration	282
Diseases of the heart and blood-vessels	31
Diseases of the stomach, liver, and other organs of digestion	58
Diseases of the kidneys, &c.	7
Childbirth, diseases of the uterus, &c.	17
Rheumatism, diseases of the bones, joints, &c.	4
Diseases of the skin, cellular tissue, &c.	1
Old Age	57
Violence, privation, cold, and intemperance	15
Unspecified cause	1
Total	1018

ROYAL COLLEGE OF PHYSICIANS, LONDON.

THE following Gentlemen were admitted Extra-Licentiates on the 4th inst.:—Drs. J. Cocks, E. Bates, F. J. Corbould, W. G. Shepherd, W. H. Brown, C. E. Prior, F. Plomley.

APOTHECARIES' HALL, LONDON.

NAMES of gentlemen who have obtained certificates of qualification to practise as Apothecaries:—Thursday, October 10, 1844—William Pleasance Beloe, Lynn Regis, Norfolk; William Leapingwell, Good Easter, Essex; Henry James Stokes, Rochester, Kent; William Cholmeley, Waynflete, Lincolnshire; Samuel James Remnant, Tavistock-square.

CORRESPONDENTS.

We are reluctantly compelled, in consequence of a great press of matter, to exclude a variety of interesting articles, and to entreat the indulgence of numerous correspondents until next week.

Juvenis Studens will find the information he requires in Mr. Churchill's Medical Almanac for 1844.

We cannot recommend any particular physician to our correspondent of New-street. The disease under which he labours is one which is generally understood by the profession.

The 28th clause of Sir James Graham's bill states, that all persons *legally* practising as physicians, surgeons, or apothecaries, at the time of the passing of the act, will be allowed to register in the capacity in which they are practising. We should therefore say that *An Edinburgh Graduate* would be entitled to register.

A *General Practitioner* would be entitled to be registered as a legally qualified general practitioner, if the proposed bill of Sir James Graham were to become law.

J. B. need not give any information; he cannot be subjected to a legal prosecution with the slightest chance of conviction. Females have been prosecuted as principals in such cases.

Communications of the nature of the one sent by M. R. C. S., unless they be authenticated with the names and addresses of their authors, cannot be inserted.

Mr. Crisp's case shall be published as received.

The letter of Mr. A. Ellis shall be inserted next week.

The account of the Wrexham meeting arrived too late for insertion this week. It shall appear in our next number.

One of the thirty-five (Margate) will find his wishes anticipated in the present number.

The question of a *General Practitioner* shall be answered in our next.

The paper of M. F. S. Gervis was in type when we received his letter. The delay has been unavoidable.

Communications have been received from Dr. Thurnam (York)—Dr. M. Glover (Newcastle)—J. B.—A constant reader—Dr. Goodfellow—M.R.C.S. —A subscriber and old correspondent (Birmingham)—Mr. G. C. Dale—Dr. H. Burgess—Dr. John Davies (Hertford)—Mr. Bower Harrison (Manchester)—Mr. George Rogers (Bristol)—Mr. Arthur Brown Stert—Ubi &c.—C. A. (Cork)—Mr. R. Eager (Guildford)—A chemist—Dr. Edward Herbert—Mr. Roy—Mr. Wm. Smith (Clifton)—Mr. Sander—Mr. G. C. Atkinson (Westminster)—Scrutator—Mr. J. Heath—Mr. Shute—Mr. Misich—Q—Mr. J. Faircloth—Mr. R. B. Jordison—Mr. W. R. Warwick.

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Senior Surgeon to the University College Hospital, and Professor of Clinical Surgery in the College.

Lecture X.

Tumours of the upper and lower jaw.

I should have stated yesterday that abscess occurs in the throat, independent of the velum or tonsils.

You meet with these abscesses at the back of the throat, on one side, or in the median line, immediately behind the velum, and partly covered by it. They occur in the cellular tissue, betwixt the back of the pharynx and the fore part of the vertebræ, and are often unconnected with any disease of the bones. Sometimes they go on gradually increasing; the patient perhaps feels no pain, but at last there is difficulty in swallowing, and perhaps there is some obstruction through the nostrils. He does not breathe through his nose, but through his mouth; and on looking into the throat, you see this swelling. These abscesses are sometimes connected with disease of the vertebræ. I have already given you a long account of diseases of these bones. I told you that abscesses formed in connexion with them, and that now and then portions of them were discharged through the cavity of the abscess. The disease may go on for weeks or months after the discharge of these portions of bone; but, as you are well aware, there is great risk when caries extends in this situation so as to detach large portions of bone, and if the head falls forward, the patient is paralyzed, and dies instantly, or perhaps in a few hours.

Abscesses unconnected with disease of the bones may be opened, and if the orifice be made sufficiently large, and in a dependent situation, they will, after a time, heal up; but you will be called upon also to open abscesses that are connected with disease of the bones, to prevent bad consequences. A large abscess suddenly bursting there, might suffocate the patient, and it is desirable that it should be opened before discharge takes place spontaneously. For this purpose, if the abscess be large, you employ a long flat trocar, such as you puncture the bladder with above the pubes. You carry this into the lower part of the abscess, and allow the matter to escape by the mouth. After a time, when the contents of the abscess have been so far discharged, and there is no fear of any matter getting into the windpipe, you may insert a bistoury, and enlarge the opening sufficiently. The parts will then, if there is no disease underneath, contract and heal.

I stated yesterday, with reference to epulis, that there is no necessity for applying caustic, provided that you take the disease entirely away with a proper instrument. John Bell inculcates the use of the actual cautery, but if you take the tumour thoroughly away, together with some of the sound parts, there is no chance of the affection recurring.

You meet with tumours here of a more serious character, and large size, involving great portions of the bone. I shall first direct your attention to some affections of the upper jaw.

I have spoken of swellings of the neck; swellings of the upper jaw; inflammation and abscess of the antrum: I have also spoken of chronic abscesses; and I have cautioned you against mistaking these swellings for solid tumours. But, unfortunately, the antrum is subject to malignant affections, and you find them occurring at all periods, both in young subjects and those advanced in life. The patient complains of an aching in the jaws, and of a swelling, which perhaps is supposed to arise from a decayed tooth. The jaw swells out very rapidly, and then, after a short time, the corresponding nostril becomes obstructed, and there is discharge from it. On looking at it, you perceive that the walls of the antrum are expanded; they are soft and pulpy, and the tuberous process projects. The anterior wall of the antrum is attenuated and thin; you can press your fingers, as it were, into the bone; the nostrils project, and you find a tumour filling up the whole cavity, not resembling the mucous polypus, but coated with lymph, irregular on the surface, and, if handled at all roughly, bleeding very freely. The disease advances very quickly, and generally in a few weeks the tumour will have extended back to the throat, interfering with deglutition, and at last it will be found hanging down there and furnishing discharge. The bones become wasted from pressure; the patient gradually loses his health, gets emaciated, his bowels become affected from his swallowing the putrid discharge from the ulcerated surface of the tumour, and he has occasional hæmorrhages, which reduce him in strength still farther. This goes on rapidly; the face continues to swell; an enormous fungus is often thrown out from the upper part of the tumour: the eye is turned out of the socket, and a fungus occupies the space, and though the optic nerve appears to be much stretched, the vision is not always quite destroyed. The tumour may come through the sockets of the teeth to the mouth, and at last an enormous swelling is in this way produced. Here is a drawing representing the appearance presented in these malignant tumours of the antrum: the tumour

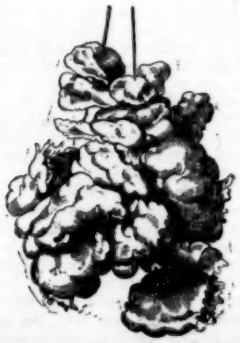
is not confined to one side, but displacing the septum of the nose it involves the other jaw-bone. The patient generally dies, very miserably, from the discharge and hæmorrhage, within six months of the commencement of the disease: the last stages are very rapid.

Fortunately, all tumours of the upper jaw are not of this character; the bone and the periosteum become involved; disease sometimes commences in these parts from accidents. Now and then the patient suffers a severe injury of the face, strikes his cheek against some hard substance, or receives a blow with the fist on the upper jaw. The old woman here represented, and figured in the "Practical Surgery," dated the origin of the tumour to a blow received on the edge of a table, when stooping suddenly, fifteen or sixteen years before her application for relief. Here is a portrait of another woman, who struck her face violently against a child's head, and had a tumour form in consequence. This was also engraved on wood by Mr. Bagg, for the book alluded to, and which some of you, no doubt, have seen. There was some swelling of the jaw at first, which went down for a time; the tumour then commenced growing, and was many years before it attained this size. These tumours are met with in all stages of their growth, and of various sizes, perhaps a year or two after they have commenced growing. Their character is very different from that I have described. The tumour is limited; it does not spread about and involve all the neighbouring parts, as the soft medullary tumour does, but it goes on increasing, very gradually projecting down to the mouth. The nostril may be occupied to a certain extent, but it is often quite clear, even when the tumour has attained a large size, and bulges out on the cheek. Growing year after year, the tumour attains at length a great bulk, and the swelling, which projects towards the mouth, involves the gums; but it is unbroken on the surface, being covered by an extension of the membrane of the mouth. The tumour feels hard and solid, and the surface is very often lobulated. Here is a specimen of one of these tumours, which had been in progress for a very long period; there are many nipple-like processes upon it; it is what the mineralogists would call botryoidal. The tumour at last, by its size, causes great inconvenience to the patient, and very serious deformity. When touched,

it is insensible, and does not bleed; there is no discharge from the surface, and it attains a large size without the patient suffering in health, and without any the least contamination of the neighbouring parts. Although it is inconvenient from its bulk, yet it is not hurtful, and will not destroy the patient.

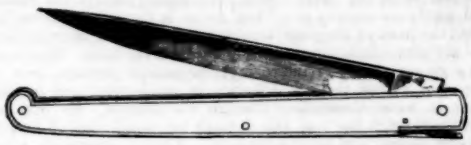
The one tumour, as you can easily understand, can scarcely be interfered with by surgical operation with any propriety; whereas the other can be taken away safely and certainly. I take no credit to myself for the operation of removing the jaw; it was performed by Gensoul, Syme, Lizars, and others, several times before a favourable opportunity occurred to me for doing it,—but I take credit for having corrected the diagnosis in these cases, and for having pointed out the manner in which an operation could be performed with safety and success. In the cases operated upon by the gentlemen to whom I have referred, the disease almost uniformly returned. It was of a malignant character. In such cases, there is great vascularity in all the parts around, and when you take out a swelling of this kind, however cleanly, you find all the vessels pouring out blood with great rapidity. If you are foolish enough, or unfortunate enough, to cut into the tumour, and leave any part of it,—and in bad cases this is not unlikely to happen,—then you may lay your account with a most fearful hæmorrhage. I rejected a case from the hospital in Edinburgh, where the patient had been suffering under the disease two or three months. Seeing that the disease was of a malignant character, I would not attempt to remove it; but a gentleman of my acquaintance, in private practice, was bold enough to undertake it. There was no fungus in the mouth, and he was determined to have the part out, right or wrong. He first of all tied the carotid, as a commencement, and set to work with the tumour. He made his incisions in the cheek, but the bleeding was so profuse that he was obliged to stuff the wound, huddle the parts up, and leave the operation unfinished. This was on a Sunday. On the following Sunday he tied the external carotid on the other side, and to work again he went. He cut open the cheek still further; but notwithstanding the above-mentioned vessels were tied, so extreme was the vascularity, that he could not finish the operation. Had he done so, the man would, in all probability, if he had not died from the immediate effects of the operation, have had a return of the disease, and have died perhaps more quickly than if he had been left alone. At this stage of the disease, an operation can hardly be proper. In the very commencement, whilst the tumour is confined in the bony cavity, before the neighbouring parts are contaminated, the tumour may be taken out; but if the nostril is filled up, it is madness to attempt any operation.

Long ago, the operation which was practised in these cases was to trephine the antrum. This operation was recommended and practised by no less celebrated a surgeon than Dessault. The cheek was cut through, the bones of the antrum removed with a knife,—for in these cases the bones are thinned and softened, and can be easily cut and broken down without any force being applied,—the tumour was taken hold of with forceps, or turned clean out of the cavity with a scoop, and a cautery was afterwards applied. I was simple enough, twenty years ago, to follow Dessault's advice,—(here are the soft and friable masses which were taken out,)—and I have seen



the same thing done many times. No good was effected; the tumour returned in a short time, and the patient died, very miserably. If anything is done in this disease, it must be, as I have said, at a very early period; you must take out the whole of the mischief, and entirely remove the upper jaw containing this tumour. I have in my collection a tumour of this description; it was removed early, and before there was any threatening of fungus, or the wall of the antrum had given way. It was taken from a young lad, who went through the operation very well, and was recovering rapidly; but he was attacked by erysipelas of the face and head, and became comatose. In this state he would, in all probability, have continued till death had terminated his career. He was relieved, however, by applying blisters to the back of his head and spine, and he survived the attack. I traced him, and found that five or six years afterwards he was alive and well; there was no return of the disease; but this result is scarcely to be looked for, and it is only in the most favourable cases that you would attempt the operation.

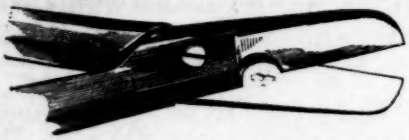
The other description of tumour, though it may have attained a very large size, can be taken away with perfect propriety. It is wonderful how easy these tumours come out, and with how little hæmorrhage. You must make the incisions so that there shall be as little deformity as possible, and that the scar shall scarcely be seen. Here is a representation of a patient very much deformed by incisions; the poor woman had undergone a very severe operation long before she applied to me. It was a tedious process, having occupied more than an hour, and was attended with great hæmorrhage; after all, only an inconsiderable part of the disease was extirpated. These tumours must be taken out whole; for if you cut into them, they also will bleed, and you would have great difficulty in arresting the hæmorrhage. You must cut the cheek open, but you do it scientifically, keeping wide of the disease. Having to work amongst bones, you must use a good, strong, and broad knife, one



with which you can make free and proper incisions. You must, in your operation, be guided a good deal by the size of the tumour. In a large tumour, the skin is very much stretched and very thin, and you might think of taking away some of the skin. I did so in one case—[referring to a specimen]—but I regretted it afterwards; the integument was much thinned and discoloured from the enlargement of the superficial branches of veins, and I was afraid that if I left it, it might slough away, and I did not know how far this process might extend. To uncover a very large tumour, you may make one incision from the point of the cheek bone to the corner of the mouth, carrying it outwards also along in the course of the zygoma, another from the angle of the eye to the middle of the upper lip. The mark of these tumours must always be more or less apparent. But if you have a tumour of moderate size to deal with, you would make one incision from the angle of the eye down the side of the nose, bring it under the ala, and cut away the ala from the edge of the superior maxillary bone; then you bring the cut down well towards the columna nasi, push the knife through the lip, and cut right down the median line. A scar from that incision will scarcely be perceived if the parts are cleverly and carefully put together. You make another and much less extensive incision from the same point, in the course of the fibres of the orbicularis palpebrarum out towards the zygoma, carrying the knife under the eye; you can then turn backwards and outwards a large flap, uncover the tumour, and get to the processes of the bones. These you divide at the points indicated in the cranium, which I here shew you. Having done this,

the tumour almost tumbles out; very little pressure is required to displace it. You stand opposite the patient to make the incisions. It is a most difficult thing to take the bones out in the dead body, and I shall merely divide the process of the

bones to shew where and how this should be done. Before commencing your incision, or after you have turned the flap back, you may require to take out one tooth, and you remove the lateral incisor from one or the other side, as may be. You must be provided with strong-edged cutting pliers for dividing the bones, and very strong scissors also for separating longitudinally the palatine arch. Before applying them, you cut a notch out of the alveolar



process of the tooth removed, with the point of the cutting forceps. Very often you are obliged to take away the os mala, or perhaps you may saw it through. Supposing that you are going to take away the os mala by the forceps, you divide the zygomatic arch, and also the junction of the bone with the frontal bone at the transverse facial suture. You cut the nasal process of the maxillary bone; then, putting one blade of the scissors into the nostril, the other into the mouth, cut down, and you have destroyed all the attachments of the tumour. You must next carefully detach the parts within the orbit, cutting the superior maxillary nerve far back; that must not be drawn out from its origin; then, putting your fingers on the tumour, you detach with the knife any remaining connexions, and out tumbles the mass. You will be astonished to find how little blood follows an operation of this kind: it can be done in a very few minutes. There is seldom any necessity for stopping the bleeding temporarily by pressure on the carotid: after you have turned the tumour out, perhaps you will not find a single vessel to tie, or only one. You take hold of that with the fingers, put on a ligature, and then lay the flap down. The tumour should come out quite entire, and, after stopping any vessel that may bleed, you put a dossil of lint into the cavity, bring over the flap, and put the parts neatly together. You introduce some points of interrupted suture under the eye, and by the side of the nose; you attach the alæ, and then put two points of twisted suture into the upper lip. In a short time the cavity fills up, and it is altogether an exceedingly satisfactory operation. I have extirpated the upper jaw to remove fibrous tumours nine or ten times, without the loss of a single patient. It is an operation more successful than the amputation of the leg, or, at all events, of the thigh, and is attended with as little risk. You are justified in performing it, because the disease does not recur. There are here on the table the bones of a patient who submitted

to this operation, not on account of the fibrous tumour, but for erectile tumour, displacing and involving the upper jaw. The poor fellow did not, certainly, die from the effects of the operation. He had been sent here from Gibraltar. A surgeon in the garrison, Dr. Mitchell, had seen the case, and proposed to operate; but he was discouraged by the medical men there. Knowing that the operation had been often performed successfully, he advised that the lad should be sent to this country, and he was accordingly brought to our hospital. It was a curious looking tumour, and it struck me that it was of a fibrous character, not growing from the jaw, but involving it. Mr. Marshall some months afterwards discovered that the whole mass was erectile; it was taken away in the manner I have described. The os malæ was merely sawn down, and the whole of the maxillary bone taken out, except the end of nasal process. You will see that it is as complete and beautiful a specimen of an erectile tumour as any that I have yet shewn you. He perfectly recovered from the operation, and the cavity, or palate, was filled up, leaving only a little space, into which you could put the point of the finger. His speech was indistinct, and after being in the hospital three months, I sent him to my friend Mr. Nasmyth, in Hanover-square, to have an artificial palate fitted. The poor fellow went from thence to see the Lord Mayor's show, and afterwards stood about in the wet. He came back to the hospital, and had an attack of shivering, followed by erysipelas. He recovered from this disease, as also from a relapse, though he had the former in a very aggravated form. He died, in the end, maniacal. The parts were healed up, and there was no chance of any reproduction of the disease. You may cut out tumours of this kind, but you must not cut into them, nor must you meddle with any of the other soft ones, unless under peculiar circumstances.

The lower jaw is also the seat of diseases requiring operation, which often commence in the same way as those in the upper jaw.

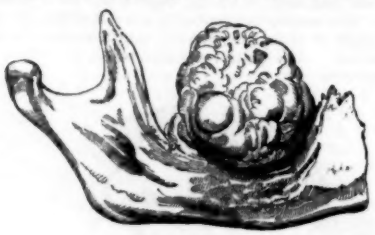
You here meet with malignant tumours, which may commence in the bone, but they generally begin in the parts exterior to it and involve it. I have spoken of cancerous tumours of the lip and face, which generally increase rapidly in size, and surround the lower jaw, and I deprecated any interference with them. Some people have made a great fuss about extirpating the jaw in cases of this kind; there has been from time to time a great hue and cry about it; but such proceedings ought by all means to be discouraged. There was at one time a great rage for taking out jaws, and so determined was one gentleman to obtain the credit of having accomplished this feat, that he published a paper purporting to give an account of taking out the *whole of the lower jaw*, whereas he merely enlarged and divided some sinuses, and pulled out a dead and loose portion of the bone. There are cases in which it is not advisable to interfere with the lower jaw, even where the tumours commence in the bone. You meet with a tumour, which grows rapidly, and speedily throws out a fungus. Here is a tumour of that kind. This case was sent to the Edinburgh Hospital, soon after I became surgeon of the establishment, under the impression that I should take it away. The tumour had grown in a few months; it commenced on the exterior of the jaw, and this horrid fungus was thrown out very shortly. The patient perished within a week or two after his admission.

You meet with tumours growing between the plates of the lower jaw. Sometimes they are composed in part of fluid, of cysts containing a glairy fluid; they increase in size, expand the jaw gradually, involve it completely, and pass along perhaps the whole of one side. Here is a bone, the plates of which have been separated in this way; one half of the jaw, as you see, has been removed, and from its articulation with the temporal

bone. The patient's countenance is thus greatly deformed, the motion of the jaws is impeded, and he is very willing to submit to some operation for relief. The tumour will go on increasing more and more, and it may take on some malignant action. Here, again, is a specimen of a tumour which has not a very benign look. It had been growing in the lower jaw for only a few months, and involved, as you see, much more than one half

of the bone, from an opening which had been made to explore its nature. There was some fungus, but it did not grow rapidly, and I felt justified in taking the tumour away. I am satisfied that it will not grow again. The patient has been going about the hospital for the last four or five years, without there being the least appearance of mischief. She has only the ramus of the left side remaining; yet she continues, somehow, though far advanced in life, to take sufficient nourishment.

You meet with tumours of the jaw, however, not of a questionable character, but solid, composed of bone and cartilage. You



may see them of moderate bulk where they have only been growing a short period—two or three years; or you may meet with them after they have attained a monstrous size. I have seen tumours of the lower nearly as large as some of those before you of the upper jaw. These tumours also may be taken away. I think it was Mr. Cusack, of Dublin, who led the way in the performance of this operation, and it has been repeated with success a very great number of times. The operation undertaken in favourable cases of this kind is not more dangerous than amputation of the limbs—it is equally successful, and in every way quite justifiable.

You may be obliged to take away only two or three inches of the jaw from near the symphysis, perhaps to the angle, or from the symphysis to one articulation, or it may be necessary to take away nearly the whole of the jaw. If I am not mistaken, Mr. Syme took out the whole of the lower jaw lately, but the case did not turn out successfully.

In performing this operation, you will endeavour to make your incision in such a manner that there shall be no perceptible scar afterwards, or very little, and this may here be easily enough managed. Patients have had the cheek cut open from the angle of the mouth to the ear; the nerves and vessels have been divided, and so far paralyzed; the lip has been cut right down, and an incision has been made from the middle of the lip through it, and down under the chin. I would not advise you to follow such a bungling procedure by any means: you will make your incision entirely underneath the jaws, and not divide the aperture of the mouth at all. Suppose the right side of the jaw is to be taken away from its articulation, you will put in the point of the knife, and bring it over the ramus in contact with the bone. Here is the articulation; you use the knife in the left hand, and draw it down along the ramus of the jaw to the neck underneath the jaw. Then you finish your incision: you bring it to the point of the chin, and no further. You raise the flap so made, cutting through the muscles, membrane of the mouth, and everything else. It is of no use doing this bit by bit. You cut right down to the bone at once, and uncover it. In cutting away the masseter in the living body, you are dissecting the flap from the tumour, and care must be taken not to remove any of the tumour with it. Then you push your knife through the parts behind the symphysis, meet it with your finger in the mouth, and thus detach the bone completely. I should have premised the taking out of one of the teeth, after which you apply a small saw, such as I shewed you in speaking of the removal of epulis; in case of need, Hey's, or even a small amputating saw, will answer. You cannot cut that bone through with the pliers, but you need not saw it entirely through. You put the forceps into the notch you have made, and then divide it. You next lay hold of the bone, and you must, in some of these cases, be exceedingly careful that you do not break it. The bone is very tender, as in the first specimen I have shewn you to-day, and you must handle it very tenderly to get it out of the articulation. In some cases, in spite of all your care, the bone will snap through, and leave the ramus, the coronoid, and the articulating processes, in the wound. If the bone should break at its angle, or in the ramus, what is to be done? Unless the portion were removed, in all probability the patient would be subjected to a return of his malady. The portion must, therefore, be seized with a pair of strong forceps; the point of the knife must be carried close to the bone, so as to separate all the attachments, and the articulation is, if possible, to be opened in front, but this will occasionally be found perfectly impossible. The fragment, then, must be pulled forwards, the articulation opened from behind, and, by twisting it inwards and forwards, the tip of the coronoid process may be reached, and the tendon of the temporal muscle detached. In other cases, as in the last specimen, the bone is firm, and affords a good fulcrum to depress the ramus by; you gain readily the coronoid process, and cut away the temporal muscle from it; you turn the bone further down, and open the joint at the fore part; then cutting close to the ramus, you detach the tumour entirely, and bring it out. There is more bleeding here than in the operations in the upper jaw, and it is better to put an aneurism needle under the maxillary artery than to be taking up the different vessels as they appear in the wound. Tie clean, then, the largest portion of the external carotid with a single ligature, and it is easily exposed in general at the posterior and lower angle of the wound. You put some dossils of lint, dipped in cold water, into the gap, lay down the flap of the cheek, and cover that over with a cold pledget also. Five, six, or seven hours after, when the bleeding has stopped, you put in points of interrupted and twisted suture. You perceive that there is scarcely any deformity. The cheek will fall in a good deal, but even that can often be prevented. It is a good plan, before having recourse to this operation, to get a good dentist to make what are called caps fitted to the teeth of the upper or lower jaw on the side not to be operated upon. Immediately after you have taken the diseased portion of the jaw away, to prevent the bone being drawn by the muscles of the upper side, you put these caps into the patient's mouth, so as to keep the teeth that remain of the lower jaw opposite those of the upper jaw. This apparatus is to be worn for a very considerable time, so as to prevent the chance of the parts being drawn awry, and then something can be made to fill up the cheek and keep it out. There was an exceedingly handsome young woman who underwent this operation in the hospital a year or two ago, and by pursuing this plan she was very little deformed indeed. You have had an opportunity of seeing all these operations performed, both in the upper and lower jaw, over and over again, on the living body; and that is more than the pupils of any other hospital in London can say: they are frightful to behold, but they are really not attended with so much risk as would be imagined, and are exceedingly satisfactory in their results.

Section of the Flexor Tendons of the Knee in White Swelling.—One of the most successful applications of tenotomy is unquestionably that of dividing the flexor tendons in certain cases of diseased joints, with the view of insuring the perfect quietude of the articular surfaces. It has been tried by several surgeons in white swelling of the knee, and, we rejoice to say, with very promising success.—*Medico-Chirurgical Review.*

On the Reproduction of the Crystalline Lens.—The extraction or depression of the crystalline lens is followed by the reproduction of a new one, that is more or less regular in its configuration, or at least by the formation of a certain portion of the crystalline mass. This reproduction is the work of the investing capsule, provided this remains uninjured. When the capsule is removed, the lens is not reproduced. The capsule adheres to the new crystalline ring, (*bourrelet,*) but not so very closely that they cannot be separated. The newly-formed lens possesses the same transparency as the old one. The reproduction of the lens requires a certain length of time, which is, however, very variable in different circumstances. The new lens gradually acquires a greater degree of solidity and thickness. Its form depends much on the extent of lesion of the capsule. The capsule has, in all cases of reproduction of the lens, been observed to retain its transparency.—*Idem.*

LECTURES ON ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE University of Giessen.

BY JUSTUS LIEBIG, M.D., Ph. D., F.R.S., M.R.I.A.,
Professor of Chemistry in the University of Giessen.

CERTAIN COMPOUNDS OF CARBON;—CARBON AND OXYGEN;—CARBONIC OXIDE AND ITS COMBINATIONS.

Gentlemen,—We now have to treat of certain compounds of carbon, and, in the first place, those which it forms with oxygen.

The compound of one atom of carbon with one atom of oxygen is denominated carbonic oxide.

Carbonic oxide is a combination of carbon, with half the amount of oxygen contained in carbonic acid.

Carbonic acid $C O_2$
Carbonic oxide $C O$

Carbonic oxide is a permanent gas; it is inflammable, burning with a pale blue flame. It is irrespirable, its inspiration into the lungs causing death; in other respects, it possesses no particularly striking physical properties; yet, nevertheless, it manifests certain properties which distinguish it from all other inflammable or oxygenous gases. It is especially and particularly remarkable for its capacity of combining with chlorine. This is another instance of the combination of a simple substance with a compound, the latter performing the part of a simple body. According to what I have said respecting the character of the organic radicals, we are justified here in assuming that carbonic oxide in this combination performs the part of a simple substance, and therefore, that it belongs to the class of the compound radicals. Its deportment with metals, particularly with potassium, leads us indeed to the assumption that it plays the part of a simple substance in a great many other compounds, besides in that which it forms with chlorine. These compounds will form the subject of our present lecture.

If you compare the composition of carbonic acid with that of carbonic oxide, you find that the former contains, to the same amount of carbon, double the amount of oxygen that the latter substance contains. Carbonic oxide unites with an equal volume of chlorine under the influence of the sun's rays; the two volumes combined yield one volume of chlorocarbonic oxide gas, or *phosgene gas*.

$$C O + Cl.$$

We may consider this compound as a carbonic acid, in which the second atom of oxygen has been replaced by chlorine; the name of *chlorocarbonic acid* has, on this account, been applied to this substance. We may assume the chlorine to exist in this compound in the same form as the second atom of oxygen exists in carbonic acid. This chlorocarbonic oxide, or, as it is more commonly called, chlorocarbonic acid, may be combined with ammonia, and it forms therewith a peculiar compound. One volume of chlorocarbonic acid gas, and two volumes of ammonia, brought into contact with each other, condense into a white crystalline substance, which deliquesces when exposed to the air. Now, if you will imagine the ammonia in this compound distributed among the constituents of the chlorocarbonic acid, you will immediately understand that, upon the accession of one atom of water, there exist in this compound the elements of one equivalent of sal ammoniac, and of one equivalent of carbonate of ammonia.

$$\begin{array}{l} C O + O + N H_3 \text{ carbonate of ammonia.} \\ Cl + H + N H_3 \text{ sal ammoniac.} \end{array}$$

It was indeed formerly believed that the crystalline compound of chlorocarbonic acid and ammonia separated, upon the addition of water, into carbonate of ammonia and sal ammoniac; the re-actions of this substance upon its solution in water, however, shew that no ready-formed carbonate of ammonia exists therein. The character of carbonate of ammonia is so distinctly marked, and this salt is, moreover, so easy of detection, that we may safely and positively assume that no carbonate of ammonia is present, neither in the solid dry compound, nor in its solution. Were carbonate of ammonia really present in its solution, this solution ought, for instance, to precipitate chloride of barium; but no precipitate—that is, no carbonate of barytes—is obtained by adding it to a solution of chloride of barium. Again, were carbonate of ammonia present in this solution, the addition of acids—of acetic acid, for instance—would produce an evolution of carbonic acid gas; but no effervescence takes place upon the addition of acetic acid. Now, it may be asked, what does the solution contain? In contact with alkalies, it evolves ammonia; upon the addition of nitrate of silver, chloride of silver precipitates from it, exactly as is the case with solutions containing sal ammoniac.

Regnault, who was the first to examine this compound more minutely, considers it very probable that it contains sal ammoniac. Now, assuming sal ammoniac to exist ready formed in the dry compound, in what form does the carbonic oxide exist in this compound? I need only write down the formula differently, and you will immediately understand what we, with Regnault, conceive to be the correct view of the constitution of this substance. You have in the dry compound—

$$C O Cl + N_2 H_6$$

Subtract from this the formula of one equivalent of sal ammoniac,—

$$\begin{array}{l} C O Cl + N_2 H_6 \\ Cl + N H_4 \end{array}$$

There remains $C O + N H_2$

$N H_2$ expresses the composition of amidogen; thus the substance formed by the combination of carbonic oxide, chlorine, and ammonia, would contain sal ammoniac and a combination of carbonic oxide with amidogen, constituted similarly to carbonic acid or chlorocarbonic acid, with this difference, that the second atom of oxygen of the former, or the chlorine of the latter, is replaced by one equivalent of amidogen. Now, suppose one equivalent of water added to the amide

$$\begin{array}{l} C O + N H_2 \\ O + H \end{array}$$

and you have the elements of carbonic acid and ammonia. The solution of the crystalline substance formed by chlorocarbonic acid and ammonia contains neither carbonic acid nor ammonia ready formed; but it contains carbonic oxide and amidogen in such relative proportions as to render possible the formation of carbonic acid and of ammonia, by the accession of the elements of water to these substances; and this, indeed, takes place upon the addition of strong mineral acids to the solution. Acetic acid does not decompose the carbamide, whilst hydrochloric acid causes effervescence and the formation of sal ammoniac. Now if we consider amidogen a radical—that is, a body combining only with simple substances, or with such compound substances as perform the part of simple bodies,—we must admit carbonic oxide also to belong to the class of radicals; and this confirms our view of the nature of carbonic oxide, which we were led to form by its combination with chlorine.

Another and no less remarkable property of carbonic oxide is its capacity of combining with potassium without losing its oxygen. Potassium, when fused in carbonic oxide gas, absorbs this gas to a considerable amount, and a black porous substance is obtained, readily inflammable when exposed to the air. When brought into contact with water, this black substance dissolves with vehement evolution of hydrogen gas, and frequently with ignition.

The evolution of hydrogen most clearly demonstrates to us that the potassium cannot exist in the state of oxide in this compound; for were the potassium indeed combined with oxygen, the black mass must be a mixture of oxide of potassium with carbon, which would yield oxide of potassium to the water, but certainly without decomposing the latter; in one word, no hydrogen could be evolved.

According to this explanation, carbonic oxide performs the part of a radical towards the potassium; it combines with this substance without decomposition, and the potassium compound, in contact with water, decomposes the latter, combining with its oxygen, and evolving the liberated hydrogen.

The solution of oxicarburet of potassium in water is of a deep yellow-brown colour; when heated to boiling, it assumes a more distinctly yellow tint; and upon gradual evaporation, yields saffron-coloured fine needles of a potass salt. L. Gmelin, who discovered this salt, has assigned to its acid the name of croconic acid; I have subsequently found that the mother liquor from which the croconate of potass has crystallized, yields colourless crystals of another potass salt, and this second salt is neither more nor less than pure oxalate of potass.

It must certainly be reckoned, among the most remarkable phenomena of chemistry, that the bringing oxicarburet of potassium into contact with water, should give rise to the formation of two potass compounds with acids possessing altogether the character of organic acids. I say, that these acids are formed upon the oxicarburet of potassium coming into contact with water, for it is impossible that they should exist in the black oxicarburet of potassium; neither of the two salts can bear anything like the temperature at which oxicarburet of potassium is formed, for carbonic oxide combines with potassium only at a very

strong red heat, whilst both these salts are destroyed by a feeble red heat.

Croconate of potass was first discovered accidentally upon the production of potassium by Brunner's method. Curaudau discovered that a mixture of carbonate of potass with charcoal yields potassium at a white heat. Brunner based upon this discovery a very simple method of producing potassium. He shewed that calcined tartar, (which is nothing but a mixture of carbonate of potass with charcoal,) placed, together with an additional quantity of charcoal, in a common flask of forge iron, (such, for instance, as the iron bottles in which mercury is brought over from America,) and exposed to a white heat, becomes decomposed into carbonic oxide gas and potassium. You know that all carbonates, without exception, undergo decomposition when heated to redness, together with an additional amount of charcoal; the charcoal newly added deprives the carbonic acid of half of its oxygen, reducing it to carbonic oxide, and likewise forming carbonic oxide with this oxygen. You can easily effect this decomposition by transmitting carbonic acid over red-hot fragments of charcoal contained in a gun-barrel.

$$\left.\begin{matrix} C\,O \\ O \end{matrix}\right\}\text{carbonic acid}\left.\begin{matrix} \\ \\ \end{matrix}\right\}\text{yield } C_2\,O_2 \text{ carbonic oxide.}$$
$$\left.\begin{matrix} \\ C \end{matrix}\right\}\text{carbon}\left.\begin{matrix} \\ \\ \end{matrix}\right\}$$

Carbonate of lime and carbonate of barytes are readily decomposed by charcoal at a red heat; all the carbonic acid escapes as carbonic oxide, and there remains a mixture of caustic lime, or caustic barytes, with charcoal.

A mixture of carbonate of potass with charcoal comports itself in a manner precisely analogous; when exposed to a strong red heat, it evolves a stream of carbonic oxide gas; this evolution ceases suddenly as soon as all the carbonic acid is decomposed. At this juncture—that is, the moment the evolution of carbonic oxide gas ceases—you have in the distilling vessel a mixture of oxide of potassium with charcoal, which, at a white heat, yields potassium. Gmelin observed, during this distillation, that the amount of gas evolved is inconsiderable; the potassium vapours are accompanied by a thick, grey vapour, which, received in tubes, upon cooling, deposits itself in the form of a grey powder; this powder consists simply of very pure oxicarburet of potassium, formed in the following manner:—The carbonic oxide, formed upon the reduction of the oxide of potassium, is not evolved as gas, but enters into combination with a certain amount of potassium, and is thus carried over, together with the potassium vapours.

Gmelin observed that this grey powder, when exposed to a moist atmosphere, assumes a tint almost akin to carmine red; he further observed that it dissolves in water, and upon concentrating its solution, he obtained croconate of potass, as I have stated above. It has subsequently been shewn that the solution of oxicarburet of potassium in cold water contains neither oxalate nor croconate of potass, but that these salts are products of the decomposition of another potass compound—viz., of the carmine red potass compound, which is formed upon the deliquescence of oxicarburet of potassium in the air. This solution contains an acid which forms with bases red or dark brown-red salts, mostly insoluble.

Heller denominated this acid Rhodizonic acid; he obtained it in a dry state, in the form of crystalline needles, of a metallic lustre, reflecting blue green. The composition of rhodizonic acid is still a matter of dispute. According to Heller, its composition would be expressed by the formula of $C_2\,O_3$; but Thaulow found that a solution of oxicarburet of potassium in water, if it has previously been freed, by means of strong alcohol, from all free potass and from the petroleum adhering to it, yields, with acetate of lead, a fine dark-red precipitate, composed as follows:—$C_7\,O_7 + 3$ Pb O. From this we may infer that $C_7\,O_7 + 3$ K O is the proper formula for the original potassium compound; this formula sufficiently explains the alteration which the solution of oxicarburet of potassium or of rhodizonate of potass undergoes upon boiling and evaporation. These operations give rise to the formation of croconate of potass and oxalate of potass, as already stated. According to Gmelin's, as well as to my own analysis,

Croconate of potass is $C_5\,O_4 + K\,O$
Oxalate of potass..... $C_2\,O_3 + K\,O$

Both together yield $C_7\,O_7 + 2\,K\,O$

From these facts we may conclude that oxicarburet of potassium contains three atoms of potassium to seven atoms of carbonic oxide; by the accession of three atoms of oxygen (which join the potassium) the oxicarburet of potassium is converted into rhodizonate of potass; finally, the seven atoms of carbonic oxide contain the elements of croconic acid and of oxalic acid. According to this, the rhodizonate of potass separates, upon heating, into croconate of potass, oxalate of potass, and one atom of free potass.

From the capacity of potassium to combine with carbonic oxide as well as from the composition of oxicarburet of potassium ($7\,C\,O + 3\,K$,) some useful rules may be derived for the production of potassium, as well as an explanation of certain phenomena which are observed during the process of production by this method, (i. e. by distilling a mixture of carbonate of potass and charcoal.) If this mixture of carbonate of potass and charcoal, from which it is intended to produce potassium by distillation, be very rapidly exposed to a strong white heat, no potassium is obtained; the receiver becomes filled with a black semi-fused mass, which, upon concussion or friction, inflames with vehement detonation. Now assuming this to be a mixture of three atoms of carbonate of potass with six atoms of carbon, we have in this substance the elements of nine atoms of carbonic oxide and three atoms of potassium,

$$3\,(C\,O_2 + K\,O) + 6\,C = 9\,C\,O + 3\,K,$$

and thus we have therein two atoms of carbonic oxide more than would be necessary to form oxicarburet of potassium with the three atoms of potassium. You will readily conceive, therefore, that if the heat applied is from the very beginning so strong as to enable the charcoal to reduce the potass simultaneously with the carbonic acid, a stream of carbonic oxide gas will pass over along with the potassium vapours, and this carbonic oxide and potassium will, in their passage to the receiver, combine, forming oxicarburet of potassium; but if a strong red heat only be applied for some time, until no further evolution of carbonic oxide gas is observed, there will no longer remain any carbonic acid in the residue, but a mixture of oxide of potassium with charcoal; or if we assume the charcoal to exist in combination with the oxygen of the oxide of potassium, a mixture of equal equivalents of carbonic oxide and potassium. Now,

If from 7 atoms of this mixture $= 7\,K\,O + 7\,C$, or $7\,K + 7\,C\,O$
we subtract the above given formula of
Oxicarburet of potassium ..... $3\,K + 7\,C\,O$

There remain ..... $4\,K$

The theory, according to this, is, that from seven atoms of oxide of potassium, only four atoms of potassium—that is, four-sevenths of this element—can be obtained by reduction with charcoal; the other three atoms of potassium pass over in combination with 7 C O as oxicarburet of potassium, in the form of a grey vapour; and this proportion corresponds, indeed, very nearly to that which has resulted from the experiments actually made in the production of potassium by this method. In the production of sodium by this method, we obtain all the sodium of the oxide of sodium, because sodium does not enter into combination with carbonic oxide under similar circumstances as potassium.

The crystallized croconate of potass contains two atoms of water, and is of an orange-yellow colour. Upon heating the salt, this water of crystallization escapes, and the salt assumes a lemon-yellow tint; heated to a degree approaching red heat, the salt loses its glow, with evolution of gas, and there remains a mixture of charcoal with carbonate of potass. A solution of this salt produces, in a feebly acidulated (by means of acetic acid) solution of barytes, a precipitate which changes into yellow shining scales; this is croconate of barytes; croconate of copper has a violet colour and metallic lustre. Croconic acid $C_5\,O_5 + H$, or $C_5\,O_4 + H\,O$, may be produced from croconate of potass by means of hydrofluosilisic acid; croconic acid is yellow, crystallizable, and possesses a strongly acid taste.

ON DISEASES OF THE HEART.

WITH CASES.

By JOHN W. TRIPE, Esq., Surgeon, London.

(Continued from p. 103.)

DILATATION.

CASE 8.—March 30, 1844. C. T——, aged twenty, of small size, and flabby muscular system, stated, that at the age of five she met with a fall, which caused an angular curvature of the spine, (three, four, and five dorsal vertebræ,) so that at present she is much deformed. Has not been troubled with rheumatism, or affected with any disease, except about six years ago, when she was attacked with inflammation of the lungs. About three years since, she first felt palpitation, which was increased by walking, especially up stairs; this was followed in a few months by constant dyspnœa, which was increased whenever fits of palpitation supervened.

She now complains of palpitation of a feeble character, dyspnœa, great languor and tendency to syncope, occasional headache, startings from her sleep, cough, with copious frothy expectoration, and has two or three times had hæmoptysis of dark-coloured blood.

Her face is congested; the cheeks have a circumscribed patch of red colour in each, which is caused by enlarged vessels, each (vessel) being separately distinguishable. The lower extremities are very cold, œdematous, and slightly painful; the pulse small, soft, and quick; skin dry; tongue furred; thirst increased; appetite diminished; bowels constipated; and urine high-coloured. The liver is enlarged, extending from a little below the sixth rib to the umbilicus; the external jugular veins exceedingly congested, having a decided impulse, which is not quite synchronous with the carotid arteries; and the fulness of the lower part of the vein does not disappear on pressure being applied to the upper. The thorax is much deformed, and its capacity much diminished. On examining the lungs, they were found œdematous, and their bronchial mucous membrane slightly inflamed in some parts—in others, the respiration was puerile. Of the heart: total dulness on percussion from the lower edge of the third rib to that of the seventh, and laterally from about one inch to the left of the nipple to three-quarters of an inch to the right of the sternum. The impulse is scarcely perceptible, and then only about one inch below, and half an inch to the left, of the nipple. The sound varies, according to where you listen. When the impulse is felt, the first sound is somewhat shorter, sharper, and clearer than natural, and the sound louder; but close to the sternum, the first sound is very sharp, short, and clear, closely resembling the second, which is slightly increased in intensity and clearness. Both sounds can be heard at any part of the thorax, and are unattended by any bruit.

Diagnosis.—Dilatation of both sides, especially the right. The indications are—α, the increased dulness on percussion; β, the diminution of impulse from the left, and total absence of it from the right ventricle; γ, the approximation in character of the first to the second sound, especially in the right side; δ, the great distance from the precordial region at which the sounds are audible. The turgescence of the external jugular veins, which does not disappear at the lower, on pressure being applied at the upper part of the vein, and the dark-coloured hæmoptysis, indicate dilatation of the right side. The pulsation of the veins also makes it probable that regurgitation occurs through the tricuspid valve, although no bruit is audible, which perhaps may be accounted for by the congested state of the right side.

Diet. — Meat twice a-day; two ounces of wine, sago, arrow-root, and no vegetables; half a grain of elaterium to be administered directly; and let her have fifteen drops of tincture of sesquichloride of iron, five drops of tincture of capsicum, and one ounce of simple infusion of gentian, every fourth hour.

The bronchitis, œdema, and turgescence of the countenance, became alleviated to a slight extent, but she died on the 25th April, 1844, rather suddenly.

Post Mortem.—The heart was exceedingly dilated, occupying a space from a line drawn perpendicularly one inch to the left of the nipple to nearly one inch to the right of the sternum, and from the upper edge of the third rib to the seventh. The walls of the left side were slightly thinner than normal, the ventricle being about half an inch thick, the auricle about a line and a half; and the cavity of both dilated. The walls of the right side were much thinned—at the thickest part about one-sixth of an inch, and at the apex scarcely thicker than brown paper; the cavity enormously dilated, and the auriculo-ventricular opening not more than half closed by the valves. The lungs were much compressed—upwards by the liver, laterally by the ribs, and backwards by the heart; the right-hand part of its centre solidified: and they were both œdematous.

Case 9.—May 2nd, 1844. Mrs. P——, aged 40, has had bronchitis, with slight emphysema, for some years past, (for which I have frequently attended her,) and latterly, palpitation of the heart. She is slightly swelled about the face, which is of a yellowish tint, with a purplish circumscribed patch on each cheek, and livid lips. Much cough and expectoration, (about a pint daily.) Œdema of the legs, with slight effusion into the peritoneal cavity. On local examination of the thorax, rhonchus sibilans and mucous crepitation are audible, with prolonged expiratory murmur, and increased sonoriety on percussion; diminished impulse of the heart, the apex striking near the sternum—the first sound greatly resembling the second, especially near the sternum—and fulness without impulse of the external jugular veins. She was treated by—decoction of senega-root and vinegar of squills, with pills of sulphate of iron, followed, in about a fortnight, by half to three-quarter grain doses of elaterium twice a-week, at the same time that the other treatment was continued. These means afforded great relief, so that on the 7th June the anasarca was entirely removed; the bronchitis, dilatation of jugular veins, and the local signs of dilatation, were much diminished.

Case 10.—August 9th, 1842. E. S——, aged 46, has had palpitation and dyspnœa as long as she remembers, and these symptoms have, for many years, been attended with a cough and occasional hæmoptysis. Lately, the palpitation and dyspnœa have much increased, and prevent her from taking exercise; has occasional headaches, of a dull, oppressive kind. The dulness on percussion is increased; the impulse weak but regular; the apex striking between the sixth and seventh ribs; the first sound, short, sharp, and clear, much resembling the second; the pulse 88, soft, weak, and regular. No distention of the jugular veins, but the lips and face are congested.

Remarks.—The cases instanced here may be considered as instances of simple dilatation—that is to say, of dilated cavities, with diminished thickness of the walls; for if they were of the normal density, at the same time that the cavities were amplified, they would in reality be hypertrophied also. All the cases occurred in females of lax muscular fibre; this is most commonly the case, as dilatation is caused by some permanent obstruction to the circulation, by which the ventricle is kept constantly distended; if the obstruction had happened in strong, healthy persons, the increased efforts of the heart might have led to hypertrophy, and thus partially overcome, instead of giving way to it. Thus we find it happens in persons leading sedentary lives—first, because their general health and muscles become impaired; and secondly, because the circulation is not aided by the other muscles of the body, and congestion of the heart therefore happens. In the first case, the girl was weakened by spinal disease, followed by inflammation of the lungs, which was treated by powerful antiphlogistic remedies; and the circulation through the lungs was impeded by the pressure of the liver and ribs on them, thus causing great distention of the air-cells, (shewn by the puerile respiration,) and consequent pressure on the capillaries of the pulmonary and bronchial arteries. In the second case, by emphysema of the lungs, which is, perhaps, the most common cause of dilatation of the right side.

The rapidity with which it produces death varies very considerably, depending chiefly on the complications, and partly on the rapidity, with which the disease is produced. Thus, in the first case, death occurred at an early period, in consequence of the general ill-health of the individual, though not before the disease had proceeded to a very great extent; in the second, relief was quickly afforded, as the patient was moderately strong, and the dilatation was not very great; and in the third, the patient remained in the same condition for years, the disease not being cured, but certainly not increasing, so that unless it be very extensive, we may promise a patient relief, if not cure. The mode of death also varies, occasionally happening by syncope, apoplexy, or pulmonary hæmorrhage; but more frequently through the continued congestion of the system, producing anasarca, &c., and preventing the formation of the secretions. In a case which happened about twelve months since, immense hæmorrhage occurred from the vagina, (and perhaps uterus,) consisting of black and fluid blood, which was passed by a continuous dribbling, to the extent of some quarts, and caused death in two days; the patient had never previously shewn any symptoms of the hæmorrhagic diathesis. On making a post mortem examination, dilatation of the right side was shewn, which had been previously diagnosed.

FRACTURE OF THE COSTAL CARTILAGES, AND RUPTURE OF THE VENA CAVA.

By Richard Pyper, Esq.,

Assistant-Surgeon 11th (Prince Albert's) Hussars.

H. P——, aged 25, a driver in the Royal Horse Artillery, on the 21st of June, 1844, was thrown from his horse, and two of the wheels of the gun-carriage passed over his body. When I saw him, about two minutes after the accident, he was lying on his left side, with his body in a bent position, using violent convulsive motions of the upper and lower extremities. The respiration was difficult and oppressed, and the countenance pallid. The pulse was quite imperceptible at the wrist, and the heart's action scarcely audible: he was insensible. I had him immediately moved to a short distance out of the way of the guns, and whilst being removed, the muscles of his trunk and extremities became completely rigid and fixed, as if all the voluntary muscles were affected by tonic spasm; there was no mark of injury of the head. From the nature of the accident, and the symptoms above detailed, it struck me that some internal viscus was injured, and that consequent extravasation of blood was taking place; so, to give the poor fellow what I conceived to be his only chance, I opened the jugular vein, which at first bled pretty freely, and for a time his breathing appeared more tranquil and easy; but the muscles became quite relaxed, and the heart's action gradually

slower, till it entirely ceased, and he died in about ten minutes from the time I first saw him. He lost about three ounces of blood from the jugular vein.

Examination of the body twenty hours after death.—There was no external mark of bruise or injury on any part of the body. On removing the integuments, a considerable quantity of blood was found effused under and at the lower border of the great pectoral muscle on the right side, and on removing the muscular parts, there was presented on the same side a fracture of the cartilages of the sixth, seventh, and eighth ribs. The cartilage of the sixth rib was fractured about half an inch from its costal articulation, and the cartilages of the seventh and eighth ribs, which are naturally united together, were fractured about midway between the ends of those ribs and the sternum. The ribs themselves were uninjured. The sternum was fractured just below its articulation with the cartilage of the fifth rib; and the lower portion of sternum, together with the portions of the cartilages of the sixth and seventh ribs attached to it, were very little, if at all depressed; in fact, the fascia covering the sternum anteriorly was quite free from laceration, but the costal pleura was found ruptured beneath the situation of the fractured cartilages. On opening the cavity of the thorax, the whole anterior portion of the lower lobe of the right lung presented a dark, livid appearance, and was greatly congested with blood. All the other parts of the lungs were quite free from injury. About two ounces of coagulated blood was found in the right pleural cavity, which appeared to come from that effused under the great pectoral muscle, for the pleura covering the bruised portion of lung was in no place lacerated. On opening the pericardium, it was found filled with fluid blood, which came from a laceration in the ascending vena cava, extending from the internal surface of the pericardium to the right auricle of the heart; the pericardium was not injured in the least, but greatly distended with the blood it contained. The heart was small and extremely hard, and all its cavities were contracted and quite empty. The liver was uninjured, and the gall-bladder empty. The spleen was ruptured on its convex surface, and about an ounce of blood was effused into the abdominal cavity. All the other viscera were uninjured.

Remarks.—The rupture of the vena cava might, in this instance, have been produced by a violent contraction of the heart suddenly arresting the return of blood to the right auricle, at the same time that the vein was being obstructed lower down. The vein was ruptured longitudinally; and in that situation it is well protected anteriorly by the lower lobe of the right lung and pericardium; and although that portion of lung was very much bruised, yet the pericardium was quite uninjured; also the empty state of the heart's cavities, and the contracted state of muscle itself, point out some unusually strong action of that organ previous to death. However, the immense force which must have been applied to cause a fracture of the yielding cartilages might have been sufficient of itself to have ruptured the vein when distended, though the fractured portion of sternum was very little, if at all, depressed; for Cruveilhier states, (Anatomie Descriptive,) that "La flexibilité des côtes et de leurs cartilages permittant une forte dépression sans fracture du sternum, on s'explique la possibilité de contusions et même de *dechirures* du cœur, des poumons, et *des gros vaisseaux*, sans fracture des os du thorax." Moreover, the great distensibility of the vein would lead one to doubt very much the possibility of its being ruptured by the heart's action *alone*.

The possibility of the cartilages of the ribs being fractured without previous ossification I find denied by Boyer; however, Mr. S. Cooper, in his "First Lines on Surgery," states, that "the cartilages in their natural state are sometimes ruptured." And this case fully bears out that opinion; for although I found a few points of ossific deposit on the cartilages, and these situated chiefly at their costal articulation, yet the places where the cartilages were fractured were quite translucent, and perfectly free from ossific matter.

This case is also interesting in pointing out the great extent of injury which may take place to internal organs without any external indication; for though there was fracture of the sternum, and of the cartilages of three ribs on the right side, yet so little was the displacement, that the fracture was not discovered until the integuments were removed, though a careful examination was made previously. Also, there was considerable extravasation of blood under the great pectoral muscle; yet the injury which caused this produced no marks of bruise on the corresponding integuments; perhaps the great outlet for the blood, (viz., the fissure in the vena cava,) and the short time that elapsed between the receipt of the injury and the death of the patient, might in some way account for this want of bruise.

Portobello Barracks, Sept. 2, 1844.

ON THE SUCCESSFUL TREATMENT OF CONICAL CORNEA.

By F. B. Gervis, Esq., Surgeon, Tiverton.

In the Dublin Journal of Medical Science, vol. xxiv., there is a very elaborate paper, by Dr. Pickford, on conical cornea, written with great ability, and indicating a knowledge of that peculiar form of disease, to remove which has baffled the efforts of the most learned men of our profession. As my attention has been directed to this subject from reading the essay in question, I feel it incumbent on me to give a statement of a case of conical cornea which fell under my care about three years since. A young woman, twenty-five years of age, applied to me for defective vision of the right eye, occasioned by conical cornea. The cornea, as usual in such cases, was prolonged, (not opaque,) presenting an appearance as if a crystal projected from its centre, which, by the refraction of the rays of light, deprived her of sight, except in a modified degree, when looking at objects in a lateral direction, and then most imperfectly. She stated that the complaint had existed for two years, and that she had been a year and a half under medical treatment without any amelioration of her symptoms. The left eye was also slightly affected, with a disposition of the cornea assuming a similar appearance, accompanied with much lachrymation. At the time I saw this patient, she was decidedly debilitated by the use of mercury, which appears to have been used very freely, without the slightest advantage. As it was the first case I had ever seen, and as my attention had not been called to this form of corneal disease, I acted on my own judgment, without reference to the opinions of any author on diseases of the eye. I began by applying a blister to the temple, dressing it with the savine and cantharides ointment, mixed; and in order to restore her general health, I gave her carbonate of iron, in large doses, for two months, twice a-day, and the compound galbanum pill, in conjunction with the use of port wine and a generous diet. With a view of breaking up the laminæ of the projecting cornea, and to promote absorption of what I considered its thickened structure, or hypertrophy, I punctured it several times with a couching needle, and about three times a-week applied to the conical surface the argent. nit., making a sweep across it; the puncturing with the needle produced some opacity of the globular shaped projection, just as is seen after severe inflammation of the cornea. I then applied the ungt. hydrarg. nit. oxyd. daily to the eyelid, with marked success; and by perseverance with these combined means, I completely succeeded, within three months, in gaining my object—the restoration of her sight; and the cornea assumed its normal appearance. I have seen the young woman since the cure was completed; she continues perfectly well, and has returned to her employment without the least injury to her sight. The case made a great impression on my mind, as I cannot forget with what difficulty she came into my surgery, from her imperfect vision, and how completely her sight was restored. In the plan I adopted—the use of wine and iron—I acted on the principle laid down by Dr. Pickford, that whatever would restore the healthy functions of the nerves, or increase the energy of the nervous system, so as to enable the capillaries to resume their healthy action, would give a check to the disease. Dr. Pickford's opinion of the origin of this form of diseased structure is, that it depends upon some faulty action of the absorbent vessels and nutrient capillaries of the cornea itself, induced by the debility of the nerves of the part; this is a question I cannot decide, much doubt, I believe, still remaining as to the origin of this singular disease.

In a recent case of conical cornea, with opacity, in a young woman, the complaint had existed in both eyes nearly two years; vision was almost extinct in the right eye, so that she could not see my countenance, or discern any object fronting her, and but slightly in a lateral direction; there was considerable thickening of both lids, with inflammation, and my opinion was, that the constant pressure of the thickened lids on the eyeballs had occasioned the corneal projection, by preventing a free return of blood from the eyes. I applied the argent. nit. freely to the lids, and succeeded in removing the vascularity, with their thickened structure. I blistered both temples, and, as in the former case, dressed with savine and cantharides ointment, and then punctured the projection of the right cornea; she was also directed to apply the ungt. hydr. nitr. oxyd. to the eyelids every night. I then resolved to put Dr. Pickford's plan into practice, and gave her for six weeks twenty-five grains of sulphate of zinc, with half an ounce of sulphate of magnesia, every other morning before breakfast; the sickness produced by the emetic was violent at first, but less distressing subsequently. These combined remedies, with the daily use, latterly, of the tincture of iodine brushed over the right eyelid, succeeded in restoring the sight to

a very great degree. The left eye is quite cured, and my opinion is, that it would have assumed a very serious change of structure, had I not taken vigorous measures at once to cut short the incipient disease. With the right eye she can distinctly recognise my countenance, which she was wholly unable to do previously. There is now a prospect of a successful termination of the slight remains of the projecting cornea, by the occasional use of the argent. nit. in its pure form to the surface.

I am of opinion that the repeated application of the argent. nit. to the cornea should be steadily persevered in for some time, as it acts as a direct stimulant to the absorbents, increasing their power of action, to take up the thickened structure of the anterior laminæ of the cornea. It is well known how the application of this caustic to opacities of the cornea of long standing will operate in removing the organized deposit; and if it prove so successful in obstinate cases, not to be reached by the use of mercury, the inference is, that it may prove a most valuable agent in controlling and subduing this local disease. It was of most decided service in the first case, where I tried it very steadily for some time.

Tiverton, August 6, 1844.

THE DISCOVERY OF URIC OXIDE IN GUANO.—METHOD OF OBTAINING HIPPURIC ACID FROM HUMAN URINE.

By L. M.

As Unger's discovery of uric oxide in guano will probably lead to a repetition of his experiments by many of the readers of THE LANCET, it may not be deemed out of place to give a brief summary of what is already known on the subject, as a guide for future experiments.

There is an error in the assertion, that there are only two recorded cases of uric oxide. In addition to the two quoted cases, there is one recorded by Langier, and another, a few months ago, by Professor Dulk, of Konigsberg, who has reported the case, and stated the various steps of his analysis in one of the leading German periodicals.

The usual rule for obtaining the substance is to dissolve the calculus in a solution of potash, and then to precipitate it from this solution, after filtration, by means of a continuous stream of carbonic acid. The same method may be adopted with the guano.

When freshly precipitated, it constitutes a white, uncrystalline powder, which, after drying, becomes of a pale-yellow colour, hard, and assumes a waxy appearance on being rubbed. It is only very slightly soluble in water, and not at all in alcohol or ether; it is perfectly neutral, and when heated it decomposes without previously fusing.

Its composition is expressed by the formula $C_{10}\ H_4\ N_4\ O_6$.

Now as uric acid is represented by the formula $C_{10}\ H_4\ N_4\ O_6$ it is clear that uric oxide differs from uric acid simply in containing two atoms less of oxygen. They may consequently be regarded as compounds of the same radical, in different stages of oxidation.

Uric oxide exhibits no fixed attachment to bases; the compounds of this nature that it does form are readily decomposed, and in this respect it is very different from uric acid. It dissolves in ammonia more readily than uric acid: the evaporation of this solution yields a yellow foliated mass, which contains only a very small quantity of ammonia: hence it is that the addition of hydrochlorate of ammonia to a solution of uric oxide in potash, causes little or no precipitate till the ammonia has evaporated. One important point of distinction between uric oxide and uric acid is founded on the difference of the precipitates which are thrown down from their potash-solutions by carbonic acid. The uric oxide is thrown down as *a powder*, and does not contain a trace of potash: the uric acid affords a *gelatinous* precipitate composed of neutral urate of potash.

Liebig and Wöhler assert that uric oxide is soluble in hot nitric acid without any development of gas. Dulk, in his recent paper, grants the solubility, but states that there was a decided evolution of gas, not only in his own case, but also in pure uric oxide. (He refers probably to a specimen in his possession from Stromyer's case.) Uric oxide is said to dissolve more slowly than uric acid, in nitric acid: on carefully evaporating this solution, we obtain an orange-coloured residue, which is not reddened by the vapour of ammonia. Dulk found that by evaporating this yellow residue, adding more nitric acid, again evaporating, and so on, he could change the colour to a much deeper tint. His object in this experiment was to oxidize it, and convert it into uric acid. After this thick yellow residue had stood for some days in a watch-glass, small, hard, transparent crystals appeared, and then the portion which remained fluid gave beautiful blood-red colour when heated on a platina spatula, over a spirit-lamp. The same change from yellow to red was found to occur spontaneously without the aid of heat in the course of some days, free access of air being permitted. Hence it would seem that by the prolonged influence of nitric acid on uric oxide, uric acid was finally obtained. The minute crystals to which we have adverted are considered by Dulk to consist of *alloxantia*. They communicated a reddish tinge to cold water, and became of a yellow colour. They dissolved perfectly in boiling water; and on the addition of ammonia to the hot concentrated solution, a red colour was evolved, which disappeared on cooling. On mixing a little of the solution in a very concentrated state with nitric acid, and then adding ammonia, a green salt separated itself. Whatever these crystals are, they are well worthy of being again sought for, and submitted to ultimate analysis. Uric oxide dissolves in sulphuric acid with a yellow colour, and is not precipitated on the addition of water. Uric acid, on the contrary, is precipitated under these conditions.

Unger seems to regard its solubility in hydrochloric acid as a discovery. In page 54 of Hoskins' "Translation of Scharling's Essay on Calculi," we find that "it is likewise soluble in hydrochloric and oxalic acids." Most chemists, however, are compelled to adopt Liebig and Woehler's statements regarding this substance, since they have not the means of repeating their experiments. They assert, and their opinion is apparently adopted without hesitation by Berzelius, Lehmann, and others, that uric oxide is *very slightly* soluble in these acids.

We have already shewn that Dulk conceives that he has obtained uric acid from uric oxide. The attempt has also been made to obtain uric oxide from uric acid by a process of deoxidation, but hitherto without success.

In concluding these unconnected remarks, I would observe, that whenever uric oxide and uric acid exist together—and it is by no means improbable that they are simultaneously present in occasional forms of urinary sediments,—the best method of separating them consists in the execution of the plan which has been already given for obtaining uric oxide. The sediment must be dissolved in a solution of potash and carbonic acid passed through it: the process is founded on our knowledge of the fact that uric acid is soluble in a dilute solution of carbonate of potash, but uric oxide is insoluble in it.

L. M.

P. S.—I may take this opportunity of mentioning a plan for obtaining hippuric acid from human urine, which in many respects is preferable to those of Liebig and Dr. Golding Bird. Evaporate the urine till the salts spontaneously deposit themselves. Add strong alcohol, and place the mixture in a stoppered bottle. With the aid of gentle heat (for instance, by placing the bottle in warm water) we ensure the solution of urea, the lactates, and hippurates in the alcohol, while uric acid, which is the constituent most likely to interfere with our proceedings, remains with the insoluble constituents. When the supernatant fluid is perfectly clear, it must be decanted, evaporated very nearly to dryness, and re-dissolved in hot water. If a stream of chlorine be passed through the aqueous solution, the urea is destroyed, and by gradual concentration, and the addition of a little free mineral acid, we obtain crystals of hippuric acid.

MIDWIVES' MIDWIFERY.

NO. III.

By T. LITCHFIELD, Esq., Surgeon, Twickenham.

ABOUT four years ago I was sent for to a patient who had been under the charge of a midwife during the night. I was not well at the time, and requested my pupil, then just leaving me, to see what the case was. He came back hurriedly, and said he thought the woman was dying, and that he had made no examination, seeing the very alarming condition she was in, and hearing there was no hæmorrhage. I need hardly say I went immediately, and found the poor creature sinking—in fact, she gasped once only as I entered the room, and then died! I turned aside the bedclothes, and soon discovered the cause of death. The midwife had found difficulty in extracting the placenta, and the funis being thick and strong, she pulled lustily at it, and turned the uterus inside out, as the women in waiting said. The placenta was attached pretty firmly, and the deceased woman being subject to prolapsus of the organ, was unable to stand the lugging and force used. This is case No. 1 in my practice. Now for case No. 2.

A deformed woman, with the pelvis opening much contracted, requested my attendance during labour. I consented to visit her then, and told her mother, *privately*, that it would be necessary to deliver her at the seventh month. This was done safely, and a second time my attendance was desired, and with the same result. Both the children, however, were dead, and I was compelled to adopt craniotomy, for space was fearfully small. A third preg-

nancy occurred, and some "goodnatured friend or another" (School for Scandal) advised her to have a midwife, who promised her a living child at the *full* period! This was something, and naturally filled the poor ignorant woman and her friends with a degree of confidence. I heard what was to be done, and guessed pretty correctly the result, which was terrible! For fifty hours the poor wretched creature was in strong labour, and I heard that the uterine contractions were fearful. I was sent for hurriedly, and found the woman dead; the womb had yielded, and the full-sized fœtus I found was cast amidst the intestines. Nothing else could have been expected, and the midwife never after practised here; but where she went, I know not. Heaven knows that the best informed practitioner, and whose experience has been extensive, is frequently perplexed to know what to do in difficult cases of parturition. His anatomical knowledge, although it gives him confidence, yet makes him cautious in dealing with his patients. The ignorant pretender, however, rushes headlong onward, and the "finis coronat opus" usually is —death! More anon.

October 7, 1844.

ON ALBUMINURIA; ITS EXISTENCE DURING PUERPERAL CONVULSIONS; ITS PATHOLOGY.

By G. Ross, Esq., Surgeon, Kennington.

I PERCEIVE by a recent Number of THE LANCET, that Dr. Lever has lately published some interesting observations on the co-existence of albuminuria and puerperal convulsions. I beg to inquire of that gentleman, through your columns—First, whether, and for how long a period, albumen was discoverable in the urine prior to the convulsions?—Secondly, whether in all, or in how many, of these cases, œdema existed; and what was the particular state of the skin? Thirdly, whether disease of the heart was detected in any of these cases?

I am sensible of putting questions that may not have occurred to the mind of the observer at the time of treating his cases; but until these questions are put and answered, it appears to me that the connexion of albuminuria with puerperal convulsions must remain obscured.

I have already published my own conviction, derived from observation, that albuminuria is, in nearly all cases, dependent on disorder of the functions of the skin; and I apprehend that the conditions of albuminuria during puerperal convulsions will tend to illustrate and establish this position. For example: in Mr. Crisp's case of puerperal convulsions attended with albuminuria, described before the Medical Society, and reported in last week's LANCET, "an œdematous condition of the face and upper extremities" is expressly noticed. Was there not also, *a fortiori*, disease of heart? In another case, recorded by Dr. Bree, (LANCET, No. 9, vol. i. 1844,) the patient is described as being "generally œdematous." (Disease of heart?*)

These remarks are intended to be merely suggestive, and to direct inquiries to the general principle that may lie at the bottom of these various manifestations of albuminuria. It does not appear that albuminuria is an essential symptom of puerperal convulsions, for Dr. Lever himself, on the authority of Drs. Waller and Ramsbotham, has stated two instances of this dissociation. Albuminuria, therefore, although a frequent symptom, is simply a coincidence.

Now, as albuminuria is commonly an effect of disease of the heart, and as such disease may exist without inducing albuminuria as a necessary consequence, it behoves us to inquire what share disease of the heart may have in the causation of puerperal convulsions. Supposing the heart to be diseased, no one would be surprised that the laborious efforts of parturition should induce general convulsions, or even that the pressure of the gravid uterus upon the great vessels should give rise to the same effects.

If any practitioner can give me information on the points herein contained, I shall be obliged.

Note.—At the last meeting of the London Medical Society, Dr. Williams referred to my views of albuminuria, and stated positively that they were not correct. Although no dialectician myself, yet I have seen enough of the adroitness of practised debating to be aware that nothing is so easy as to seize upon a few of the salient points of any complicated argument, and by a little sharpening of the wit, convert them into powerful weapons of offence. Dr. Williams seems to have given my views only a partial consideration, or he could not so hastily and dogmatically have pronounced his dissent.

Dr. Williams said I had affirmed "that the presence of albumen in the urine was attended by a dry state of the skin:" and again, the doctor says, "that albumen was often found in the urine when the skin was perfectly moist"—a statement in which Dr. T. Thompson and Dr. Rees coincided.

My statement runs thus:—"When the skin was dry, and the anasarca mounted to the hips, coagulable urine would be certainly found," &c.; and this position I will maintain at any time and place. I have never said that mere moisture of the skin was a preventive of albuminuria. I, as well as other gentlemen, have seen a certain amount of albumen in the urine when the *upper part of the body* has been bathed in perspiration; but when the effusion under the skin has covered a greater extent, and the functions of this organ have been, consequently, more interfered with, I have found the amount of albumen proportionably to increase. I have not yet been so unphilosophic as to make an unconditional statement respecting a disease so full of contrarieties. I take it for granted that when the cellular tissue is loaded with serum, the functions of the skin will be arrested to that extent, and if any gentleman can shew me a case to the contrary, I will, with pleasure, journey ten miles to see it.

Let the objectors to this doctrine adduce satisfactory cases against my positions, and I will abandon them without a regret. My aim is, the development of facts and the establishment of truth.

Meanwhile, as this is a most important doctrine, and it might be prejudiced by dogmatic remarks at an influential debating society, I will at any time state my views personally to the members of the society, and be ready to meet any objections that may be offered. This demand is made in the spirit of fair play. Will they refuse it?

October, 1844.

* The case detailed by Mr. Rose, of Swaffham, (LANCET, No. 21, vol. i. 1843-1844,) was also "universally anasarcous." These are the only cases that, at present, I have the opportunity of referring to, but they remarkably illustrate my views of albuminuria.

THE LANCET.

LONDON: SATURDAY, OCT. 26, 1844.

THE Government has no right to require that the subject of MEDICAL REFORM shall be argued, or considered, as *an abstract question.*

Whilst introducing THE BILL to the notice of the House of Commons, the HOME SECRETARY appeared studiously to refrain from noticing the protection which the law affords to the members of *other* professions in this country; and it did not seem to be convenient to him to refer to any of the advantages which had sprung out of the penal provisions of the Statute of 1815—the APOTHECARIES' ACT. In pursuing this discussion, *we* shall not adopt the course which *the Government* has marked out. (In referring to the "Government" and the "Home Secretary," of course we allude to them as *identical* authorities.) But whatever aids the cause of medical polity *can* derive from collateral and incidental illustrations, we are determined that it *shall* receive,—so far, that is, as it may be in our capacity to supply them.

We have ascertained, with feelings of great satisfaction, that the clauses which we quoted in the last LANCET from the ATTORNIES AND SOLICITORS' ACT, (passed into a law in the Session of 1843,) have been read by medical practitioners with sensations of *astonishment.* When the question is asked, "Ought the *medical* profession to receive the protection of *the law?*" the public may possibly infer that to *no other* profession has such a protection been given. But if it be indisputably demonstrated, by the specified sections of an Act of Parliament, that such a protection *has* been awarded to *another* profession, and does actually exist, the question derives immense support when such an illustration is produced in the argument on behalf of a similar protection to medicine. As we have stated, however, our medical brethren have been stricken with astonishment, on perusing the sections of the ATTORNIES AND SOLICITORS' ACT which we printed last week, (page 106.) When the Government proposition with regard to *Medicine* is considered, the provisions which are contained in those clauses against unqualified practitioners in *the law*, are, indeed, amply sufficient to excite in the minds of the medical practitioners of this country the strongest feelings of indignation. They may, indeed, well feel *indignant* at being

coolly informed, that whereas any person who may dare to practise as a solicitor, or an attorney, in any action, suit, or cause, of however unimportant or trifling a nature it may be, shall be held to have committed a "CONTEMPT OF THE COURT" in which it is brought, and shall be liable to be committed to the county gaol, by the presiding Judge, for the term of one year; and, also, told that any regularly-admitted attorney, or solicitor, who may act as the *agent* for any such unqualified person, shall, for so offending, be peremptorily *struck off the roll, and for ever after disabled from practising as an attorney or solicitor*, —and then to hear it declared by the same high authority, that the unqualified practitioner in *medicine* shall not be subjected to *any* punishment, even if he undertake to discharge the most important and responsible duties connected with medical practice.

How, we inquire, are these opposite states of the law to be justified by argument? If the proceedings of the Government with reference to the legal profession be *just* and *wise*, how can the proposal of the minister with reference to the medical profession be defended? The latter will hardly contend that the smallest amounts of *property* are of more value than *life* and *health*. Yet to such an extremity must he be driven if he maintain that the *conservative* system with reference to *law*, and the *destructive* system with regard to *medicine*, are *both* sound schemes, and suited to the wants and condition of the community.

Have medical practitioners *complained* of the protection which is given to members of the legal profession in the statute from which we quoted in our last number? Certainly not; for the very obvious reason that such a protection is not simply a *professional*, but is also a *public* advantage. Whilst it shields men of respectability and character from the intrusion of an odious gang of impostors into their ranks, that protection guards society from being deceived and plundered by individuals whom the law holds not to be qualified to perform certain duties which those individuals undertake to execute.

But is the protection which has been given to the profession of the law something *new* in principle or in practice? Is the necessity for it a modern discovery,—a provision which, for the first time, was put on its trial in August, 1843? Certainly not. So far is the principle from being new, that it is found prevailing in the provisions of several enactments, commencing so long back as the reign of EDWARD II., and it has been modified and extended, from time to time, until it was carried out in the full stringency which distinguished it in the Act of the last session of parliament. The frauds which had been committed at various times by the unprincipled miscreants who frequented the avenues of the different courts of law, always on the prowl in search of unsuspecting and stupid clients, induced the judges themselves to interfere, with a view to give the public greater protection against such harpies; and the Government prudently and wisely enacted the clauses which we have already quoted from the 6th and 7th VICTORIA, cap. 73. The conduct of the Government, with reference to the protective measure for the members of the legal profession, received the cordial sanction and support of all parties in both Houses of Parliament. There was not a motion made in opposition to the Bill. The soundness of principle of the measure was not for a moment questioned or disputed. The then existing law was found to be insufficient for the purpose. Hundreds of poor creatures had been defrauded of their shillings and pence by numbers of LAW QUACKS,—vagabonds who assumed to be the qualified members of an honourable profession,—their unsuspecting victims discovering, when too late, the impositions which had been practised upon them. What was to be done? It was admitted that the law ought to take a wider range, and be more certain and severe in its operation against such impostors. Hence, the judges were armed with the arbitrary power of *committing to gaol*, for "CONTEMPT," any person who should dare to practise as a solicitor or an attorney, in any cause or suit, without being *duly qualified*; and, further, it was directed, that "any attorney "or solicitor, acting as the agent in any action or suit, and for "the profit of any unqualified person, should be *struck off the roll*, "and for ever after *disabled from practising as an attorney or soli-* "*citor*." With such force does this law affect the qualified practitioner for knowingly acting even as the *agent* of the unqualified person, that he is at once reduced to the condition of an outcast from his profession, his station and respectability are forfeited, and the sources of his professional income are utterly and for ever annihilated. We refer our readers to the terms of the first of the three clauses which we cited in the last LANCET. Anything more effectual for the intended purpose could not have been framed. The Court being satisfied with the proof that the agent had acted as described, or even "permitted or suffered his "name to be any-ways made use of upon the account, or for the "profit, of any unqualified person," the offender's name is struck off the roll, and he is disabled from ever again practising as an attorney or a solicitor, by the provisions of the Act. If the judge admit the sufficiency of the proof, these frightful penalties are ordained by the Act itself, and cannot be diminished at the discretion of that functionary. The words of the statute are imperative. The suit in which the parties were engaged might not have related to a matter or thing of the value even of twenty shillings. Some question, simply of fancied right, may have been involved in the cause, possessing no appreciable value in coin; nevertheless, the penalties to which the unqualified practitioner singly, or he and his qualified agent together, are subjected, become equally and terribly inevitable.

Yet—monstrous folly! mysterious inconsistency!—although an unqualified practitioner *at law*, and his agent, are to receive the dreadful visitations that we have described, the unqualified practitioner in *medicine*, the destroyer of health and life,—remorseless swindler, moreover, as he is,—may exercise, according to the proposal of the HOME SECRETARY, his infamous functions with *the sanction* of the law, seeing that there is to be *no* statute to subject *him* to punishment!

Practically, then, if the Medical Bill of the Government is to become a chapter amongst our imperial enactments, how might it work in connexion with the 6th and 7th of VICTORIA, cap. 73—the Act for the protection of the *legal* profession?

Two or three cases may be given in illustration:—

Mr. NOODLE, a tradesman, applies to Mr. RHUBARB, a chemist and druggist, for advice. Mr. NOODLE has pain in the chest, attended with a slight difficulty of breathing. His pain is aggravated after taking a meal; it is sometimes lancinating. The Grahamized medical adviser supposes the pain to proceed from "spasm or cramp of the stomach," and administers opiates, at the same time recommending a plentiful supply of wine and brandy. At the expiration of three days, Mr. RHUBARB applies to a regularly-qualified physician, solicits *his* aid, and turns over the case to *him*, stipulating for a *per-centage upon the fees*. The qualified practitioner visits the patient, but is too late. The malady is pneumonia. The quack, throughout, by giving stimulants, was adding fuel to fire. At the end of twelve days, the father of an infant family, depending on him for support, is in his coffin, and the grave quickly receives one of its thousands of victims of—"THE NEW MEDICAL LAW."

Would any measure of punishment be inflicted by our statutes on the unqualified medical practitioner? Does there even now exist any law to punish the regularly-qualified physician, or surgeon, who may act as the *agent* of such unqualified practitioner? There is none.

Turn, now, to the *legal profession*, and see how the case stands there:—

Mr. SIMPLETON applies to Mr. PARCHMENT, a LAW STATIONER, and solicits his advice in a case of trespass. Mr. PARCHMENT enjoins silence on the part of his client, and undertakes to issue process. He does issue process; and then, finding that the cause is likely to be one of difficulty, he applies to Mr. SCREWEM,

a regularly-admitted attorney, transfers it to *him*, and stipulates for *a share of the profits*. After the trial, it is proved, to the satisfaction of the presiding judge, that Mr. PARCHMENT, an *unqualified* person, issued the process in the suit. It is also proved that, subsequently, Mr. SCREWEM—he being a regularly-admitted attorney—had knowingly acted as the *agent* of such unqualified person. How stand these parties with respect to the provisions of the 6th and 7th VICTORIA, and the authority of the Court? PARCHMENT is arbitrarily sentenced, by the judge, to twelve months' imprisonment in the common gaol of the county, and SCREWEM is imperatively—*by the mere operation of the statute*—henceforth struck off the roll, and for ever after disabled from acting as an attorney or a solicitor.

From these illustrations—and we presume that they are not inapt ones—the medical profession of this country will learn what a mighty protection the legislature has thrown over the *legal* profession, and to what a wretchedly helpless condition the general practitioners of this country will be reduced if the measure that we are considering ever becomes a law. Why are the two professions so differently regarded by the ministers of the Crown? The members of the *legal* profession asked for more protection. The executive replied—*by giving it to them*. The members of the *medical* profession asked for more protection. The executive Government has answered—*by destroying that which they already possessed!* Yet, at *some* of the medical meetings—STRANGE INFATUATION!—certain of the speakers have "hailed with satisfaction, THE INTERPOSITION OF THE "GOVERNMENT IN MEDICAL AFFAIRS!" A frog, with equal propriety, might be pleased with the slavering attentions of a serpent before being swallowed alive.

We must again refer to the acting of the *qualified* attorney as the agent of the *unqualified* law-quack. The *whole cause* may have been conducted by a qualified legal practitioner, every step in the proceeding correctly taken, all the charges customary and just, yet, because, according to the provisions of the statute, an *unqualified* person—the quack *at law*—has been permitted to share the profits, because *any portion* of those profits has been permitted to enter *any other pocket* than that of the *regular* practitioner, the name of the agent, although that of a regularly-admitted person, is prevented, by the statute, from again appearing on the roll, and the culprit is thenceforth disabled from ever again practising as an attorney or a solicitor. A more severe interdict, a more pungent penalty, could scarcely have been devised. The humane feelings of the judge cannot interpose for the protection of the guilty party,—cannot afford him the slightest mitigation of the fearful punishment which the Act inflicts. The law is peremptory, decisive, and the guilty individual is struck with a fatal force. His professional standing is annihilated, and he and his family are at once reduced, possibly, to a state of the utmost destitution.

What is there resembling this power of the law in the *medical* policy of this country? Nothing. Nay, the medical profession of England being in possession of a slight statutory safeguard against unqualified practitioners of medicine, the HOME SECRETARY—at a time when Parliament is beset with numerous petitions praying for *more protection*—actually seizes that only shield of the profession, casts it to the earth, and, somewhat insultingly, tramples it under his feet!

Hundreds of illustrations, in proof of the evils and absurdities arising from affording, by law, adequate protection to one important profession, and withholding it entirely from another, might be adduced; but there is no necessity for wearying our readers with accumulated proofs on such a subject. We may, however, be excused for referring to two suppositious trials in our courts of law, and then noticing two frightful cases of *mala-praxis*, one of which has recently formed a portion of the medical annals of this country. A reference to the last-mentioned cases will be sufficient to satisfy the most sceptical mind that conjecture has not been carried beyond the bounds of probability in the following prophetic sketches, as being examples of what may occur not five years hence, if the Bill of Sir JAMES GRAHAM should, unhappily, be enacted into a law:—

SUMMER ASSIZES, KINGSTON, SURREY.

JULY, 1848.

Before the Right Hon. Lord DENMAN.

William Mitchell was indicted for the wilful murder of *Michael Jones*.

Mr. JAMES GRAHAM (son of SIR JAMES) stated the case for the prosecution. The learned counsel performed his task with moderation, ability, and the utmost impartiality with regard to the prisoner, saying that he should offer no observation in aggravation of his conduct. The facts of the case he believed would be clearly established, and were undeniable. He should prove, that the wound was inflicted by the prisoner, prompted by malice aforethought, and that it was the cause of death. The first medical witness that he should call to prove the latter fact, was not one whom some persons might denominate a "regularly-qualified practitioner;" he had not received a diploma from any university or college, but he believed that he was a very skilful, practical man, and he had been assisted in his treatment by another professional man, living in the same village, having an extensive business as a physician, and who, much to his credit,—out of pure feelings of benevolence, and the most disinterested motives in behalf of the persons living in his locality,—supplied drugs and medicines, by retail, to all classes of customers; thus, although he practised as a physician, he refused to turn the widow, with her mite, from his door. He knew perfectly well that that eminent gentleman might be styled "a chemist and druggist," or a druggist and grocer, or, possibly, a druggist and huckster, by the learned counsel for the prisoner, and that the very skilful surgeon who had acted in this case, without a diploma, might be stigmatized as a village barber, or shaver; but he (Mr. J. G.) rejoiced to say that those useless excrescences, medical titles, diplomas, and licences, and that absurd ceremony called a "medical education," had been exposed and repudiated by modern statesmen. Although certain individuals, who had more wealth than wit, still resorted to the colleges and universities, and there obtained a species of factitious distinction by paying dearly for worthless pieces of parchment, yet such practitioners as Mr. SHARPSET and Dr. CHAMOMILE, whom he should call as witnesses for the prosecution, required no such extraneous aids to establish their reputation with the community; moreover, happily, all men in this country now enjoyed the right, at common law, to practise medicine; and the public also possessed the common-law right and vast advantage of being enabled to select from amongst the best qualified of the professors of medicine those individuals whom they believed were most entitled to their confidence. The system of registration that had been adopted under the new Medical Act did not interfere with these rights of the public. That was rather an aristocratic arrangement than anything else, and one which had been adopted at the recommendation of the heads of certain colleges. Therefore there were now two classes of medical practitioners in this country, the *registered* and the *unregistered*; the first had received a collegiate education, the second had not; but the last-named had learned the nature of disease at the bed-sides of the sick, and had acquired their knowledge from a careful study of the book of nature. That class, he boldly stated, was rapidly gaining the esteem and confidence of the public; and, amongst the unregistered members of the profession, Dr. CHAMOMILE and Mr. SHARPSET were not the least respectable or the least competent practitioners. The learned judge would inform the jury of the happy alteration in the state of the law, and that the evidence of his medical witnesses would probably be entitled to the greater weight, owing to their minds not having been adulterated by the false doctrines which had obtained so much influence in the hospitals and schools.

Lord DENMAN, (smiling.)—I doubt that, brother GRAHAM.

Mr. GRAHAM.—I hope not, my lord. He had already stated that he did not wish to make any observation which might press with undue weight on the minds of the jury, as respected the condition of the prisoner; but it was a very deplorable catastrophe. The deceased was a married man, the father of nine children, the eldest not more than thirteen years of age — the whole of whom were entirely dependent on his exertions for support, and by his death were reduced to extreme destitution.

The learned counsel then called several witnesses, who proved the leading facts as they had been stated. Reciprocal threats between the deceased and the prisoner were proved to have passed, and also that the deceased had been stabbed by the prisoner in the left thigh, and had died fourteen hours after the infliction of the wound.

Mrs. DOWNY, (examined.)—I go out as a nurse, sometimes. I was sent for to the deceased. I went momently. Mr. SHARPSET met me at the top of the stairs. He was all flustersome, and says—" Fetch—fetch Dr. CHAMOMILE!" I runs for him 'mejently. Dr. CHAMOMILE calls out, "SHARPSET, what's the matter?"—Mr. SHARPSET answers, " Not quite sartin, but thinks it's in the jiglar!" The cut was about the middle of the thigh, and perhaps an inch long. Some blood was running from him. Mr. SHARPSET said, he'd soon find out the wessel as it come from. He asked for a skiver, to examine the wound, and put in the end, and turned it about all manners of ways. The skiver slipped a bit, and then some blood spirted right up in his eye. That instant he pulled out the skiver and put in his thumb, and Dr. CHAMOMILE says, " SHARPSET, what d'ye call that?" " Oh, it's the jiglar; must cork 'en, or plug 'en with tow, and plaster or bandage 'en up." Then Dr. CHAMOMILE said something about a *female arter-he*, which I don't mind. Tow was then put in the wound, plasters was put on, and fillets was tied round tight; but the blood keeped coming out underneath, in three or four places, and Dr. CHAMOMILE said he would give some *typpics*, and he went home, and brought back some powders and bottle-stuff. The blood keeped on a'flowing, and poor JONES growed very faint and troublesome, and the doctors told me and his wife that if he should faint we should sit 'en up in bed, and so we did, but it done him no good, for when we laid en back again he was gone. That was at twelve o'clock. Knew that he was dead, as she had seen death several times afore with the same doctors.

Cross-examined by Mr. HUNTER.—When you first went into the room, was JONES faint?—Not a bit.

Was there much blood about the place?—A matter of a tea-cup full, may be.

Was any running from the wound at that time?—A little, running over the skin.

What colour?—Very dark; a'most black.

Did Mr. SHARPSET put the pointed end of the skewer into the wound?—Yes.

Did more blood come then?—Yes, but it didn't run down the thigh, but come out all of a spirt, into his face.

Of what colour was that?—Red as seal-wax; 'most the colour of that cloak, (pointing to a scarlet cloak in court.)

What medicine did you say that Dr. CHAMOMILE gave to the man?—*Typpicks*, I think he called it.

Did he give him much?—Bless 'e, yes; 'most every five minutes, so kind he was; and no end of hartshorn, and hot brandy and water.

The learned counsel stated that he had no further questions to ask.

Mr. SHARPSET called, and examined.—He stated that he was an unregistered surgeon. Had attended deceased; went to him directly he was called. There was a wound on the inside of the thigh; a stream of blood was trickling from it. JONES was not faint. As he thought it might be difficult to stop the blood, he sent immediately for Dr. CHAMOMILE, on whose arrival he (witness) examined the wound, and tried to discover whence the blood came. Could not succeed, but plugged the wound. Dr. CHAMOMILE continued almost all the time to give styptics, to stop the blood, and plenty of brandy to keep up his strength; but all they could do failed, and the poor man died at about twelve o'clock on Thursday noon. Dr. CHAMOMILE was a very knowing man, and had cured all sorts of complaints. They two were the only medical men in the willage. The wound was certainly the cause of the death.

Cross-examined by Mr. HUNTER.—You say that you found a wound in the thigh?—Yes.

Blood was flowing from it?—Yes.

Venous or arterial?—How should I know? It all comes from the heart, don't it? *You* ought to know as much as that.

Did you examine the wound with any instrument?—Yes.

For what purpose?—To find out the hole that it come from, to be sure.

What instrument did you use?—A kind of proab.

When you say a *kind* of probe, tell the court what instrument it really was?—Why, it was made of metal, like other proabs.

Where did you get it?—The nuss, Mrs. Downy, brought it.

When you told her to go for it, what did you say she was to fetch?—Eh?

You understand me well enough. What name did you call the thing you sent for?—A skiver.

An iron skiver?—Maybe it was.

Was it an incised wound?—It was *some* size, certainly; more nor an inch.

Where did you study medicine?—At home, I should think, and in the surgery and practice of Mr. Scalpell, at Guildford. I was with 'en eleven years, as assistant.

When you were with him at first, did you sweep out the surgery, clean the mortars and bottles, and take out the medicine to the patients?—Why I did, and no harm nether. Every one must have a beginnin, and I began at the bottom, and if 'e begin at the top 'e may fall.

Have you attended any of the hospitals or medical schools?—Dr. CHAMOMILE and I scorned that. We wouldn't go up to London merely to larn how to make 'speriments. We're practical men, and larn complaints by looking at 'em and watching 'em.

What surgical books have you read?—What surgical *books* should I read, when *one* holds it all?

What book is that?—The great Surgical Dickshnary, the things in it scraped up from all the knowing surgeons that ever lived, and put all together by one SAMIVEL COOAPER.

Who was that gentleman?—Don't know exactly, but believe he was father of the great HASTLEY.

And now, Sir, as a last question, let me ask how long you have been employed as a general practitioner in medicine?—Ever sunse that gen'lman's father (pointing to Mr. GRAHAM, the counsel) done away wi' Potecaries' law.

Dr. CHAMOMILE called, and examined.—He said that it was a *surgical* case, and therefore had been chiefly under the care of Mr. SHARPSET. *Nominally*, he (Dr. C.) practised as a physician, and Mr. SHARPSET as a surgeon, but they both sold medicines, for the convenience of the public. Still, he (Dr. C.) did not take the sole charge of surgical cases, or Mr. SHARPSET of medical, as they were of opinion, with the gentlemen in the great medical colleges in London, that a division of their labours was useful to the people of their neighbourhood. JONES had certainly died from the loss of blood by the wound. He had administered to him all sorts of styptical medicines to stop the blood, but had failed, and so had Mr. SHARPSET, skilful as he was, with the plugs, the plasters, and the bandages.

Cross-examined by Mr. HUNTER.—Saw the wound examined

by Mr. SHARPSET with an iron skewer, as a proobe. The blood, at first, was dark. After the wound was proobed, it was red, and came out with a splash. Couldn't account for the difference of colour. Did not know harterial from venomous blood. The styptics that he had most relied upon were sal-volatile and brandy-and-water. Had given plenty of them. Had studied in the houses of two or three registered practitioners, but did not approve of their sustems. He and Mr. SHARPSET had between them a complete liberry. SHARPSET had COOPER; he had HOOPER; and those two writers had put into their books everything that was knowed by anybody.

Then you consider that you have acquired a knowledge of medicine?—I should think so, indeed.

That you understand the structure and functions of the human body?—Yes, and am afore many of my brother practitioners on them points, as I have another book quite on 'em.

What book is that?—A vollem on nothing but the English Constitution, by the great JOHN RUSSELL, who, I believe, was made a lord for writing of it, and I should think is the greatest doctor that ever lived. He used to visit the Earl of LOVELACE at Ockham, and has often come into my shop to see my practice, and talk medically. His knowledge was wonderful; and he said that he was the main cause of my being able to practise, as he helped to do it, for he thought it was very hard that the poor couldn't go where they liked with their few shillings and pence to get advice for themselves, and physic their children. So the great man gave me his book on the English Constitution, and I think I now know the nature of my countrymen better than most of the *registered* gentlemen. I haven't searched the leaves of that book and Hooper, night after night, for nothing at all.

The case for the prosecution being closed,

Mr. HUNTER, on behalf of the prisoner, stated to the court that SHARPSET and CHAMOMILE ought to be in the box instead of MITCHELL. He admitted, at once, that the wound was inflicted by the prisoner, but it was under very aggravated circumstances. The evidence as to malice had altogether failed, and no indictment could be sustained, except for a common assault. True, the unfortunate man had died from the effects of the wound; but who had produced those effects? Why, SHARPSET, with his iron skewer. It was owing, in fact, to the brutal ignorance of that man, SHARPSET, whose idiotic examination of the wound had led to the fatal result, that the prisoner was then standing at the bar. He felt for his learned brother who was opposed to him in the cause. Assuredly, a more fatal mistake was never made by a statesman than when the distinguished father of his learned friend undertook to throw open the practice of medicine to all ignorant impostors who might choose to engage in it in this country. He did not hesitate to say that the authors of the existing law were morally answerable for the death of THOMAS JONES. The learned judge would at once tell the jury that the prisoner must be acquitted.

Lord DENMAN, in directing the jury to acquit the prisoner of the capital charge, said he could not help remarking that the laws in relation to the practice of medicine were in a most objectionable state, and that the 8th and 9th of VICTORIA had proved very injurious to the community; in fact, it had destroyed much of the confidence which had hitherto been placed by the public in qualified medical men, and the intrusion into the chambers of the sick of such persons as the practitioners who had been called as medical witnesses in the cause then before the court, must have been attended with many fatal results. He was sorry that the law did not allow him to inflict even the slightest punishment on those persons, although he was clearly of opinion that their stupid and irrational conduct had caused the death of JONES.

Let us instantly transfer the attention of our readers from this scene to one that may occur on the civil side of the court on the succeeding day. Lord DENMAN is again the judge:—

ALFRED NEWBERRY *versus* GEORGE WILKINSON.

ACTION FOR ASSAULT.

Counsel for plaintiff—Mr. JAMES GRAHAM, and Mr. CATCHBRIEF.

Counsel for defendant—Mr. JOHN HUNTER, and Mr. GIBBERISH.

Mr. JAMES GRAHAM stated that the assault had been set forth in the pleadings, but that the real question to be tried was the right of way across one corner of a field called Lower-Meadow, belonging to the defendant. Only so much violence had been used on the occasion as was sufficient to found an action at law, but he (Mr. J. G.) thought that the affair would have been amicably settled had it not been for the conduct of a person who had actually provoked the plaintiff into bringing the action, in order that he might make a profit by undertaking the defence of the defendant, whom he had the impudence to call "his friend." Ruinous, often, had been the consequences to plaintiffs and defendants, through allowing *unqualified* persons to conduct their causes through the numerous processes of the law. A happier state of things had arrived. The penalties for such misconduct were to be found in the 6th and 7th of VICTORIA, chapter 73. But there was an offence still greater than the one he had described. It was that of a qualified attorney, or solicitor, knowingly acting as the *agent*, and *for the profit*, of an unqualified person. He feared that in the progress of the present cause both offences would be established to the satisfaction of the court.

The witnesses for the prosecution proved that the plaintiff had been assaulted by the defendant, who had just touched him by the coat, and told him that there was no path in the field.

Other witnesses established the fact that a footpath had existed across the meadows for many years.

The case for the plaintiff being closed,

Mr. HUNTER, for the defendant, stated that he was astonished at the tone in which his learned friend had spoken of unqualified practitioners in the law, and of the punishment that he would call down upon them, when he recollected what had been said by his learned friend, in a place only a few yards distant, on another occasion, and before the same learned judge—only yesterday. If he could now discover that an individual had been occupied as an attorney in the cause without having been registered, and that another regularly-admitted and highly-honourable and respectable practitioner had been acting as the agent of the unqualified person, he was resolved to call for the sentence of the court upon the one, and the frightful visitation of the penalties of the Act of Parliament upon the other. The unqualified person who had acted as an attorney was to be thrown into a gaol, and the qualified practitioner who had been so unwise as to act as his agent, was to be struck off the roll, and for ever after disabled from acting as an attorney or a solicitor. Ruin, inevitable ruin, was to be his doom. He knew not, of course, what would be elicited as the cause proceeded—whether or not there had been irregular practice—but he was bound to declare that he could not conceive anything to be more painful or disagreeable, or more repugnant to the feelings of an advocate, than to be placed in the position which his learned friend would occupy, if, after what had transpired yesterday, with reference to the death of a fellow-creature, occasioned by the brutal ignorance of an unqualified practitioner in medicine, and for whose misconduct the law awarded neither imprisonment nor fine of the smallest amount, his learned friend should feel it to be his duty, in less than twenty-four hours afterwards, to stand up in this court and call for the infliction of heavy and almost unbearable penalties on a person who possibly had practised at law without a qualification, and on a qualified attorney who had been so unfortunate as to become his agent.

Numerous witnesses having been called for the defendant, it was clearly ascertained that the legal proceedings were first undertaken on behalf of Mr. WILKINSON by a person named

FERRET, and that Mr. THORN, an attorney, had become his agent.

Mr. GRAHAM subsequently made a formal complaint to the court on the subject, and called for the interference of the authority of the judge.

Lord DENMAN said that FERRET had undoubtedly been guilty of a breach of the law, but that he saw nothing heinous or aggravated in his conduct. In the case of THORN, the provisions of the statute would fall with great severity. In admitting that the evidence proved, to his perfect conviction and satisfaction, that Mr. THORN, a regularly-registered attorney and solicitor, had knowingly acted as the *agent*, and for the *profit*, of FERRET, an *unqualified* person, the Act provided that THORN should be struck off the roll, and prevented from ever again acting as an attorney or a solicitor. Considering that he had not been charged with any neglect, attempt at extortion, or other misconduct, in the management of the cause of the defendant, the punishment was, indeed, heavy. But the provisions of the Act were imperative. As a reference had been made to what had passed in the other court, yesterday, he certainly could not avoid remarking, that unqualified practitioners in law and medicine appeared to be very differently regarded by the legislature: even the qualified agent of an unqualified practitioner at law is subjected to ruin for *his* offence, whilst an unqualified practitioner in medicine, although his ignorance might have led to the death of a fellow-creature, as in the case of JONES, no penalty is made to touch him. Here were opposing principles and practices which he could not possibly reconcile or understand.

Should the Bill of the minister become a law, occurrences presenting a close resemblance to the facts detailed in these hypothetical reports may be exhibited, and not seldom, in the judicial courts of this country. But the advocates for the repeal of the Apothecaries' Act may contend that the picture of the ignorant conduct of SHARPSET and CHAMOMILE is a gross exaggeration. Mere assertions, however, in such a discussion, can carry with them little or no weight, when they are contrasted with evidence which has been taken in our Courts of Justice, under the solemn forms of the law. Let us refer to the recent trial of GARLAND for manslaughter. We take our statement from the report of the trial published at the time:—

NORFOLK CIRCUIT, CAMBRIDGE, JULY 22, 1844.

JOHN GARLAND, aged sixty-five, was indicted for killing MARY DENT. The deceased lived in the Isle of Ely, and the prisoner had, for upwards of thirty years, practised as a surgeon there. On the 22nd of May, 1844, MARY DENT complained of feeling very unwell: she felt great pain, and vomited occasionally, and being apprehensive of miscarriage, sent off, about eleven o'clock at night, for Mr. JOHN GARLAND, who has practised as a surgeon and accoucheur, at Littleport, ever since 1816. On the day in question, the patient had dragged a sack of flour, weighing fourteen stone: according to her own account, she was at that time about three months advanced in pregnancy. Upon his arrival, Mr. GARLAND examined the patient, by passing his hand and arm into the vagina, intending, as he himself expressed it, to "bring the child." He shortly afterwards made a second examination, whereupon the patient entreated of him to desist, "for he was pulling her entrails out; and, presently, ANN BANYARD, the nurse, saw hanging out in the bed, "a large quantity of entrails, as many as could lie on a large plate." (Her own words, as taken down by the coroner.)

When matters had arrived at this crisis, Mr. GARLAND appeared most anxious for further assistance, and a messenger was despatched to Ely, who returned, bringing with him Mr. JONES, surgeon. Upon turning down the clothes, Mr. JONES discovered in the bed a something which he at first mistook for the umbilical cord, but a more careful examination convinced him that the protruding mass was *small intestine*, depending from the vagina, *completely detached from the mesentery, throughout its whole length*, and extensively lacerated, the *distal* portion being torn completely across, so that its whole diameter was completely divided, whilst the *proximal* portion was so lacerated, as to be very nearly divided. Under these perplexing circumstances, Mr. JONES was of opinion that any attempt to save the intestine would prove useless, he therefore passed a ligature around the intestine, above the *proximal* laceration, and close to the vagina, and cut off all the intestine below the ligature; the intestine, so cut off, measured *nineteen feet six inches*. Subsequently, the nurse, ANN BANYARD, cut off about half a yard more of intestine, without any medical man being present, "because," she said, "it became very black, and was very offensive." The poor woman lingered seventeen days, and expired suddenly and at once, whilst attempting to raise herself up in bed, on the 8th of June.

What a horrible and disgusting picture does this case present! What must be the feelings of that minister who, after perusing such details, can coolly and deliberately declare, in his place in Parliament, that he proposes to repeal the only statute which operates as a check against the GARLANDS and SHARPSETS of the day, and that it is *not* his intention to attempt to put down quackery, or unqualified medical practice! Can a minister act thus recklessly, and then not be held to be morally responsible for the consequences of his deeds? True, events, and his subsequent convictions, may act as torments to his disturbed conscience; but the wretched, torn, lacerated, and slaughtered victims of his obduracy or recklessness, discover no source of hope or consolation in such obscure, and, to them fruitless, visitations. Have not the innocent and unsuspecting public a right to demand protection against such horrible, such cold-blooded atrocities,—perpetrated by a class of men who have the accursed audacity to undertake to repair, with their rude and ruffian hands, the exquisitely delicate and beautiful organization of the human body? Against such unpunished and unexecuted miscreants we have contended, we do contend, we ever shall contend, that the public have a right to demand protection in the laws of this country. And, further, our conviction is equally strong and deep-rooted, that qualified practitioners in medicine,—men who have complied with the ordinances of the curricula issued by the various universities and colleges,—who have established their character for learning and skill,—whose capabilities and acquirements have been tested by the constituted medical authorities of the land, have a right to offer the most strenuous and indignant remonstrances against being associated, in the discharge of professional duties in the treatment of the sick, with those sanguinary ruffians who are ever ready to make human happiness and human life the sacrifices to their infamous presumption and their insatiable rapacity. Before 1815, the year in which the Apothecaries' Act became a law, any individual in this country could assume the character, and pretend to exercise the functions, of a medical practitioner. The practice of medicine was then free. The statute of 1815 recognised the right of individuals who were then acting, or had previously acted, as apothecaries, to continue to officiate in the profession which they had assumed. GARLAND WAS ONE OF THEM. The Act has existed TWENTY-NINE YEARS. That class of practitioners is becoming extinct. "IT IS A CALAMITY," thinks the HOME MINISTER; "AN EFFORT MUST BE MADE TO RESTORE AND MAINTAIN THE RACE."

We promised to insert an account of *another* authenticated case, as an additional proof of what may be expected to happen should the executive government succeed in carrying their precious scheme of FREE TRADE IN MEDICINE into effect. The account of the deplorable transaction is given in a letter from Mr. EAGER, surgeon, of Guildford, Surrey:—

"*To the Editor of* THE LANCET.

"SIR,—At the present moment, when the Government medical Bill forms a subject of general discussion, and its probable results are so freely canvassed, I feel it my duty to send to you for publication the particulars of a most painful case, which occurred to me a few years since, but which, under ordinary circumstances, I had intended should have been buried in oblivion.

"I had been engaged to attend a woman, in her first confinement, who lived at W——g, six miles from my home, and, early on a tempestuous morning, in the month of March, I received a summons for my assistance, by a messenger who had been dispatched for me, on foot, at the sacrifice of much time. On my arrival, I was met by the husband, who informed me that

his wife had been dead an hour, although he had obtained the assistance of 'a *doctor* and midwife.' On entering the house, I saw the latter, from whom I obtained the following details:—The labour coming on with increased activity, immediately after the dispatch of the messenger for me, and knowing the time which must, of necessity, elapse before I could arrive, the women in attendance sent for a person calling himself a surgeon, living in the village; but not feeling satisfied with him, they also procured the attendance of a midwife. The *doctor* reached the house first; the birth of a healthy male infant was simultaneously completed. On the arrival of the midwife, she said to me, (to adopt her own phraseology,) 'I found Mr. ——— fumbling under the bed-'clothes, and saying that he could not *recover* the after-birth, and 'then he asked me to try. I did so, and found a great lump 'hanging out between the woman's thighs. I pulled at it very 'hard, as he had done before me, but we could not recover it; he 'tried again; then I tried; and so on, three or four times, it being 'a very hard job. During this time the woman was very faint 'and *very tumbling about.* The doctor then asked me for a pair 'of scissors, and *cut at the lump*, and when his fingers got tired, 'he desired me to *cut too*, and so, at last, we *got it away*;' and pointing to a chamber utensil in an obscure part of the room, she said, '*there is the lump which has bothered us so much.*' On directing my attention to the vessel, I saw lying in it a yellowish, polished body, of an oval form, of about the size of two clenched fists, THE EXCISED WOMB, and, beneath it, the placenta. The womb had first been *inverted*, and afterwards *cut away!* I need not add, that the poor woman was dead.

"Comments on this horrible case are needless, but I must express it as my opinion, that the passing of Sir James Graham's medical Bill into a law would produce a fruitful source of similar catastrophes. Not only medical men, (who are unjustly charged with acting under the influence of selfish feelings, in their opposition to this Bill,) but the public, collectively and individually, from the monarch who sways the destinies of England, to the humblest cottager in her empire, have an equal interest in recording their veto against this enactment being permitted to form a page in the statute-book of the realm. I am, Sir, your obliged servant,

"RICHARD EAGER.

"High-street, Guildford, Surrey, Sept. 1844.

"P. S.—The excised womb is in the possession of Dr. JAMES BLUNDELL, of Great George-street, Westminster, late Professor of Midwifery at Guy's Hospital, to whom I presented it a few days subsequently to the events I have described."

Who, after reading these accounts, will dare to allege that the *protection* which is demanded is for the good of the profession, and not for the security of the public? After pictures of so hideous a description have been held up to the view of the government—representations of such awful cruelties and brutalities—we must hope that Sir JAMES GRAHAM will yield to the voice of humanity, to the calls of reason and justice, and relinquish the fatal career in medical polity which he has hitherto pursued. But if the dreadful tales of woe that we have here recorded fail to create within him any of the kinder emotions of the human heart, then will he deserve to have applied to him the reproach which was addressed to Æneas—

> "Perfide! sed duris genuit te cautibus horrens
> Caucasus, Hircanæque admorunt ubera tigres."

The space that we intended to occupy in the present number of our journal with this subject is now consumed. We hope, however, to conclude our notice of the first clause of the Bill in the next LANCET, and to enter upon the consideration of the appointment and constitution of the COUNCIL OF HEALTH AND MEDICAL EDUCATION.

VARIOUS reports of the proceedings of the Governors of the GENERAL HOSPITAL, BIRMINGHAM, on the 20th of last month, have been forwarded to us. *One* of them, it appears, was published by order of the General Meeting; but we find in the different accounts such variations in the statements, that probably not one of them is strictly correct. The *Pilot*, an independent newspaper, lately established in Birmingham, observes that it is "given to understand that the authenticated Report is in some "respects *deficient*—in others, imperfect; and that it contains "documents which, in important points of detail, essentially differ "from those which were read at the meeting, but of which latter "they profess to be *copies*." This is a serious charge against the sub-committee, consisting of the Rev. J. P. LEE and Mr. BARKER, who were appointed to prepare (from a short-hand writer's notes, and the MS. letters) the Report of the proceedings, for the information of the subscribers—and of itself requires investigation. If the accused parties be innocent, they will themselves demand that so serious an accusation shall be thoroughly investigated. If they and their friends be silent on the subject, or oppose such an inquiry, public opinion will give to the charge its true character. But whether the imputation against the correctness of the Report be well or ill founded, it is palpable that the proceedings of the Annual Meeting were only like those of several meetings which had preceded it—namely, *irregular and indefensible.* From the laws, a copy of which is now before us, we learn that "any "Governor who is present when any matter in which he may be "concerned is brought forward, shall be requested to stay and "hear it; and then, having made such observations as he may "think fit to offer in explanation, he will be expected to retire "until the Governors present have discussed and determined the "question." So far from acting in conformity with this reasonable and proper law, the parties, who were openly accused, by name, of unlawful conduct, and the concealment of gross abuses, unblushingly remained in the room, and *voted themselves faultless*, a number of Governors, disgusted with their outrageous partiality, having, as we are informed, previously left the meeting. Thus, upon evidence, too, of a very questionable character, (obtained for the special purpose,) as well as regardless of the offer of the accusers to substantiate their statements before impartial judges, did the Governors so remaining vote "that Mr. GUTTE-"RIDGE and Mr. LEDSAM had failed to make out any case for "further inquiry."

But what was the actual state of the case between the parties? Messrs. GUTTERIDGE and LEDSAM attended for the purpose of complaining of the conduct of the *Governors* of the Institution; alleging that the laws of the Hospital had been violated by the body which had been appointed to carry them into effect. So that, in fact, the Governors constituting the majority, or ruling power, of the Hospital, had all become more or less implicated in those charges! One of the laws of the Hospital appears to have been framed in the *anticipation* of such a state of things. The section which we have already quoted is that to which we point. Messrs. GUTTERIDGE and LEDSAM are called upon to furnish proof of the truth of their charges. They reply, "No. "Appoint an impartial tribunal to hear and decide upon the evi-"dence which we are prepared to adduce: we shall then be ready "and willing to go into the investigation." Then, in direct violation of one of the standing laws of the establishment, the accused parties remained, and voted that they were a set of remarkably fine fellows! *Proh pudor!*

This very monstrous proceeding indicates, pretty strongly, that Messrs. GUTTERIDGE and LEDSAM have, throughout, had a tolerably good case, and we are much deceived if *the public* do not speedily become of that opinion. The attack has not been covertly, meanly, or insidiously made; but the condemned deeds have been specified, and the parties accused have been *named.* This is a manly and bold procedure, and, *prima facie*, must win the favour and confidence of the community. Besides, an experience of twenty years in these matters assures us, that however long the inquiry may be staved off by interested persons, *ultimately* the demand must prevail. Either a proper scrutiny will be instituted, or the reprehensible practices will be discontinued. The conduct, therefore, of the controlling Governors is *impolitic*; because, in the one case, they unintentionally insure to Messrs. GUTTERIDGE and LEDSAM a *partial*, or, in the other, a *complete* triumph.

We have been requested to republish some documents relating to the surgical operation which was the subject of such

frequent remark during the discussion at the general meeting, and previously; but we decline complying with the request, because we attach no importance to that portion of the case which it involves. Mr. Hodgson is a man of great skill and high respectability in his profession; and even if all were true that has been stated with relation to the operation, the occurrence of such an accident as that described would scarcely cast a momentary shadow on the lustre of his scientific reputation. The alleged *rotten system of government* is the matter to be investigated, and from this main source of imputed evil the mind should not be withdrawn for the purpose of seeking out individual cases of abuse, not *necessarily* flowing from the *main fountain of mischief*.

One statement has, throughout this contest, continued to fill us with astonishment. We allude to the charge that certain *attorneys* control the elections of the medical officers of the Hospital, and that they do so through the instrumentality of corrupt means.

Now we had always understood that Birmingham was signalized by the thriftiness of its trade, the vast extent of its manufactures, and the intelligence, enterprise, and public spirit of its inhabitants. What, then, are we to infer from the imputed influence of attorneys in that town? Why, that notwithstanding all the advantages which are here represented, Birmingham is *poor*,—that even the Governors of one of the chief charities of the town are *poor*,—that they are in the claws and clutches of the attorneys, and dare not make an effort to escape from their tormentors. This, be it observed, is an inference which *must* be drawn from the accusation that the Governors of the Hospital are controlled in their actions by *attorney* influence; because it is well known that wherever that influence prevails to an undue extent, as a *strictly professional* power, the parties upon whom it falls are in *a state of poverty and dependence*. Hence, in all the *poor* towns of England, two or three attorneys, of only moderate respectability and capital, can control political or any other elections. But is it possible that the important town of Birmingham can be in this deplorable condition? Or can it be supposed that a majority of the Governors of the General Hospital are in so unhappy a predicament? As respectable gentlemen, they are called upon to face the subject boldly. Their independence is questioned, and the public know full well that the rod of the castigator is not kissed *without a motive* by the victims of its torture.

COLLEGE OF SURGEONS OF ENGLAND.

BY-LAWS RELATING TO THE PROFESSIONAL EDUCATION AND EXAMINATION OF CANDIDATES FOR THE FELLOWSHIP.

(More signs of the Cloven Foot.)

1. That, except in the cases and instances hereinafter provided for to the contrary, every candidate for the fellowship, whether a member of the college or not, shall produce certificates, satisfactory to the court of examiners—

That he is twenty-five years of age.

That he is (if found qualified upon his examination) a fit and proper person to be admitted to the fellowship, and the certificate of which shall be signed by three fellows.

That he has attained a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

That he has been engaged for six years in the acquirement of professional knowledge in recognised hospitals or schools of surgery and medicine within the United Kingdom of Great Britain and Ireland, or in foreign countries; and that three of such years at least have been passed in one or more of such recognised hospitals or schools in London.

That he has attended the surgical practice of a recognised hospital or hospitals during four years, and the medical practice of a recognised hospital or hospitals for one year.

That he has studied anatomy and physiology by attendance on lectures and demonstrations, and by dissections, during three winter sessions of not less than six months each, at one or more recognised school or schools.

That he has attended lectures on the theory and practice of medicine and on clinical medicine, and also on the theory and practice of surgery, and on clinical surgery, during two sessions of six months each, at one or more recognised school or schools.

That he has attended one course of lectures on each of the following subjects—viz., chemistry, materia medica, midwifery, medical jurisprudence, and comparative anatomy, at one or more recognised school or schools. And that he has served the office of house-surgeon or dresser in a recognised hospital in the United Kingdom. Every such candidate (except in the cases and instances hereinafter provided for to the contrary) shall also present for examination clinical reports, with observations, of six or more surgical cases taken by himself at a recognised hospital or recognised hospitals within the United Kingdom, with sufficient certificates of their authenticity and genuineness, and shall leave such reports at the college.

2. That the council of the college shall annually, on some day in the month of July, publish in the "London Gazette" a list of all such hospitals and schools of surgery and medicine within the United Kingdom and in foreign countries, as for the year commencing from the first day of August then next ensuing, will be considered as having been recognised hospitals and schools, from which certificates of the professional education of candidates for the fellowship will be received, and that such hospitals and schools, and no others, shall be, and be considered to have been during such year, recognised hospitals or schools within the meaning of these by-laws and ordinances accordingly.

3. That as to any candidate who shall have taken the degree of bachelor of arts in an English university, and shall produce satisfactory evidence thereof, it shall, instead of the certificate or certificates that he has been engaged for six years in the acquirement of the professional knowledge as before mentioned, be sufficient for him to produce a satisfactory certificate or certificates that he has been engaged for five years in the acquirement of professional knowledge in recognised hospitals and schools of surgery and medicine within the United Kingdom, or in foreign countries, and that three of such years at least have been passed in one or more of the recognised hospitals and schools of London: and that it shall not be necessary for any candidate having so taken the degree of bachelor of arts to produce any certificate of his having acquired a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

4. That upon the first day of January, one thousand eight hundred and fifty, or at any earlier period which may be thought proper, the council shall, under such regulations and for such time or period as to them shall seem proper, (but always subject to removal at the pleasure of the council,) appoint three persons, and being, or not being, and either all or in part, members of the college, as the council shall think proper, for the purpose of examining persons intending to become candidates for the fellowship, and required to be examined in the Greek, Latin, and French languages, and in the elements of mathematics: and the said council, from time to time after the first appointment of such persons for such purpose as aforesaid, and as often as shall be necessary, or to the said council shall seem proper in that behalf, shall appoint such other person and persons as to them shall seem fit and proper to succeed or supply the place or places of any person or persons previously appointed for such purpose, and that from and after the first appointment of any such persons for the purpose of making such examination as aforesaid, no certificate of a candidate having competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics, shall be received or allowed by the court of examiners, except the certificate or certificates of the persons for the time being so appointed as aforesaid.

5. That all members of the college, future as well as present, shall be entitled to be admitted to the examination for the fellowship according to the foregoing by-laws and ordinances.

6. That any person who shall have been a member of the college on the fourteenth day of September, one thousand eight hundred and forty-four, shall, after the expiration of eight years from the date of his diploma, also be entitled to be admitted to the examination for the fellowship, upon the production of a certificate signed by three fellows that he has been eight years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified.

7. That any person who shall have become a member of the college after the said fourteenth day of September, one thousand eight hundred and forty-four, shall, after the expiration of twelve years from the date of the diploma, also be entitled to be admitted to the examination for the fellowship upon the production of a certificate, signed by three fellows, that he has been for twelve years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified; and also, if he have not taken the degree of bachelor of arts in an English university, of a cer-

tificate or certificates that he has a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

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1. The examination for the fellowship shall be held three times in the year, at or within such periods as the council shall from time to time determine.
2. Each candidate shall be examined on two days, either successive or at such an interval as the court of examiners may appoint.
3. The subjects of the first day's examination shall be anatomy and physiology, those of the second, pathology, therapeutics, and surgery.
4. The time allowed for examination each day shall be from ten o'clock in the forenoon until five o'clock in the afternoon.
5. The examinations shall be conducted in the following manner. Each candidate shall, upon going in for examination, have delivered to him a written or printed copy of such questions as shall have been previously determined upon by the court of examiners, and to which questions he shall give written answers, and which answers shall be considered by the court of examiners.

The court may, however, if they should think fit, interrogate any candidate on any matters connected with the questions or answers. In the anatomical examination, the candidate shall also perform dissections and operations on the dead body in the presence of the court of examiners, or of such members thereof as may be deputed by the court to superintend the same. Candidates whose qualification shall be found insufficient, shall not be allowed to present themselves a second time until after the expiration of one year from their first examination. The court of examiners shall report in writing to the council the names of such persons as they shall have found upon examination to be qualified for the fellowship.

July 11, 1844.

REVIEWS.

Treatise on Inflammation as a Process of Anormal Nutrition. By JOHN HUGHES BENNETT, M.D., F.R.C.S.E., Physician to the Edinburgh Fever Hospital, &c. Maclachlan and Co., 1844. 8vo, pp. 80.

MICROSCOPICAL researches, as most of our readers must be aware, have been prosecuted with much greater energy by modern pathologists in Germany and in France, than in our own country. Within the last few years, however, many of our countrymen have directed their attention to this interesting branch of human knowledge, and in the foremost rank, we find the author of the above treatise, Dr. Hughes Bennett. After devoting several years, on the Continent, to the study of histology, as the science is now termed, Dr. Hughes Bennett commenced a series of original researches on the nature of inflammation, the results of which he has embodied in the present work. We fully agree with Dr. Bennett, that the researches of modern pathologists, from Broussais to Carswell, have thrown so much light on the morbid anatomy of disease, as evident to the naked eye, that, *comparatively*, little remains to be done by investigations carried on in that manner only. Under these circumstances, the labours of pathologists must be directed to the microscope, and to organic chemistry, as the principal means of still further increasing our knowledge of the material changes produced by disease. At the same time, although fully appreciating the value of these means of inquiry, we are not such enthusiasts as to assert, as some do, that the results thereby arrived at, will altogether throw in the shade the labours of former morbid anatomists. The results furnished by visual inspection may be gross and unsatisfactory, as compared with those arrived at by more delicate investigations, but they have a certainty about them which microscopical researches do not present. We cannot give a better illustration of this fact than is found in Dr. Bennett's own work, (p. 17,) in which, speaking of the yellow or red corpuscles of the blood, respecting the nature of which there are innumerable opinions, he states that they may be reduced to TWELVE, all supported by one or more of the most illustrious writers on histology. Now, however, that the attention of the profession has been directed to the subject, there can be no doubt but that hosts of inquirers will enter into the field, and we may hope to ascertain, in the course of time, how far chemistry and the microscope will be able to elucidate the still obscure phenomena of health and disease. In the meantime, the labours of those who take the lead, like Dr. Hughes Bennett, and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement.

Limited for space, as we necessarily are, we think that we shall better suit the interests of our readers by giving as full an analytical review of Dr. H. Bennett's important treatise as possible, than by discussing at length the novel views which he presents. This we shall therefore do, with the intention of returning to the subject at a future period, should the opportunity present itself.

The author's treatise tends to support one great pathological principle—viz., that inflammation consists in that peculiar perversion of nutrition which is occasioned by an increased exudation of *liquor sanguinis*. The admission of this doctrine must modify our notions of the inflammatory process, and if true, furnish new indications for treatment. The work consists of seven sections, preceded by a short introduction, and followed by some concluding remarks.

In the first section, "On the cellular theory of Nutrition," the author gives a short sketch of the modern doctrine of growth by cells, as has been established in science by the labours of Schleiden, Schwann, Valentin, and others. He then refers to the chemical views of Liebig, and the researches of Ascherson, of Berlin, which indicate that nutritive substances may be divided, according to the first, into nitrogenized and non-nitrogenized, or according to the second, into albuminous and oily principles. Dr. Bennett here observes that—

"The globules in an emulsion, or in the milk, though real structures, are not living structures. When and how vitality is stamped upon them is still a mystery, but I believe that they constitute the nucleus of every cell, and that the moment life is imparted to them, a series both of chemical and structural changes takes place. By the first, the original element of the nitrogenized principles, proteine is converted into fibrine, caseine, or albumen, according to the demands of the organism; and by the second, bone, muscle, nerve, and all the various tissues, are produced."—p. 15.

The practical applications which flow from these views are then referred to by the author, as well as the objections which have been urged against the theory by Gulliver and Addison.

In the second section, "On the Blood," the author treats, first, of its solid, and secondly, of its fluid portions. His opinions on this part of the subject may be gathered from the two concluding paragraphs—

"We find, then, that the blood consists of a solid and of a fluid portion, and may be regarded as continually carrying on two great systems of operations. The solid particles are subservient to the production of animal heat, whilst the fluid portion is subservient to the function of nutrition. These two operations are intimately connected with one another. Without a certain temperature, as we shall afterwards see, the growth of organized beings cannot proceed, and without the existence of nutritive elements capable of undergoing chemical transformations, animal heat cannot be maintained.

"In the performance of these important operations, the blood itself is dependent on a system of vessels distributed through the organism. Whilst the first furnishes the essential material, the latter is the apparatus through whose agency the effects are produced."—pp. 22, 23.

In the third section, the author brings forward an important fact—viz., that he has succeeded in demonstrating an identity of structure between the capillaries and non-voluntary muscles. He says—

"In the numerous demonstrations I have made of these structures, I was struck with the resemblance which the capillary vessel presented to the fibres of non-voluntary muscles. These, it is well-known, are described by histologists, to be composed of bands, with nuclei, scattered at irregular intervals in their substance. I subsequently discovered that if the mucous coat be carefully removed from a portion of intestine, (say in the rabbit,) and the remaining structure rendered transparent by acetic acid, a longitudinal and transverse coat, with longitudinal

and transverse lines, formed by elongated nuclei, are apparent, as in the coats of arteries. In short, the two structures, in some demonstrations, were so similar, that I should have had some difficulty in recognising one from the other, were the microscopic examinations alone attended to. Repeated examination of this fact, as well as numerous observations on the organic muscular fibre, have led me to the conclusion that no structural difference exists between what is called the muscular coat in the intestines, and that constituting the third and fourth layers in arteries, as previously described. Neither does any essential difference exist between these last, and the ultimate texture of the capillaries. If this opinion be correct, then it will be natural to suppose that their function is also similar."—p. 25.

The peculiar office of the capillaries is, first, so to subdivide the blood, that it may reach every portion of the organism, and enable its corpuscles to perform their function; secondly, to offer a membrane, by means of which exosmosis and endosmosis may be effected.

"From these considerations, the importance of the capillaries, as connected with nutrition, will become apparent. So long as they only permit that amount of blood plasma to exude, which is capable of supplying the quantity dissipated by waste, so long they may be considered as performing their functions in a normal manner. But when circumstances induce such a change in them, that the amount of exudation is materially diminished or increased, then an *anormal* state is occasioned. If the amount be diminished, atrophy will be produced; if it be increased, that peculiar pathological change, hitherto denominated inflammation, is constituted."—p. 27.

In the fourth section, the author describes the early phenomena of inflammation, commencing with the contraction of the capillaries, and terminating with the extravasation of blood, the effusion of serum, or the exudation of *liquor sanguinis*. The theory of inflammation is then discussed; but the reasoning is so close, and the subject so condensed, as not to admit of abbreviation. Having previously, however, demonstrated the capillaries to be muscular, the author has not the difficulties which opposed Hunter and Cullen, in attributing to them actions analogous to spasm and paralysis. The passage of liquor sanguinis through their walls, he believes, with Alison, Vogel, and others, to be owing to a vital principle of attraction existing between the blood and parenchyma.

In the fifth section, Dr. Bennett maintains that exudation is the essential phenomenon of inflammation. This opinion, we believe, is now put forward for the first time, and is one which is highly deserving of attention. Whatever takes place previous to the occurrence of this phenomenon cannot, according to the author, be considered inflammatory.

"Viewing the whole as a series of actions, we may readily understand that the process may stop short at any given point, and then return to its normal state. This, indeed, is the case. When that stage, where the vessels are dilated and gorged with blood, and its movement is arrested, or nearly so, has arrived, it is denominated congestion. This may terminate in the extravasation of blood, the effusion of serum, or an anormal exudation of *liquor sanguinis*. But it is only when the latter takes place, that we can state positively our conviction of the presence of inflammation. Hence it may be denominated the essential phenomenon of inflammation."—p. 37.

The author observes, that although extravasation of blood and effusion of serum are occasional results of congestion, they are always combined with exudation of liquor sanguinis if inflammation be present. On the other hand the vessels may be ruptured, and cause hæmorrhage, as in the catamenia, or effusion may occur, purely as the result of mechanical venous distention, without inflammation. Neither extravasation nor effusion, then, is essential, whilst exudation is. This is the author's argument. By considering exudation, as pathologists now do, to be the result, rather than the essential phenomenon, of inflammation, a crowd of inconsistencies arise; for instance, the congestion leading to inflammation is confounded with the inflammation itself, and symptoms are ascribed to the former, which, in reality, belong to the latter. Again, whilst Astley Cooper states that it is impossible for the smallest wound to unite without inflammation, Macartney contends that it is opposed to adhesion or regeneration of parts. These and many other discrepancies are at once removed, by considering an increased exudation to be the essential phenomenon of inflammation.

The sixth section is on the terminations or resulting phenomena of inflammation. These the author divides into—1st, The termination in death of the part; 2ndly, in organization; and 3rdly, in resolution. All these are dependent upon the changes which take place in the liquor sanguinis exuded.

By death of the part, is understood either mortification or ulceration. The first is acute, the second chronic. It is caused by the exudation losing its vitality, subsequently undergoing chemical changes, and finally becoming mechanically disintegrated. For the minute description of these changes, and observations thereon, we must refer to the work itself.

Under the second head, on the termination of inflammation in organization, the author observes—

"From what has previously been said, when speaking of the cellular theory of nutrition, it follows that organization consists in the formation and development of nucleated cells. Thus, purulent matter is not to be considered as a secretion from the blood, to be like urine excreted from the body, but as a fluid in which, like the blood itself, numerous corpuscles or organisms float. These corpuscles have a distinct structure; they each possess vital power, independent of each other, and pass through a definite origin, growth, and decay, like all other living beings. It is in this sense, therefore, that we employ the term organization, without reference to the existence of vascularity, which for so long has been considered the great characteristic of new vital formations."—p. 49.

The study of this termination of inflammation consists in following out the transformations which the coagulated exudation undergoes. These are various: 1st, into (*plastic*) corpuscles, and primitive filaments, constituting lymph; 2ndly, into (*exudation*) corpuscles, the disintegration of which produce softening; 3rdly, into the formation of (*pus*) corpuscles, occasioning suppuration; and 4thly, into the formation of cells, which, by their further development, pass into filamentous, fibrous, osseous, muscular, or other tissues. Each of these the author minutely describes, but we are unable, in our short space, to do justice to his observations, and therefore pass them over. The following passage may prove interesting to our practical readers, as it describes the process by means of which healing by the first and second intention takes place:—

"When an incision has been made in the skin, blood flows from the divided capillaries, until they are obstructed partly by their own contractility, and partly by the coagulated blood blocking up the cut extremities. The early phenomena of inflammation now manifest themselves, the capillaries become distended and engorged with blood, and at length exudation, or the essential phenomenon, takes place. Cells are formed, which rapidly pass into a fibrous formation, and healing, or *union by the first intention*, is the result. When, however, the lips of the wound remain apart, or there has been loss of substance, the exudation is more copious externally than internally. The portion which is infiltrated into the tissue surrounding the sore, constituting the inflamed, red, and indurated margin, is transformed into exudation cells, which, on breaking up, are absorbed. Some of these occasionally find their way to the surface, and become mixed with pus corpuscles, a circumstance which, probably with some, has supported the supposition, that these structures are different stages of one growth. On the other hand, the exudation which is poured out externally on the surface of the sore, is very abundant, and is transformed partly into the pus cells, and partly into primary cells, which are, by the process of development, converted into fibres, and ultimately constitute the cicatrix. The portions of exudation which are undergoing this process are called granulations. As these become more numerous, the amount of pus diminishes, and a greater tendency is manifested in the exudation to pass into permanent tissue. At length pus ceases to be produced, the whole exudation passes into fibres, a new surface is formed, the which contracting, after a time, constitutes a cicatrix."—pp. 61-62.

Under the third head, or termination of inflammation in resolution, the author explains how the various transformations of the exudation, lymph, softening, and pus, are broken down, ren-

dered molecular, and again absorbed. He alludes to observations which shew that these molecules, after circulating in the blood, are thrown off by the kidneys in the urine. Here again the views of Liebig are alluded to, as explanatory of the changes which the fibrin undergoes before its elimination by the kidneys. Secondary purulent deposits occur in two ways—1st, when the molecules absorbed, instead of passing off by the urine, are deposited into some other tissue, and either form the nuclei for new pus, or induce a new inflammation; 2ndly, when entire pus cells pass into the ruptured extremities of vessels, as frequently occurs after lacerated wounds, and become obstructed in more minute capillaries, as those of the lung or liver. The whole of this section is particularly worthy of attention.

In the seventh section, the circumstances which influence the terminations of inflammation are treated of. The external circumstances are a medium temperature, moisture, and the state of the atmosphere. Those connected with the individual are, the elementary structure of the tissue, the vital power of the whole organism, and the progress of the inflammation. A knowledge of these circumstances must evidently be important in a practical point of view. The following remarks on the influence of temperature will explain this:—

"It has long been recognised in practical medicine, that cold and heat, locally applied, are amongst the most powerful means of combating inflammation. It is well known that the first checks the inflammatory action, and retards the formation of pus, whilst the last favours the passage of the exudation into suppuration. This is only acknowledging that cold checks, whilst heat facilitates, the passage of the exudation into nucleated cells. In short, for the same reason as the horticulturist, who wishes to bring forward a plant, places it in a hothouse, so the surgeon, who desires to bring on suppuration, applies hot poultices and fomentations."—p. 71.

THE GOVERNMENT MEDICAL BILL.

MEETINGS OF THE MEDICAL PROFESSION.

BRENTFORD MEDICAL ASSOCIATION.

At a special general meeting of the medical practitioners who compose this Association, held at Brentford on the 22nd of Aug. last, the following petition to the House of Commons was unanimously adopted. It was signed by thirty-six surgeons of great respectability in the practice of their profession, and forwarded to Mr. Wakley for presentation, when the House of Commons assembled on the 5th of September; but owing to some unexplained irregularity—and it is one that still demands, and we hope to obtain for it, some explanation—the House assembled on that day at the hour of one o'clock, without the members having been furnished with any notice of that circumstance, so that when Mr. Wakley arrived in Parliament-street, on his way to the House, he was much astonished and annoyed, on being informed by one of the officers, in Parliament-street, that the House had met, that some trifling business had been transacted, and that the parliament was prorogued at about two o'clock. Had it not been for this unaccountable irregularity, Mr. Wakley would have felt great pleasure in offering to the House the first petition in opposition to the odious Quacks' Bill. It was forwarded for presentation by Mr. F. A. B. Bonney, the honorary secretary to the Association.

"To the Honourable the Commons, &c. The humble petition of the undersigned members of the Brentford Medical Association, and other medical and surgical practitioners of Brentford and its vicinity,

Sheweth,—

"That your petitioners are grateful for the consent of your honourable house to the introduction of a bill for the better regulation of medical practice throughout the United Kingdom.

"That your petitioners anticipate great advantage to the profession and the public, from the formation of a council of health and medical education, and from the enforcement of a general registration of duly qualified practitioners.

"That, at the same time, the omission, in the proposed act, of any efficient penal clause against the practice of physic and surgery by ignorant and unskilful pretenders, is observed by your petitioners with the greatest alarm and regret.

"That whereas, from the incapacity of the public to judge of medical skill and knowledge, their health and safety require that none shall be allowed to practise but such as have proved their fitness before competent authorities, it is but just to those who are thus needfully qualified, that they shall not be exposed to the unfair competition of persons who have been at neither the pains nor the cost of obtaining the requisite qualification.

"That the imposition of a penalty, although it may fail to effect the entire suppression of illicit practice, is yet as obviously calculated to check and diminish the evil in question, as is any other punishment in the case of any other offence.

"Your petitioners therefore pray that your honourable house, while amending the laws that affect the medical profession, will provide that a sufficient and easily recoverable fine shall be inflicted on all who, without due examination and licence, shall undertake, for gain or reward, the difficult and important duties of medical practice."

MEDICAL PROTECTION ASSEMBLY.

EXETER HALL, MONDAY, 21ST INST.—DR. J. R. LYNCH IN THE CHAIR.

The attention of the Committee was this evening especially directed to the reports furnished by the collectors, who were appointed at the last meeting to solicit subscriptions from the profession generally, in order to "provide means for preventing the unjust and obnoxious provision of Sir James Graham's Medical Bill from being carried into effect, and to urge upon the legislature such measures as are necessary for the *protection* of the profession, and for the welfare of the public."

Letters were read—from Mr. Martin, of Westrop, Wiltshire; Mr. Allison, of East Retford, Suffolk; Mr. E. Haughton, of Ormskirk; Mr. Perry and Mr. Davis, of Hampstead; Dr. H. Bennet, Mr. Peppercorne, Mr. Townley, and Mr. Colebourne, of Kennington; forwarding subscriptions, and urging active opposition to the obnoxious provisions of Sir James Graham's Bill; several of them expatiating on the injury that would accrue to the *public*, not merely from an increase of empiricism, but as encouraging an insufficiently-educated and ignorant class of *medical* practitioners, and representing, that one of the most direct consequences of the Bill would be to degrade the profession to the condition which characterized it before the Act of 1815. Some of the correspondents reprehend the Assembly for not propounding a scheme of reform, and others urged the Assembly to impress upon the associations the necessity of petitioning the legislature to convert the Apothecaries' Company into a College of Medicine and Surgery for General Practitioners, stating, that if there *must* be distinctions, and the physicians and surgeons have *their* colleges, that the general practitioners ought to possess a similar privilege.

Letters were also read from the secretaries of several provincial associations, requiring information as to the time and manner in which the delegates were to meet in London, the mode of electing, &c. Among the rest was a letter from Mr. Sharpe, secretary to the Boston Medical Association, requesting a digest of the objections to Sir James Graham's Bill, and a copy of the protest which emanated from the Assembly. After other business of a general character had been transacted, the meeting adjourned.

In consequence of a resolution passed at the aggregate meeting of the medical profession, held at Exeter Hall, on the 30th ult., a deputation, consisting of Mr. Davis, (of Hampstead,) Dr. Lynch, Mr. Ross, Mr. Simpson, Mr. Cooper, Mr. Curtis, and Mr. Hutchinson, waited upon the master and court of assistants of the Apothecaries' Society, by appointment, on Tuesday last, at two o'clock, to ascertain the opinion of the Company with respect to Sir James Graham's Medical Bill, and the course of action that the society thought it would be advisable to adopt on the present occasion. The deputation were politely received by the court, who assured them that the society adhered to the principles which they had promulgated in their recent "statement;" that they felt it to be their duty, by communications with the profession, to make themselves acquainted with the real wants and wishes of the great body with whom they were more immediately connected, for which purpose they had watched the proceedings of the Medical Protection Assembly, and were, to a certain extent, aware of the opinions of that Association, with

which they entirely concurred. The court said that when the proper time arrived, they would be happy most earnestly to co-operate with the Association; that associated bodies ought to move slowly and cautiously, lest they should jeopardize or injure the interests of those whose welfare was committed to their care; that they had given the subject their best and undivided attention, and in a few days they would again address the profession, and expound a plan of reform which they believed would *improve* and satisfy the medical public. This plan, they said, was conceived in the most liberal spirit, and granted the principle of self-government to the licentiates of the society—a privilege for which the deputation so earnestly and properly contended.

The deputation expressed great satisfaction at these declarations, urging, amongst other measures, the necessity of protecting the public against unqualified practice and quackery, and advocating the establishment of a college of medicine and surgery for the general practitioners, whose numbers, acquirements, and great public services, really constitute *the profession*. In these fundamental principles, and even in the minor details considered in the conference, the utmost unanimity prevailed.

The court stated that they would feel obliged if the Assembly would afford them the earliest intelligence, and all documentary evidence in their possession, as to the wishes and feelings of their medical brethren in the provinces, with whom they were in correspondence, and agreed with them in the desire to concert and *convene delegates* from all parts of the country; they expressed a hope that an open and unexclusive body like the Assembly would encourage, by every possible means, unanimity among the district and provincial associations, so that their exertions might be united and simultaneous, and thereby successful.

The conference broke up, with the understanding that the ulterior consideration of the subject should be postponed until after the official document had appeared.

WREXHAM.

On Tuesday, September 24th, a meeting of medical practitioners, residing in Wrexham and the neighbourhood, was held at the Dispensary, to take into consideration the best mode of expressing their opinion, in the form of a petition to the House of Commons, respecting the bill introduced by Sir James Graham for the regulation of the medical profession. Present—Mr. T. T. Griffith, Mr. Lewis, Mr. Rowland, Mr. Williams, Mr. Dickenson, Mr. R. C. Roberts, Mr. T. M. Evans, Mr. Randles, Mr. Eyton; professional engagements preventing several others from attending. Mr. Lewis in the chair.

The following resolutions were unanimously agreed to:—

1st. Proposed by Mr. T. T. Griffith, and seconded by Mr. E. Williams—

"That it is the opinion of this meeting that the bill introduced into the House of Commons by Sir James Graham, Bart., in its present form, will be injurious to the profession generally, but more especially to that branch denominated general practitioners, by throwing open the practice of medicine and surgery to men wholly unfit to be entrusted with the care of the lives of her Majesty's subjects; and whilst as members of the profession they thus feel, they are also deeply impressed with the conviction that the best interests of the public at large are extensively compromised and endangered by the proposed bill."

2nd. Proposed by Mr. Dickenson, and seconded by Mr. Eyton, of Overton,—

"That the petition now read shall be presented to the House of Commons, signed by the medical profession of Wrexham and its neighbourhood, embodying their sentiments, and praying for such legislative enactments as shall prevent all unqualified persons from engaging in the practice of medicine and surgery; that the presentation be entrusted to Sir W. W. Wynn, Bart., and that the Hon. Mr. Bagot and T. Mainwaring, Esq. be respectfully requested to support the same."

3rd. Proposed by Mr. T. T. Griffith, and seconded by Mr. Randles, of Bangor,—

"That a copy of the petition be forwarded to each of the members of parliament for the county and boroughs, with an address, respectfully requesting the attention of each member to the subject of the petition, and their attendance in parliament to support the prayer of it."

4th. Proposed by Mr. R. C. Roberts, of Ruabon, and seconded by Mr. Rowland,—

"That the proceedings of this meeting be published in the two Chester papers, the "Carnarvon Herald," the "Bangor Gazette," The Lancet, the "Medical Gazette," and "Provincial Medical and Surgical Journal."

5th. Proposed by Mr. E. Williams; seconded by Mr. Evans,—

"That this meeting desires to express its thanks to the Editor of the "Times" newspaper, for his able advocacy of medical reform, and his decided opposition to Sir James Graham's proposed measure."

6th. Proposed by Mr. Eyton, of Overton, and seconded by Mr. Dickenson,—

"That the thanks of this meeting be respectfully tendered to the patron, president, and committee of the Wrexham Dispensary, for their liberality in affording the use of their committee-room on the present occasion."

Thanks were then voted to the chairman, which having been suitably acknowledged by that gentleman, the meeting separated.

William Rowland, Hon. Sec.

Wrexham, Oct. 7, 1844.

THE PETITION.

"To the Honourable the Commons of Great Britain and Ireland, in parliament assembled.

"The petition of the undersigned Medical Practitioners of Wrexham, Denbighshire, and its neighbourhood,

"Humbly sheweth,—

"That your petitioners, whilst they hail with satisfaction those portions of Sir James Graham's proposed 'Medical Reform Bill' which they believe will tend to exalt the character of their profession, have read with deep regret and one feeling of disappointment those clauses in the bill which, by repealing existing protective enactments and removing all restrictions from the practice of medicine, would open the profession to any individual, however uneducated or unqualified.

"That your petitioners recognise in the legal qualification at present required in those who would practise medicine or surgery, a necessary guarantee to the public that such practitioners are competent to undertake the highly responsible and arduous duties of their profession, and a just protection to those who, by diligent study and at a very great expense, have thus qualified themselves.

"That as in framing the proposed bill it has been considered expedient that certain qualifications shall be required in those members of the profession who may be appointed to any public situations, your petitioners would humbly submit to the consideration of your honourable house the necessity of affording to the public in general, in the far more extensive field of private practice, the same protection which has been very wisely thought necessary for inmates of hospitals and workhouses.

"Authentic statistical accounts exhibit an appalling amount of mortality amongst children who have been attended only by uneducated persons, one-half of all the children born in the districts of Manchester being swept off before attaining the age of five years. In two districts, out of an annual average of 1384 deaths, 672 of the cases were attended by druggists, or received no attendance at all.

"That a result which your petitioners feel assured would be deeply deplored by your honourable house, would inevitably follow the passing of the bill in its present form—viz., a retrograde movement in medical science in this country, and the ultimate destruction of the respectability of the profession.

"Your petitioners, therefore, now appeal to your honourable house in the confidence that their interests and the public good will be duly considered; and they respectfully, but earnestly, entreat that your honourable house will see the justice of enacting some other law, whereby the public may be protected and the interests of the profession efficiently maintained.

"Your petitioners will ever pray."

CHESTER.

At a meeting of the medical profession of Chester and the surrounding districts, convened for the purpose of taking into consideration the provisions of a bill introduced into parliament by Sir James Graham, "For regulating Medical Practice throughout the United Kingdom," which was held at the Chester Infirmary, on Thursday, October 10th, 1844 — Present, Dr. Thackeray, (in the chair;) Dr. Llewelyn Jones; Mr. Dobie, of Gresford; Mr. Brierly, of Tattenhall; Mr. Bromfield, Mr. Bage, Dr. Phillips Jones; Dr. Davies; Mr. Moffatt, of Hawarden; Mr. Weaver; Mr. John Harrison; Mr. Hamilton; Dr. Edwards; Mr. Hodson; Mr. McGregor, of Farndon; Dr. Williams, of Mold; Mr. Lilly; Mr. Willmott; Mr. Leete, County Asylum; and Mr. Brittain, Honorary Secretary.

The following resolutions were adopted:—

1. It is the opinion of this meeting, that the present state of the medical profession requires numerous and speedy amendments; and whilst we cordially admit that many of the proposals made by Sir James Graham would materially effect desirable and extensive improvements, still we conceive that there should be ap-

pended to the bill a decisive protecting clause, to punish the unqualified, and to protect the public from the practices of untaught and unskilful pretenders.

2. That this meeting do resolve to present petitions to both houses of parliament, embodying the substance of the preceding resolution, and that the following be the form of the petition:—

The Petition of the legally-qualified Medical Practitioners of Chester and its neighbourhood, present at a Meeting held in the Board-room of the Chester Infirmary, October 10th, 1844,

HUMBLY SHEWETH—

That your petitioners, deploring the present anomalous condition of the medical profession throughout the United Kingdom, and concurring in the expediency of its revision by the legislature, whilst they hail with satisfaction certain general measures relating to the education and government of the profession, as contemplated in the bill introduced into parliament by Sir James Graham, they yet feel called upon to protest against those clauses which involve the removal of restrictions upon unqualified practice, and PRAY, that should it be thought expedient to repeal those acts which afford any protection to the profession, such stringent clauses may be introduced into the present bill, as shall prevent all unqualified persons from engaging in the practice of medicine and surgery. Your petitioners, therefore, most humbly appeal to your honourable house to take the matter into your serious consideration. And your petitioners, as in duty bound, will ever pray, &c.

3. That the Most Noble the Marquis of Westminster be respectfully requested to present the petition to the House of Lords, and that the city members be respectfully requested to present it to the House of Commons; and that they, together with the county members, be solicited to support the prayer of the same.

4. That copies of the petition, together with the resolutions adopted at this meeting, be sent to each member of parliament in the county and North Wales, and likewise to THE LANCET, "Medical Gazette," "Provincial Medical and Surgical Journal," the "Medical Times," and the Chester papers.

5. That a committee be appointed to carry into effect the resolutions adopted at this meeting, and that all expenses contingent thereupon be defrayed by a subscription among the members.

That the following gentlemen form the committee:—Dr. Thackeray, Mr. Weaver, Dr. Phillips Jones, Mr. Hamilton, Dr. Edwards, and Mr. Brittain, and that the latter gentleman be requested to act as secretary.

6. That the best thanks of this meeting be given to Dr. Thackeray for the courteous and able manner in which he has presided over the meeting.

THOMAS BRITTAIN, Hon. Secretary.

TOWER HAMLETS.

A MEETING of the Tower Hamlets Medical Association took place on Tuesday, October 15th, at Crosby Hall, Bishopsgate-street, for the purpose of upholding the respectability and protecting the interests of the legally-qualified general practitioner, and to oppose Sir James Graham's Bill.

Dr. COOK, on being called to the chair, said that he was old enough to have been on the committee of general practitioners in 1815, and he had seen a great deal of the working of the measure of that year, commonly called the Apothecaries' Act; and although it was not all that it might be, there was in it much that was good. He had no feeling of animosity to physicians or surgeons; he had received from both branches of the profession a great deal of personal kindness, and at one time, when the College of Surgeons was unjustly attacked, he had published a pamphlet in its defence. He considered that the charter lately granted to the College of Surgeons bore most unjustly on a very large portion of the body of general practitioners. Why should it be, that if he practised midwifery along with surgery, he must whitewash for five years before he was eligible to be placed on the council? As to Sir James Graham's bill, his feeling for many years had been, that legislation would not do so much for the profession as many persons thought; but, at least, they ought to be protected from uneducated persons encroaching on their practice. On the one hand, they ought to resist any measure which tended to strike them down, while, on the other, they must not depend on legislation for the maintenance of that confidence which they enjoyed from the public. Why should a man be obliged to wait till he had arrived at the age of twenty-five before he could register as a pure surgeon, or till twenty-six, as a physician, while he would be competent to practise as a licentiate at twenty-one? These enactments seemed to him to be absurd.

Mr. ANSELL rose to move the first resolution, which deprecated the proposed repeal of all existing acts of parliament relative to the medical profession, especially the Apothecaries' Act, as removing all protection to the public against unlicensed practitioners. Sir James Graham's answer to all complaints on this head was, that quacks had always existed, and that it was impossible to suppress them by legislative prohibitions. The same argument might be used to discountenance attempts to suppress murder—for as long as bad passions remained among mankind, murder would exist; and if Sir James Graham knew the parties they had to deal with as unlicensed practitioners, and the recklessness with which they acted, he might be led to think that the parallel with murderers was closer than he supposed. Surely the body of general practitioners ought to be protected, in their small earnings, from the encroachments of these persons.

Mr. TOULMIN seconded the resolution, which was carried unanimously.

Dr. GAVIN moved the second resolution, which objected to submitting the profession to the surveillance and control of a Council of Health, composed principally of government nominees, and in doing so, asked what guarantee they had that the important duties intrusted to the council would be adequately performed? They were to attend to the quarantine regulations, the factory laws, and all questions relating to the health of the people; they were also to have the control of the teachers of medicine and surgery. What security was taken that this control should not be improperly exercised? The council might interfere most materially with the liberty of the student; it ought therefore to be free from all political bias. Would the members who were to be nominated by the councils of the colleges, (close and corrupt bodies,) be better able to discharge their functions, or better entitled to general confidence, than if they were elected by the general body of the profession? The profession possessed within itself the means of self-government, and ought to be allowed to exert them. The power of removal of members of the council at the discretion of the Secretary of State it would be preposterous to grant.

Mr. KING seconded the resolution, which was carried without opposition.

The next resolution, advocating the adoption of a system of registration calculated to exclude empirics, was moved by

Mr. LIDDLE, who said that a registration excluding all but those who possessed the necessary qualifications would be an honourable distinction; but to make it complete, a power ought to be given of striking off members who disgraced themselves, as was the case with attorneys. It would be desirable that all persons who entered the medical profession should have to pass the same examination. As the medical profession were to be called on to pay for registration, and the fees were to go to the support of the council, it was but fair and consistent with the usage of this country that they should have the election of that body. The bill, which he regarded as a mere sequel to the charter of the College of Surgeons, undoubtedly went to degrade the body of general practitioners.

Mr. WALLACE seconded the resolution, which was carried.

The fourth resolution, affirming the necessity that the public, and especially the poor, should be protected against ignorance and empiricism, and suggesting a summary conviction as preferable to prosecution for the purpose of putting down quacks, was moved by

Mr. BYLES, who said that some time ago the disunion of the profession was such that it might be said *quot homines tot sententiæ*, but now they all united to overthrow a measure which was prejudicial to the interests of all as well as perilous to the public health. There was a necessity for protecting the poor woman in labour from the unskilful and unauthorized practitioner; there was also a necessity for protecting the profession against those persons (who, though few, were dangerous,) who practised under feigned names and surreptitious testimonials, and against quacks, who professed to do impossibilities, and cure cancers and other diseases which the enlightened part of the profession had long since abandoned the hope of doing more for than to alleviate.

Mr. FORSTER seconded the resolution, which was carried.

Dr. WARD moved the next resolution, which denounced as absurd and inconsistent the registration proposed by the bill, in clauses 14, 15, and 16, and he stated his opinion that the distinctions proposed to be recognised by the bill were unphilosophical and untenable. Abernethy used to open his lectures with the sentence—"Medicine and surgery are, as the French republic was said to be, one and indivisible." Where was the surgeon to be found who never practised medicine? Sir Astley Cooper used to say, that if he had practised merely surgery he should have starved. No such thing as the pretended distinction existed but in the imagination. The effect of the bill would be to degrade the general

practitioner. In "The Globe," if he was not mistaken, it had been stated that there were six medical men at present employed on one railway as policemen. If the bill passed, not six, but sixty, would soon be found so employed. The proposed system of registration gave no privilege that they had not already, and took away what little protection the law at present afforded them. The grand object of the bill was to impose a tax on the profession to support the Council of Health; but did Sir James Graham think they were such fools as to pay it? For his own part, he hoped, if the bill passed, the profession would resist to a man such a gross imposition. The points they wished to compass were, protection against empiricism, self-representation, and the separation of the profession from the trade. It had been said that they had no friends at court; but they had a friend in the House of Commons—Mr. Wakley, the stanch supporter of their privileges and interests, and for many years the advocate of their rights and of medical reform. For his efforts in their cause he was entitled to their gratitude. (Cheers.) Out of the House of Commons they had the leading organ of public opinion, "The Times" newspaper, and why should they despair? *Nil desperandum Teucro duce, et auspice Teucro.* (Cheers.) If they were true to themselves they would succeed in baffling Sir James Graham.

Dr. BARNETT seconded the resolution, which being adopted,

Mr. WHITE moved the following resolution:—

"That however anxious the members of the medical profession may be to preserve their rights, and hand them down unimpaired to posterity, their individual interests sink into insignificance when compared with the disastrous consequences which must result to the public from the indiscriminate practice of medicine by ignorant and unqualified persons. This meeting, therefore, considers the thanks of the medical profession eminently due to the Editors of "The Times" newspaper, THE LANCET, and other journals, for their able and disinterested advocacy of the claims of the profession, and still more for the searching exposure of the evils which will inevitably be entailed on the community, if the proposed medical bill should receive the sanction of the legislature."

He thought every one, before being allowed to practise, ought to pass a strict and searching examination. A great defect in the bill was, that under it there would be no public body to take up the prosecution of parties practising without authority, and the consequence must be, that it would be left to private individuals to put down quackery at the risk of being looked on in the invidious light of common informers, and of being put to great expense; summary punishment would be a better cure.

Mr. SELF seconded the resolution, which was adopted, as was a resolution of thanks to Mr. Wakley, for his able exposition of the errors of the bill, and for his unceasing efforts in the cause of medical reform.

Petitions, embodying the resolutions, were then agreed to be presented to both houses of parliament, and thanks voted to the chairman, after which the meeting separated.

SHEFFIELD.

AT a meeting of the medical profession of the borough of Sheffield and the surrounding district, held in the Cutlers' Hall, Oct. 16, 1844—Dr. THOMPSON in the chair—and present, Drs. Favell, Bartolomé, Branson, Benj. Robinson, Woolham, Shearman, and Axe; J. Walker; R. Roper; J. T. Porter; C. W. Beckett; — Askham; K. Wilson; Joseph Law; John Shaw; — Wilkinson; George Varah; J. F. Wright; Hugh Wood; Gabriel Reedall; Henry Thomas; Henry Jackson; Wilson Overend; John Haxworth; Henry Boultbee; Jos. S. Waterhouse; — Nicholson; — Berman; John Deakin; James Ray; William Skinner; W. F. Osborne; Wm. Dawson; Edward Harrison; and — Richardson, Esqrs.; the following resolutions were adopted:—

1. "That this meeting views with satisfaction the attempt now made by Sir James Graham to put an end to the dissensions unfortunately, for some time back, existing in the medical profession, on the subject of medical government; and considers that he is fully entitled to the sincere thanks of all its members for his endeavour to connect so important a branch of the social community of this country with the state, thus enhancing its dignity and extending its efficiency."

It was moved by HENRY THOMAS, Esq. and seconded by HUGH WOOD, Esq.

2. "That although certain of the provisions of the intended bill are, in the opinion of this meeting, decidedly objectionable, there are others which are deserving of the approbation and support of the profession—such as the connexion of the medical profession with the state, the registration, and that clause by which degrees in medicine conferred without residence and without examination are not recognised."

It was moved by Dr. FAVELL, and seconded by Dr. SHEARMAN,

3. "That this meeting deeply regrets that, by the vague and feeble wording of the thirty-first clause, full opportunity is given to unqualified persons to take advantage of that part of the first clause by which all restriction on the practice of physic and surgery is removed, and would respectfully urge that legally qualified and registered practitioners of medicine and surgery are fully entitled to protection against the practices of unqualified persons, which they would suggest ought to be effected by some stringent and summary process."

It was moved by GABRIEL REEDALL, Esq. and seconded by J. WALKER, Esq.

4. "That the following petition to the Commons House of Parliament be adopted, and signed by the members of the profession resident in this district:—

"The Humble Petition &c. &c.

"Humbly sheweth,

"That your petitioners witness with great satisfaction the introduction of a bill, intituled, 'A Bill for the better regulation of Medical Practice throughout the United Kingdom,' which by its provisions will, in the humble opinion of your petitioners, conduce to the dignity and interests of the medical profession, by connecting it with the state, by favouring an efficient registration of all legally qualified members, and by not recognising degrees in medicine conferred without residence and without examination.

"That your petitioners deeply regret that the intended bill does not afford that protection from the irregular practices of unlicensed persons to which all legally qualified practitioners feel they are fully entitled, and humbly pray that your honourable house would be pleased to enact some clause by which such persons shall be more summarily dealt with, and such practices effectually prevented. And your petitioners, as in duty bound, &c. &c."

It was moved by JOHN TAYLOR PORTER, Esq. and seconded by Dr. SHEARMAN,

"That the members for the borough of Sheffield be respectfully requested to present this memorial, and that they, with the members for the West Riding, be requested to support it in the House of Commons."

MEDICAL SOCIETY OF LONDON.

Monday, October 21, 1844.

DR. THEOPHILUS THOMPSON, PRESIDENT.

EFFECTS OF MEDICINES.

Dr. LEONARD STEWART, in reference to a subject touched upon at the last meeting, observed that the influence which the circumstances of the mother exercised on the infant at her breast, was well exemplified in the House of Correction, where the sudden removal of the mother from drunkenness, and other vicious habits and depressing causes, was almost immediately followed by an improvement in her own health, and in that of her offspring also.

Mr. DENDY said that the effect of medicines, when given to the mother or her sucking infant, was a matter of high importance. He had been frequently thwarted in his attempts to influence children by medicine, from the effects of the mother's milk on the child; and he had, on many occasions, succeeded in curing infantile diseases, particularly those of the skin, by administering medicines to the mother. He could not determine whether the medicines so given were conveyed by the milk unchanged to the infant, or whether they were altered in constitution, and, consequently, in their effects. Of this, however, he was certain, that at the Royal Infirmary for Children, his practice had been more successful since the plan had been adopted of considering and treating the mothers as patients as well as the children.

Mr. STEDMAN said that many medicines exhibited to a mother would affect the child, particularly purgatives and mercurials; others, such as opiates, appeared to have no such effect. He referred to the treatment of "cancrum oris," which he considered to be usually dependent on a low state of vitality, and he was in the habit of treating it successfully by one or two mild doses of grey powder and rhubarb, followed by quinine.

Mr. LINNECAR had found that purgatives and mercurials were active on the child when given to the mother. He believed that the fœtus in utero was materially influenced by the health of the pregnant woman, and related a case to shew that two children, of which a woman was successively delivered, had died from having been insufficiently nourished in the womb. The third child lived in consequence of the health of the mother having improved.

Dr. CHOWNE said that the difficulty in giving purgatives to

a mother, was often to know what would not affect the child. Olive oil appeared to him to be the least likely to do so. Children were often benefited when mothers were taking medicine, not so much from the direct influence of the medicine, as from its improvement of the general health of the mother, and the consequent improvement in the mammary secretion. He related the case of an infant, fourteen months old, who had been tapped for dropsy, and on whom various diuretics which were administered, appeared to exert no beneficial influence. The mother was ordered to drink gin and water, and the quantity of urine secreted by the child was immediately increased.

Dr. GARROD remarked that it appeared that some medicines acted on the child through the mother's milk, while others did not. It had struck him that this difference might be explained on chemical grounds. Thus it was found that those inorganic substances which acted on the milk, and were found in that secretion were binary compounds, such as the iodide of potassium, the grey powder, &c. The organic medicines which acted on the child, or were found in the secretions, appeared to be those which owed their active principle to an acid, as jalap, rhubarb, senna, &c. On the contrary, the organic remedies which were inactive, appeared to be those whose active principle was an alkaloid, as opium, &c.

CAUSES OF ABORTION.

The PRESIDENT inquired the reason why some women aborted from slight mental or physical shocks, whilst others who were subjected to these influences, even though of the most violent character, were not affected.

Mr. LINNECAR believed that these sudden abortions depended either on a spasmodic action of the womb expelling the contents, or from an interference with the circulation in the uterine portion of the placenta destroying the life of the child. He related the case of a woman five months advanced in pregnancy, who was burnt to death. Immediately before dying, and when quite unconscious, the child was born alive.

Dr. ANDREWS believed that women who aborted from sudden mental or physical shocks, were generally hysterical; more robust women did not usually suffer from these causes. To shew that the uterus appreciated almost any shock on the system, he related the case of a lady who was attacked with scarlet fever at the sixth month of utero-gestation. The fœtus was alive for forty-eight hours after the commencement of the disease; at the end of three days it was expelled, and had been evidently dead for twenty-four hours. The child, he believed, had perished from the poisonous influence of the disease. The discovery of Dr. Lee respecting the nerves of the uterus, explained the peculiar susceptibility of that organ to impressions made on the general system.

WESTMINSTER MEDICAL SOCIETY.

Saturday, October 19, 1844.

DR. REID, PRESIDENT.

OPENING OF THE SESSION.

THE society held its first meeting of the session this evening, at its rooms, 32, Sackville-street.

The PRESIDENT, on taking the chair, briefly addressed the members on the prosperity of the society, and the advantages which had attended its removal to its old place of meeting, and made the following judicious observations on the objects of the institution:—

PRESIDENT'S ADDRESS.

This society is essentially a practical one; our object, in assembling together, is simply to increase our own stock of knowledge by listening to the narration of cases, or essays on any professional subject of interest, or to impart to others, in return, those facts which may have fallen under our own notice, and which have struck us as possessing novelty, or, at least, being of that anomalous character which may render them legitimate objects of discussion.

Without assuming the appearance of a debating society, we meet to discuss freely, yet without acerbity, the relative value of facts presented to us, and the deductions drawn from them; and I think that few will be found who will not at once admit that they have reaped much advantage occasionally from these discussions; for owing, perhaps, to some subject, which we had hitherto regarded as a settled one, being presented to us under a different aspect, we are compelled, on our return home, not only to re-consider it with greater attention, but to consult the various authorities which may elucidate and clear up those doubts that have arisen on its various points.

The personal observations of each individual (however extensive his experience) must necessarily be limited within certain bounds, even on the subjects to which he may have peculiarly devoted his attention; but their comparison with those of others, and the practical inferences which may be elicited by this method of testing them, must surely prove of much benefit to us, either by confirming our original impressions, or by causing us to hesitate and renew our observations, in order to find out whether our opponents or ourselves are correct.

The very accumulation of facts and repeated investigations thus drawn forth, perhaps, by some casual doubt on the part of others, has had the good effect, in many instances, of laying the foundation of works whose pages at an after time have been referred to with confidence, for the solution of doubts which have arisen in the minds of others on the same subject.

It is thus, that owing to a friendly collision occasionally on matters relating to practice, our researches are more earnestly prosecuted, not for the purpose of achieving victory, but for an object far more worthy of our best efforts—the eliciting of truth. Our various theories, likewise, are thus subjected more fairly to the test, and although they may have appeared to us previously perfect and complete in all their logical deductions, yet the judicious critique or opposition of others, as fully capable of estimating their value, will prove of no detriment should they be founded on a solid basis. It is not transferring to our own minds the thoughts and opinions of others only which will be of value to us, but the exercise of our reflection, and reasoning faculties, which will allow of our arranging and comparing the materials presented to us, and drawing our inferences from them.

Our laws very judiciously confine our discussions to medical scientific subjects, as they alone are amply sufficient to occupy our attention.

One of the most valuable contributions to these meetings has been the occasional exhibition of specimens of morbid anatomy, with a history of the previous case attached to them. During the last session, especially, we were favoured by some of our members with very interesting pathological specimens; and I would take the liberty of reminding those who most frequently are in the habit of meeting with similar opportunities, that a great service is rendered to the society by allowing us to take advantage of them here.

Another material benefit derived from societies of this description is, the varied experience which may be made available for their members, by the varied pursuits of the latter in the different branches of the profession. We may thus have presented to us, in rotation, the anomalous and curious pathological specimens I have alluded to, which have come under the notice of those whose peculiar duties confine them principally to the dissecting-room; the records of interesting medical or surgical cases minutely observed in every stage by those who have the charge of the wards of our hospitals and infirmaries; and to those interested in the details of obstetric practice, or the peculiar diseases of women and children, I may venture to assert, that the records of this society are rich in interesting cases of this description, owing to so many of our members being engaged in that department of the profession.

Another advantage, and one, too, of considerable value to professional men, afforded by societies like the present, is the opportunity afforded us of meeting together, and cultivating those friendly feelings by frequent intercourse, which, except for them, owing to the laborious and constant employment required elsewhere, would necessarily be interrupted to a considerable degree, if not in many instances totally destroyed.

Mr. SNOW read a paper on a

FATAL CASE OF POISONING WITH CARBONATE OF LEAD,

which came under his notice in May last. A child five years of age ate a portion, not so big as a marble, of white lead, ground up with oil, on a Saturday night: on Sunday, Monday, and Tuesday, he suffered from pain in the abdomen, and costiveness. His parents, thinking what he had eaten was putty, did not consider his illness dangerous, and did not apply for advice, but gave several doses of purgative medicine; and the bowels were moved on Tuesday evening, for the first time. During Tuesday night, the child became rapidly worse, and vomiting was added to the other symptoms. Mr. S. was called in on Wednesday morning, and found him vomiting constantly a brownish liquid, streaked with blood, and complaining of great pain, chiefly in the epigastrium. His face was swollen and purple, and there was effusion of apparently coagulated blood under the conjunctivæ, and oozing of blood from the nostrils, and the body was spotted with petechiæ. The gums were tense, and very white. Pulse 140, and hard; skin hot. Leeches were applied to the epigastrium, and an emulsion containing Epsom salts was given; but he got rapidly worse, and died within five hours of the first visit, and about ninety hours after taking the

poison. He passed some very offensive motions, of a peculiar greenish black colour, before he died.

An examination of the body was made, eighteen hours after death. A considerable quantity of serum, deeply tinged with blood, was found in the pericardium, both pleuræ and the peritoneum. There was ecchymosis of the surface of the lungs, and they were engorged posteriorly. The heart, as well as the liver and kidneys, was soft and flabby, and there was a little red fluid blood in the ventricles. The œsophagus was healthy, except two spots of ecchymosis near its lower end. The stomach exhibited marks of intense inflammation, the mucous membrane being much injected, and of a very dark-red colour throughout all its extent. The rest of the alimentary canal was healthy, except a little redness of the cœcum. Poison could not be detected in the contents or tissue of the stomach, or in the matter vomited.

In the authors to whom he had referred, he (Mr. S.) had not met with a fatal case of acute poisoning by carbonate of lead. Dr. Taylor related a case attended by Mr. Cross, in which a woman took six or eight drachms, by mistake, and recovered under the use of remedies; and Dr. Christison quoted from a German journal the case of a young woman, who swallowed, accidentally, an ounce and a half, without any bad effect whatever, either at the time or afterwards; that it was very poisonous, however, we had sufficient evidence, for the carbonate was the form in which lead was introduced into the system of painters and most artisans who suffered from it. In the case quoted from Dr. Taylor, and in the cases recorded of poisoning by the other salts of lead, vomiting, and other symptoms of violent gastric irritation, came on soon after the ingestion of the poison; but this child seemed to suffer only from lead colic for the first three days, and the gastritis appeared only to come on, or at least to become severe, about twelve hours before he died. This, probably, depended on the incorporation of the white lead into a tough mass, with oil, which might retard its effects, and cause it to act only by little and little in proportion as it became digested.

Mr. HANCOCK remarked that the symptom of relaxation of the sphincter ani in the case detailed, had been considered by Mr. Snow as very remarkable and unusual. Now, he (Mr. H.) had repeatedly seen that condition of the muscle in question in cases of concussion of the brain, and of injury of the spinal cord, the relaxation continuing in some cases for several days, and the patients ultimately recovering.

Mr. SNOW replied that his observation with reference to the sphincter ani had reference to cases of acute disease, in which the brain and spine were not primarily involved. He still thought that, in cases of that description, it was very unusual to find the sphincter relaxed.

Dr. CHOWNE said that the question mooted by Mr. Snow respecting the relative poisonous powers of carbonate and acetate of lead, was one of much importance. His own opinion was, that the carbonate was most poisonous. The effects of carbonate of lead, when dissolved in water and drank, were well known. Fortunately, however, this accident was unlikely to occur, for it was only when water was quite *pure* that lead became soluble. As commonly received into our cisterns, water had no chemical effect on lead, because the fluid held some neutral salt in solution. It must be remembered, also, that anything like galvanic action prevented the decomposition of the lead, and this galvanic action might arise from the presence of a few iron nails. Cases of poisoning by acetate of lead were more frequent than those by the carbonate. The sphincter ani was seldom relaxed in cases of poisoning by carbonate of lead; a case was recorded, however, in which the use of a lead lotion to hæmorrhoids produced relaxation of the sphincter.

Mr. BROOKE recollected examining a man who had died from the effects of lead colic. There was a very unusual appearance of the pleuræ, both of which were remarkably dry and shining, and though the costal and pulmonic layer were not adherent, they were in very close contact. The body was examined the day after death.

Mr. SEATON referred to the poisoning of the Queen's hounds by carbonate of lead, in consequence of the water they drank passing through leaden pipes, and observed that in this instance the lead could be separated by repeated filtration.

Dr. CHOWNE, in reference to the

EFFECT OF LEAD ON THE GUMS,

had seen a great number of instances in which the blue line on the gums was present without any evidence whatever that lead had been taken into the system; and he had seen even lead colic in which there was no tinge of the gums. Inquiries and observations, indeed, most carefully directed to this point, had convinced him that the presence or absence of the blue line on the margin of the gums had no certain connexion with the administration or non-administration of lead. One of the most severe cases of paralysis he had ever seen had arisen from the inhalation of lead: the patient was a tailor, who had worked in a room which had been recently painted. Cases of poisoning by acetate of lead were not uncommon; they were seldom fatal, although as much as an ounce of the lead had been in some instances taken.

Mr. SNOW said, that the dryness of the pleuræ, in Mr. Brookes' case, was probably owing to other causes than the lead; the dryness was an evidence of inflammatory action. In his own (Mr. Snow's) case, the cavity of the pleuræ contained a quantity of serum.

Mr. WELLS related some cases in which all the symptoms of poisoning by acetate of lead resulted from drinking porter which had passed through leaden pipes.

Mr. HARDING said that the

DOSES OF THE ACETATE OF LEAD,

as ordered in the Pharmacopœia, were, as a general rule, much too small. In active hæmorrhage this medicine might be administered in very large doses with perfect safety. He had seen as much as thirty to forty grains of it given in the course of a day with the best results.

Mr. SNOW said, that the danger of the acetate of lead consisted less in the largeness of the doses than in the long continuance of small doses.

Mr. C. CHOWNE related a case in which an ounce of the acetate of lead was swallowed in mistake. The patient had an emetic administered, followed by Epsom salts, and quite recovered.

THE OPERATION AT THE JERVIS-STREET HOSPITAL, DUBLIN.

To the Editor of THE LANCET.

SIR,—I have read with astonishment, in the last number of your journal, the letter of your Dublin correspondent. Be it remembered that this person stated, in a former number of THE LANCET, that I assisted at a certain operation which was performed in the Jervis-street Hospital, on the 20th of last July. This not being the fact, I addressed a letter to you, which appeared in THE LANCET on the 21st of September, denying the correctness of the statement, as far as it related to myself. Under these circumstances, you may easily judge of my amazement when I read in the rejoinder of your correspondent the following astounding passage:—

"I said that Mr. Ellis assisted in the operation, which I now again distinctly repeat; and I cannot for the life of me imagine what Mr. Ellis means by denying that he assisted in the performance of the operation. Was he not nearly opposite to Mr. O'Reilly while he applied the ligature? Did he not tell Mr. O'Reilly, when he was about to tie the ligature, that all was right, when some of the other surgeons said a small nerve was included?"

Now, my reply to this most audacious mis-statement is exceedingly simple. *I was not near enough to the operation-table to hear or see the particulars of what occurred during the operation. I made no observation whatever on any subject on the day of the operation; nor did I see the carotid artery, or any of the nerves in its vicinity.* In thus replying to the assertions of your correspondent, I beg to disclaim any intention of asserting or insinuating that there was anything irregular or unprofessional on the part of the gentlemen who happened to assist on the occasion; nor am I so vain as to suppose that I am not just as liable as they are to be implicated in what your correspondent so feelingly designates an "unfortunate case." Your reporter states that he was actuated by no unkind feeling in bringing this case before the medical profession. Well, perhaps not; but with his feelings or his motives I have nothing to do; it is to his obstinate perseverance in misrepresentation I object. If his object were solely to enlighten the profession generally, could not his benevolent intentions be as effectually carried out without naming the hospital, and *some* of the surgeons attached to it? Yes, I repeat, "*some* of the surgeons," for up to the present moment, the candid reporter has studiously suppressed, for reasons best known to himself, the names of two of the surgeons who really did assist at the operation, while he presumes to place me in a position which I did not occupy, and perseveres in reiterating his original mis-statement, in direct contradiction to my written denial of the correctness of his report.

Your correspondent complains that I did not read one passage in his original report correctly, and states that the true reading of that passage is, that all the surgeons of the hospital were not only present, but assisted at the operation. Now, I should like to know how he can reconcile this interpretation of his own composition with the concluding sentence of his last letter, which runs thus:—"In justice to Mr. Kirby, I beg to state that he was not present at the operation."

Mr. Kirby will, doubtless, duly appreciate this very equivocal

sort of compliment, coming, as it does, from an anonymous panegyrist. Sir, I now beg to take my final leave of your veracious correspondent, and I am firmly convinced, that if you follow my example, you will not, in the slightest degree, injure the reputation, or compromise the interests, of THE LANCET.

I have the honour to remain, your obedient servant,

A. ELLIS.

110, Stephen's-green, Oct. 12, 1844.

BIRMINGHAM GENERAL HOSPITAL.

THE PRUSSIC ACID CASE.—LETTER FROM MR. GUTTERIDGE.

To the Editor of THE LANCET.

SIR,—In your number of the 12th inst. you refer to a statement of mine, impugning the Rev. Peyton Blakiston's *medical* competency; and you also quote a passage from a letter lately published by Mr. Ledsam, particularizing the circumstances of the case of chorea treated with prussic acid by the reverend gentleman in the General Hospital, at Birmingham; and you pertinently ask, "*Is this statement true or false?*"

The letter purporting to be written by the house-surgeon, Mr. Freer, furnished you by the reverend gentleman himself, and printed in your last number, contains admissions confirmatory of the statement of Mr. Ledsam and myself.

It is said that "the medicine was *only two-thirds* of the strength stated." I must remark, that there is no proof of this, but rather the contrary; for the dispenser says, the strength of the "acid in use at the hospital is rather above one and three quarters—two being the pharmacopœial strength." I have reason, however, to doubt the correctness of the statement equally of the house-surgeon and the dispenser. I understand that the strength of the medicine which the patient took *was never ascertained at all!*

It is said by the house-surgeon, that "thirty-five drops is the smallest dose ever known to have proved fatal." On this I observe, that the patient in the present case was a weakly boy, and that it is therefore not surprising that he should die from taking a quantity of prussic acid only *one-seventh* less than that admitted to have proved fatal in another case.

The prussic acid in use at the hospital is presumed to be of the strength directed by the London Pharmacopœia. The medicine actually used was therefore either of *that* strength, or it was, as stated by the house-surgeon and the dispenser, considerably weaker. If the latter, the druggist who supplies the hospital committed a fraud upon the institution, by supplying an inferior article, and misleading the medical men in estimating the remedial strength of the acid. If the former—as it may have been, and probably was—then *thirty* drops, of the pharmacopœial strength, were really administered: hence the fatal result.

"A doubt having arisen as to the instructions given, I thought it better," says Mr. Freer, "not to increase the dose, although I had no misgivings about the case." I understand that a doubt *did* so far arise as to the instructions given, that the reverend gentleman was sent to, and asked again what his orders were as to the quantity, the interval, and the augmentation of the dose. He expressly ordered, I am informed—and as Mr. Ledsam relates —"TEN DROPS EVERY TWO HOURS, AND INCREASE THE DOSE FIVE DROPS EVERY TIME!" Again, a doubt arose in the mind even of the dispenser; for it is stated, that in his astonishment at the enormity of the dose, he asked Mr. Hodgson, who happened to be in the hospital at the time, whether he should prepare and send the medicine to the patient, as his reverence had directed. "*Yes,*" *said Mr. Hodgson,* "*if you wish to be sent to Warwick*"—meaning Warwick GAOL—for what Mr. Hodgson seems to have considered the impending manslaughter. Mr. Freer says he "had no misgivings about the case." Why, then, did he not administer the dose ordered—repeatedly ordered—by the reverend physician?

Mr. Freer further says, "The dose had occasionally been administered in the hospital, without having been attended with the slightest injury." I believe myself that no such dose was ever administered in the hospital, except after the patient had been inured to the medicine, and the dose *gradually* and *cautiously* increased.

Mr. Freer says, "Three quarters of an hour is the longest time a person has been known to survive who has been fatally affected," (by prussic acid, it is to be presumed Mr. Freer means.) An experiment of Coullon, a very high authority on this matter, has shewn that animal life may be continued at least *nineteen hours* after the subject "has been fatally affected." As to there having been intervals of "two hours" between the ten-drop doses, the fact, if so, is not very important; for in a dog, the particular subject of Coullon's experiment, death ensued full *nineteen hours* "after the last (perhaps the only) dose had been given." The analogy of the case of men and dogs is sufficiently close, on this point, to warrant the conclusion, that prussic acid is not always *suddenly* fatal. The question as to the *convulsive* effects of prussic acid, administered after such short intervals as "two hours," becomes, therefore, more important in estimating the potency of this scarcely-manageable agent.

Mr. Freer declares, "that no dose of medicine was ordered or administered which was not fully justified by the nature of the case, and that no injurious effects whatever were produced by it." On this subject, the house-surgeon is a much better authority than the reverend physician. He exercised, undoubtedly, a sound discretion in not administering prussic acid, as Dr. Blakiston prescribed it: first dose, *ten* drops; second dose, *fifteen* drops; third dose, *twenty* drops; and so on, increasing. Nevertheless, the administration of *thirty* drops in *four* hours, was followed by death "twelve hours after the last dose." How many hours short of twelve might the patient have survived had the house-surgeon implicitly followed the reverend gentleman's directions?

Mr. Freer's letter, wherein he feels "called upon to state" this case, was obtained by a reverend brother of the Rev. Peyton Blakiston. This assumption by the Rev. James Prince Lee, Head Master of King Edward's Free Grammar School, of the office of inquisitor and advocate also, is as unwarranted by the hospital laws as it is otherwise indecent and improper. No person, whether a governor or not, is allowed to inspect the physician's prescription book without leave of the medical officers.* How much less, then, may a governor, and especially one not a member of the managing committee, interrogate the confidential medical officer residing in the hospital, and publish statements? Let it not, however, be supposed that this letter is entitled to implicit belief, even as it relates to alleged matters of fact. The printed "Report," published "by order of the general meeting," under the direction of the same Rev. Mr. Lee and Mr. George Barker, an attorney, who had taken a leading part in the unlawful doings at the hospital, is *false* in several essential respects. There are perversions or suppressions of the truth, and also evidences of tampering with the letter ascribed to Mr. Baker, the *late* house-surgeon, on a most important matter of fact, which entitle me to say that full credence may not safely be given to anything that has here been printed under the authority of Mr. Lee and Mr. Barker; I therefore take the liberty of saying that the statements in the letter, ostensibly written by Mr. Freer, may not be trusted, and that the facts of the case, as now admitted by Dr. Blakiston himself, while they establish, as I have endeavoured to shew they do, that the treatment in this instance was, as I have called it, "unjustifiable;" that conduct so rash and dangerous warranted me in publicly calling upon him, in the name of the medical profession, to tamper no longer with human life, and to betake himself again, with all speed, to the performance of *the duties that lawfully devolve upon him as a clergyman.*

I beg you will do me the favour to print this letter, with my name and address, in the next number of THE LANCET, and I remain, sir, your obliged and obedient servant,

THOMAS GUTTERIDGE.

Colmore-row, Birmingham, Oct. 22, 1844.

EDUCATION OF THE SONS OF THE FACULTY.

To the Editor of THE LANCET.

SIR,—I feel confident there is not a member of our profession who does not owe a deep debt of gratitude to Mr. Martin for the disinterested manner in which his motion, relative to the education of the sons of medical men, was brought forward at the meeting of the Provincial Medical Association, held at Northampton, last month, and there can be no doubt of its meeting with the cordial support of the profession generally. In your late leading article upon this subject, you justly applaud the necessity of a sound preliminary education, and apply much blame for the deficiency to the apprenticeship required by the London Apothecaries' Company. Though we must all complain of the system pursued by that body, yet we must recollect that in Ireland a seven years' servitude is required previous to the candidate offering himself for examination to practise as an apothecary, which said seven years must be subsequent to his passing the very extensive classical examination required for an apprentice—an examination comprising not only Greek and Latin, but French, Euclid, and algebra, the only bar to which is, "that the candidate must be fifteen years of age," so that in Ireland we doubt not the capability of the candidate, but prevent his entering on the profession too young; should the youth not succeed at this examination, he is, like at that of master, sent back for six months.

I would therefore suggest that, in addition to other plans of medical reform, a mode should be adopted requiring all candidates, previous to entering upon the medical or surgical profes-

* This statement *must be* erroneous.—ED. L.

sion, to undergo an examination as to proficiency in classics &c., not a mere matter-of-form one, as at present in some bodies, but similar to that of the Irish Apothecaries' Company; we should then have men, the foundation of whose education was well and firmly laid, and whose mind, by being duly expanded, would be better fitted to enter upon the abstruse sciences of anatomy, physiology, chemistry, &c. I remain, Sir, your obedient servant,

M. D.

Croydon, Sept. 9, 1844.

*** An examination on the subjects alluded to above, if passed by youths of fifteen, *cannot* be anything but a *very elementary* one. Such, we must therefore conclude, is the classical examination of the Irish Apothecaries' Company. Now we think that much more than a mere smattering of general information might be demanded, with advantage, from those who wish to enter upon medical studies.—ED. LANCET.

ROYAL FREE HOSPITAL.

NOTE FROM DR. W. B. COSTELLO.

To the Editor of THE LANCET.

SIR,—I was silent when I learned that your pages were lent to an attack on me by Messrs. Gay, Eccles, and Jones. Besides, relying on the good sense and kindly feeling of your readers, I felt reluctant to obtrude myself on their attention, to continue a personal quarrel of great insignificance. The repetition of the attack, however, in a more unfavourable form, and the editorial support you—much to my surprise—have given it, have altered the case, and *justify, in fair play and honourable manliness*, the claim for a full hearing to my reply; if it be longer than I or you could wish, it is because you have presented me with four assailants to answer in one note.

The question of that connexion with the Royal Free Hospital which those gentlemen so explicitly deny, may be thus briefly explained. Dr. Marsden, the founder and director of the institution, after mature deliberation, intrusted to my charge such of the patients in the hospital as might be afflicted with stone, appointed two beds for lithotrity cases, the service of which he confided to me; and it is because this *de facto* appointment has not yet received its formal ratification on the minutes of the hospital, that Messrs. Eccles, Gay, and Jones, in their modest estimate of the worth of a professional man's repute, have felt themselves justified in dragging me before the public, to get it believed, if possible, that I have no connexion with the hospital, and have it inferred that I have been guilty of all sorts of falsehoods and dishonourable acts in allowing it to be supposed that I had.

Mr. Gay, who pursues me with an ardour that might be respectable in a better cause, cannot find my name in the list of physicians of the London College. Yet, it *is* there, and *ought* to be there, for I underwent an examination, conducted in Latin, by Sir Henry Halford, Dr. Frampton, Dr. Lamb, and Dr. Hume. Has Mr. Gay's inexplicable, woman-like hate, so blinded him, that ordinary print speaks in vain when it speaks of me? It is not impossible, for it has carried him to an act unparalleled—I would fain believe—in hospital experience. In the presence of a patient, named R. Pickering, Mr. Gay said to G. Waldron, a poor man labouring under the stone, and an inmate of the hospital,—"So, you are under Mr. Costello: I would advise you to put yourself under a respectable man—he is only humbugging you." When invited by me to confront the two witnesses, Mr. Gay declined, and refused either to justify or contradict their statement; for the truth of which I have their jointly written testimony. Yet I am unconscious of having ever given offence to Mr. Gay, save in the daring act of "taking his name in vain,"—I beg pardon,—"of taking the liberty of using his name." Though not unwilling to offer him my respectful apologies for the breach of humility involved in my speaking of himself and me in the same breath, he must excuse me, if, inferior as is my *comparative* position to his, I am yet sufficiently pleased with it, after what I have seen of him, to say with the poet—

"I would not if I could be *Gay*."

With Mr. Greville Jones, nobody, of course, can be offended; but, lest his rather odd statement of facts should do a mischief which he never intended, I transcribe the letter of my friend Mr. Sherwood, who was present at the operation spoken of. I refer, for confirmation of its contents, to Dr. Weatherhead.

"MY DEAR DOCTOR,—Having seen a letter from Mr. Greville Jones, making, on a matter of fact, sundry statements, which appear to me, I had almost said, *unaccountably* mistaken, I beg to offer you on that performance a few observations, of which you can make any use you please.

"Mr. Greville Jones tells us, 'he saw no stone, but after some time, was called, and found a little sabulous matter.' Now, on your crushing the stone, he heard the *crash*, which was quite unmistakable, and he and his colleagues, Messrs. Gay and Eccles, simultaneously with me, remarked on the circumstance. On the patient expressing a desire to make water, they were recalled,—for they had now gone to another part of the ward,—and in their presence fragments of the stone were voided. Mr. Jones himself handled them. Indeed, the operation was as successful as it was brilliant, and miraculously expeditious; and all remarked, as I did, that the broken stone could be plainly seen at the bottom of the utensil, the water injected before the operation returning without being tinged by blood, and being, in fact, perfectly limpid.

"In making this statement, I wish not to impeach Mr. Jones's sincerity. His oblivion of facts owed its origin, I am sure, to accidental influences. I should add, that Dr. Weatherhead was present, though Mr. Jones (from a similar cause) seems to have forgotten that circumstance also. The Doctor timed the operation, which lasted exactly thirty seconds.

"I am, dear sir, yours faithfully,

"WILLIAM SHERWOOD.

"17, Calthorpe-street."

Mr. Eccles—I think it is Mr. *William* Eccles—joins with Messrs. Gay and Jones in startling me with the gratifying assurance of their very decided superiority over me. I am sincerely pleased to hear of their scientific and social consequence, and join the public warmly in the congratulations, that if a Dupuytren and an Astley Cooper are no more, we have Messrs. Eccles, Jones, and Gay! Flattered by the friendship, and, I may proudly say, love and respect of some of the first surgeons and physicians of France, honoured in a great surgical work—the delay in whose completion is not mine—with the literary co-operation of a Cooper, a Brodie, a Travers, a Charles Bell, a Dieffenbach, a Chelius, and so many other distinguished surgeons of England and Germany, my regret is certainly not equal to my surprise to find that these three gentlemen feel it safe and decorous to assume over me, before the profession, a consequence so marked, so "*withering*," so superciliously supreme.

* * * * * *

I am, Sir, your obedient servant,

WM. B. COSTELLO.

10, Golden-square, Oct. 22.

*** The above line of asterisks indicates that we have omitted a portion of Dr. COSTELLO's letter. That portion contains some personal references which cannot be published at present without elucidation. An application will be made immediately to Dr. COSTELLO, by private letter, demanding that the requisite facts be supplied to us, and if he will not, or cannot, comply with the request, he must take the consequences.

NEWS OF THE WEEK.

MEETING OF THE MEDICAL PROFESSION AT BOSTON.—A meeting of the medical profession of Boston was held in the Town-hall, on Thursday, October 17, for the purpose of taking into consideration the provisions of the bill for regulating the medical profession, lately laid before parliament by the Secretary of State for the Home Department,—Thomas Small, Esq. in the chair. After some preliminary business had been transacted, the meeting was adjourned until Wednesday, November 6th.

MEETING OF THE MEDICAL PROFESSION AT CHICHESTER.—At a meeting of the members of the Chichester Medical Society, held at the Rooms of the Philosophical Institution, October 11th, 1844, Dr. M'Conogher in the chair,—It was resolved that a meeting of the members of the medical profession of Chichester, the western part of Sussex, and the eastern part of Hampshire, be convened, to take into consideration, and express their opinions on the Medical Reform Bill proposed by Sir James Graham. The meeting was appointed to be held at the Infirmary, Chichester, on Thursday, October 31st, at two o'clock in the afternoon precisely.

MEETING AT HERTFORD.—A meeting of the medical practitioners residing in the county of Hertford, who object to Sir James Graham's Medical Reform Bill, was held in the Shire-hall, on Friday, the 18th instant, Mr. R. Shillitoe in the chair, at which resolutions were adopted expressive of disapprobation of those clauses in the bill which relate to the constitution of the Council of Health, and to the amount of protection afforded to the qualified practitioner; and it was agreed that a petition to both houses of parliament, founded on those resolutions, should be prepared by a committee chosen for that purpose.

A meeting of the physicians practising in the West Riding of Yorkshire, took place on the 17th inst., at Normanton, to take into consideration Sir James Graham's Bill. We shall next week report the proceedings that took place.

Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity.—A half-yearly general court of this useful and excellent society is advertised to be held next Wednesday evening, at the Gray's-inn Coffee-house, Holborn. The new president recommended by the court of directors, in the room of the late Sir Henry Halford, is Sir Charles Mansfield Clarke, now one of the vice-presidents. On the election of Sir Charles, which, from his great services to the society, and his deserved popularity in the profession, will no doubt be unanimous, Dr. Latham is recommended to fill the vacated office of vice-president. Mr. Hunter, of Mincing-lane, is recommended as acting treasurer, in the place of Mr. Bacot, who retires, after having for many years ably discharged the duties of that important office.

Meeting at Wolverhampton.—A meeting of the members of the profession residing at this town, took place on September the 22nd, to consider Sir James Graham's bill. We shall give a report of what took place next week.

BOOKS RECEIVED FOR REVIEW.

Vestiges of the Natural History of Creation. London: J. Churchill. 1844. 8vo, pp. 390.

Outlines of Military Surgery. By Sir George Ballingall, M.D., &c. &c. Third edition; illustrated with woodcuts. Edinburgh: Adam and Charles Black. 1844. 8vo, pp. 568.

Facts and Observations in Medicine and Surgery: the gleanings of ten years' active practice, and having particular reference to fractures and dislocations, gun-shot wounds, calculus, insanity, epilepsy, hydrocephalus, &c. By John Grantham, Esq., Fellow of the Royal College of Surgeons, London. J. Churchill. 1844. 8vo, pp. 216.

The Principles of Surgery. By James Miller, Esq., Professor of Surgery in the University of Edinburgh. Edinburgh: Adam and Charles Black. 1844. 12mo, pp. 712.

A Sketch of the Relation which exists between the three kingdoms of Nature, the Animal, Vegetable, and Mineral. By Thos. Williams, M.B. London: Longman and Co. 1844. 8vo, pp. 78.

On the Colour and Structure presented by the Corpora lutea in the early stage, and Correspondence with Dr. Lee. By Robert Paterson, M.D., Leith. (From the "Edinburgh Medical and Surgical Journal.") 8vo, pp. 10.

Observations on the Construction of Hospitals for the Insane. By Beverly R. Morris, A.B., M.D., Physician to the York Dispensary. London: H. Renshaw. 1844. 8vo, pp. 18.

Minutes of Evidence given by W. Augustus Guy, M.D., on the Influence of Employments upon Health. 8vo, pp. 14.

Introductory Address to the Students of University College, at the opening of the Winter Session, 1844-45. By Samuel Cooper, Esq., Vice-President of the Royal College of Surgeons, &c. &c. London: Longman and Co. 1844. 8vo, pp. 34.

An Exposition of the Laws which relate to the Medical Profession in England, with an Appendix, containing an ample analysis of Sir James Graham's Bill. By John Davies, M.D., Physician to the General Infirmary, Hertford. London: J. Churchill. 1844. 8vo, pp. 84.

Memoir on the Sex of the Child as a cause of difficulty and danger in human Parturition. By J. Y. Simpson, M.D., Professor of Midwifery in the University of Edinburgh, &c. (From the "Edinburgh Medical and Surgical Journal," Oct. 1844.) 8vo, pp. 55.

A Manual of Elementary Chemistry, theoretical and practical. By George Fownes, Ph. D., Chemical Lecturer in the Middlesex Hospital Medical School. With numerous wood engravings. London: J. Churchill. 1844. 12mo, pp. 566.

Selecta e Præscriptis. Selections from physicians' prescriptions. Ninth edition. London: S. Highley. 1844. 18mo, pp. 307.

MORTALITY TABLE.

The deaths in the metropolis for the week ending October 19th, 895. The weekly average of the last five years is 946, of the last five winters, 1009.

Zymotic (or epidemic, endemic, and contagious) diseases....	226
SPORADIC DISEASES—	
Dropsy, cancer, and other diseases of uncertain or variable seat	85
Diseases of the brain, spinal marrow, nerves, and senses..	133
Diseases of the lungs, and of the other organs of respiration	246
Diseases of the heart and blood-vessels	35
Diseases of the stomach, liver, and other organs of digestion	66
Diseases of the kidneys, &c.	8
Childbirth, diseases of the uterus, &c.	11
Rheumatism, diseases of the bones, joints, &c.	4
Diseases of the skin, cellular tissue, &c.	3
Old Age	63
Violence, privation, cold, and intemperance	13
Unspecified cause.....	2
Total	895

APOTHECARIES' HALL, LONDON.

Names of gentlemen who have obtained certificates of qualification to practise as Apothecaries:—Thursday, October 17, 1844—Robert Smith Rogers, Bristol; Edward Neve Sison, London; Robert James, Notting Hill.

CORRESPONDENTS.

Fellows of the Royal College of Surgeons.—In our list of the New Fellows published last week, the date of the diploma of Mr. William Gruggen is erroneously given as 1823, instead of 1810; the former date being that of the diploma of a brother of Mr. Gruggen. We have also been informed that Mr. John Hele Fuge resides at Plymouth, and not at Torquay.

The paper on "Blisters," published in The Lancet of October 5, was by Dr. John Hey Robertson, and not Dr. John Key Robertson. The work alluded to was on "Spinal Diseases," and not on "Special Diseases," and the street in which the doctor lives is not, it appears, West Hill-street, although we have not been told what it is. In making these corrections, we must beg our correspondents to be careful as to the manner in which they write their name and address, &c. In this instance, the fault is entirely that of Dr. Robertson. We were referred to by the printer for the interpretation of the above words, and must confess our inability to decipher them correctly.

We agree with *Medicus*, that the assertion of the Professor, "that there is no opportunity of acquiring chemical knowledge in England," is altogether erroneous. Had he merely stated that the practical opportunities enjoyed at the laboratory of Giessen are superior to those which are attainable in England, he would have been right; as it is, he is grossly wrong. We will keep a look-out on the subjects alluded to.

There are numerous societies of the nature alluded to by Mr. R. W. in nearly every district, but we are sorry to say that, generally speaking, the remuneration is so slight as to make it an imposition on the medical attendant. For this reason we are opposed in principle to the societies, as at present constituted, and cannot consequently publish the letter of our correspondent. It would render it imperative on us to discuss the entire question, which we are not prepared to do just at present, for want of space. Mr. W. R. will easily obtain the information he requires from some of his elder medical friends.

Mr. Editor,—Supposing Sir James Graham's bill were to pass, and a person who had insured his life were to employ one of the honourable secretary's "*free Lances*," and die under the visitation, *ought* the Insurance Company to pay the amount insured to the unfortunate's heirs or creditors?—If a ship (insured) were lost entering port, in the hands of any but a duly licensed pilot, *would* Lloyd's make good the loss?—We certainly think that in the first instance the Assurance Company would be perfectly warranted in resisting payment.

We very much regret that the crowded state of our columns renders it impossible for us to insert the clever critique of *An Old Subscriber and Correspondent*, (Birmingham.)

There are so many sources from whence M.D. degrees are derived, even in the United Kingdom, that we are altogether unable to obtain the information demanded by M. R. C. S. If the gentleman in question is not a licentiate of the London College of Physicians, he is not legally qualified to practise in London. The only means of ascertaining whether he be or not an educated practitioner, would be to apply to him to produce his credentials, which no practitioner who *had any* would refuse to do.

R. S. will find the information he requires respecting the medical service of the East India Company in the last Student's Number of The Lancet, (Sept. 28,) or in the Medical Almanac.

Mr. John Knox.—In the existing state of medical legislation, there is no law to prevent a surgeon, from whencesoever he may have derived his diploma, from practising in England. Were he, however, to dispense, he would thereby infringe the privileges of the Apothecaries' Company, unless he were a member of their body.

We have been informed that Mr. J. Beule, 91, Skinner-street, Snow-hill, gives instructions in anatomical drawing.

C. A., (Cork.)—No autopsy having been made in the case alluded to, it is difficult, if not impossible, to form a correct opinion as to the nature of the disease. Although senile gangrene is sometimes very rapid in its progress, we doubt whether it has ever proved as rapid as in the case mentioned by our correspondent.

A Father.—We shall inquire into the subject.

We shall publish the protest of Mr. Edwin Lee; but it is not the kind of remonstrance that will agitate the feelings of the stony-hearted fellows to whom it is addressed.

An Old Subscriber.—Not more than 500*l.* could, with propriety, be demanded in such a case.

If the gentleman who writes to us from near Fitzroy-square, has satisfied himself that his fear is groundless, he has answered his own question, and has proved that medical interference is unnecessary.

The suggestions of an *Old Practitioner* are sensible and practical, and we should be glad if he would endeavour to carry out the most important portion of them in his own neighbourhood, and communicate to us the results of his labours.

A Constant Reader.—We should say that under the new bill it would be *legal* for any medical practitioner, physician, surgeon, or licentiate, to dispense his own medicines, as it repeals the Apothecaries' Act. We also think that our correspondent would be qualified to practise in any way he thought proper.

Sir,—We have been told, notwithstanding Mr. Gay's statement to the contrary in your journal of last week, that Dr. Costello *is* a "*Licentiate* of the Royal College of Physicians" in London. Which statement is the fact? —Yours, *Justitia.*

Dr. W. B. Costello does not possess the medical qualifications which would entitle him to a medical or surgical appointment at the Royal Free Hospital. He is only an extra-licentiate of the College of Physicians, and he is not a member of the London Royal College of Surgeons.

Communications have been received from Mr. Arthur Brown Steele, Mr. W. C. Caffin, Mr. W. P. Brookes, (Much Wenlock,) Dr. B., (R. N.,) Mr. G. Fanen, A General Practitioner, Mr. S. Philbrick, Beta, Dr. J. Purefoy, Aliquis, Mr. George Nullett, Davis, (Liverpool,) Mr. J. M. Lewis, Mr. Dundas Key, Mr. Robert Rigg, (Greenford,) An Old Subscriber, Mr. George Bush, Mr. Bower Harrison, Mr. Edwin Lee, Dr. Costello, Mr. G. Waldron, Mr. John Clarke, Dr. R. H. Allnatt, An Old Practitioner, (Gloucestershire,) Mr. J. Adams, Messrs. Salt and Son.

LECTURES ON ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE

University of Giessen.

BY JUSTUS LIEBIG, M.D., PH. D., F.R.S., M.R.I.A.,

Professor of Chemistry in the University of Giessen.

OXALIC ACID.

GENTLEMEN,—In the last lecture, I had occasion to mention some very curious and interesting facts relative to the formation of OXALIC ACID, in the process employed for the production of potassium, and from the solution of oxicarburet of potassium in water. Now oxalic acid is very extensively diffused throughout organic nature, as a production of vegetable life. It is found to exist in plants, generally in the form of an acid salt with an alkaline base, or also—and this especially in the roots of plants—in combination with lime, to a very considerable amount. Oxalate of lime forms so large a proportion of certain lichens as frequently to amount to half their weight when in a dry state. The filaments of the chick-pea, (cicer arietinum,) when subjected to expression, yield clear drops of juice, which, according to the observations of Klaproth, contain pure oxalic acid. The common wood sorrel (oxalis acetosella) is particularly rich in binoxalate of potass. Oxalate of potass, for commercial purposes, was for a long time prepared from that plant, which grows in great abundance in Switzerland; but after Scheele discovered that oxalic acid could be artificially formed from many organic substances by means of nitric acid, the low price of the latter acid soon induced chemists to adopt this method for the preparation of oxalic acid upon a large scale. Potato-starch, or grain-starch, and sugar, are mixed with from eight to ten times their weight of nitric acid, in stone-ware vessels, and heated in a water-bath: solution takes place readily with the evolution of nitrous acid; after concentration and refrigeration, crystallised oxalic acid is yielded, to the amount of one-sixth part of the weight of the materials employed.

A further amount of oxalic acid may be obtained by adding nitric acid to the remaining mother-liquor, and repeating the same operation. This method of preparing oxalic acid is usually practised in sulphuric acid manufactories, when the nitrous acid evolved in the course of the process finds a special application for the conversion of sulphurous acid into sulphuric acid. Wood-fibre, and a number of organic substances, may be acted on by nitric acid in a similar manner as starch and sugar; if oxygen is supplied to them at a temperature not exceeding the boiling point of water, the largest proportion of their carbon is obtained in the form of oxalic acid; but at the boiling point of nitric acid, the oxalic acid absorbs a fresh quantity of oxygen, and is thereby converted into carbonic acid. I have already mentioned that the carbon of organic substances is likewise obtained as oxalic acid, by keeping these substances in fusion, together with caustic potass or soda, up to a certain point, indicated by the evolution of an inflammable gas, with frothing of the fusing mass. Gregory has observed that sugar in aqueous solution, when heated together with hypermanganate of potass, is converted into neutral oxalate of potass, with precipitation of peroxide of manganese.

The crystallized oxalic acid loses at 212° 14 per cent. of water, (two atoms,) whilst its crystals crumble into a white powder. At a temperature above 212°, in open vessels, it fuses and volatilizes, forming white vapour. Distilled in a retort, it undergoes decomposition, and is converted into carbonic acid, carbonic oxide, and formic acid.

A principal means of detecting oxalic acid and the oxalates is afforded by their deportment with concentrated sulphuric acid; crystallized oxalic acid, as well as its salts, dissolve in concentrated sulphuric acid at an elevated temperature, and this solution, upon continued application of heat, evolves, with all the phenomena usually attendant upon boiling, a gas which burns with a blue flame, and produces in lime-water a precipitate of carbonate of lime: this gas consists of a mixture of equal volumes of carbonic oxide gas and carbonic acid gas. No charring of the oxalic acid, nor evolution of sulphurous acid, occurs in this decomposition. Other organic acids, such as citric acid, formic acid, &c. &c., evolve likewise carbonic oxide gas upon being heated with sulphuric acid; but citric acid gets charred in the operation, and the process, moreover, is attended with evolution of sulphurous acid; whilst the carbonic oxide gas evolved from formic acid—which undergoes no charring in this operation—is pure from any admixture of carbonic acid gas. This method of decomposition (heating with concentrated sulphuric acid) affords us, therefore, a simple and certain means of detecting oxalic acid, and of distinguishing it from all other organic acids. Oxalic acid possesses a very acid taste; it acts upon the living organism as a strong poison; in cases where half an ounce of oxalic acid has been administered by mistake, instead of Epsom salts—to which it bears a strong resemblance in its external appearance—death has ensued. Alkalies, magnesia, and carbonate of lime, are the most sure and effective antidotes in cases of poisoning with oxalic acid.

Dry oxalic acid—i. e., oxalic acid from which the two atoms of constitutional water have been expelled by heat, thus leaving only the one atom of basic water—is constituted according to the formula $C_2 O_3 H$, or $C_2 O_3 + H O$. From this formula it will be seen at once that it contains the elements of carbonic acid, plus one equivalent of hydrogen. If the hydrogen is removed, or if one atom of oxygen is made to combine with the so-called anhydrous acid, two atoms of carbonic acid are formed out of one atom of oxalic acid. This will readily explain the mode of formation of oxalic acid in plants: it is formed out of carbonic acid, which is absorbed by the leaves, and, water being present, is decomposed through the co-operation of light. The elements of two atoms of carbonic acid are combined with the elements of one atom of water, the oxygen of which is exhaled as gas by the leaves.

Carbonic acid. Water. Oxalic acid. Oxygen.

$$C_2 O_4 + H O = C_2 O_3 H + O$$

Upon heating oxalic acid with concentrated sulphuric acid, the latter withdraws from the former the elements of the water, and thus the so called anhydrous oxalic acid ought to remain; this, however, cannot exist by itself, but decomposes into equal volumes of carbonic acid and carbonic oxide.

Water. Anhydrous oxalic acid.

$$O H + C_2 O_3 \begin{cases} C O = \text{carbonic oxide} \\ C O_2 = \text{carbonic acid.} \end{cases}$$

By trebling the formula of the dry oxalic acid, we have the elements of formic acid, water, carbonic oxide, and carbonic acid:

Three atoms of dry oxalic acid, $C_6 O_{12} H_3$

$$\begin{cases} C_2 O_3 H_2 = \text{formic acid} \\ O\ H = \text{water} \\ C_2 O_2 = \text{carbonic oxide} \\ C_2 O_4 = \text{carbonic acid;} \end{cases}$$

and this explains the appearance of formic acid in the distillation of oxalic acid. In the neutral oxalates, the hydrogen of the acid is replaced by an equivalent of metal,

$C_2 O_4 H$, dry oxalic acid

$C_2 O_4 M$ (i.e. metal) { formula of all anhydrous neutral metallic oxalates.

From this formula it will be seen that these salts contain one equivalent of metal and the elements of two atoms of carbonic acid. This composition explains their deportment when exposed to the action of fire. The oxalates of nickel, of copper, of lead, of silver, and in general those with easily reducible metals, leave these metals, upon the application of a red heat, in their pure metallic state. Thus, for instance, by exposing oxalate of nickel in a crucible to a red heat in a porcelain stove, a fine regulus of nickel is obtained, particularly free from carbon. All the carbon of the oxalic acid is evolved as carbonic acid. The oxalates with alkaline bases, with potass, lime, &c. &c., yield, upon being exposed to a red heat, inflammable carbonic oxide gas, and are converted into carbonates, either without changing their colour, or transitorily assuming a charred appearance, which very rapidly vanishes.

Oxalate of potass, $C_2 O_4, K = \begin{cases} C O_2, K = \text{carbonate of potass} \\ C O = \text{carbonic oxide gas.} \end{cases}$

This deportment under the influence of a red heat, distinguishes this class of salts from the salts of other organic acids: most salts with organic acids get charred at a red heat: several of the acetates are exceptions to this rule, since they behave themselves like the oxalates.

The salt of sorrel formerly occurring in commerce, was binoxalate of potass. This salt contains two atoms of anhydrous oxalic acid, one atom of potass, and three atoms of water. If you divide a certain amount of binoxalate of potass into two equal portions, by means of the balance, destroy the one portion by the application of a red heat, and then add the residue to the solution of the other portion, you will obtain an exactly neutral fluid. It

is by means of this process that you may determine whether you have really binoxalate of potass or not.

The salt which is met with principally in commerce at the present time, contains four atoms of oxalic acid, one atom of potass, and seven atoms of water, and thus only half as much potass and one atom of water more than the true binoxalate. In order to render this salt neutral, it is necessary to divide the crystallized salt into four equal parts, by means of the balance, to expose three parts to the action of a red heat, and to add the residue to the solution of the fourth part.

Oxalate of lime is one of the least soluble of the lime salts, and it is on this account that the soluble oxalates, and especially oxalate of ammonia, are used as a means of precipitating lime from fluids; the precipitate of oxalate of lime is thrown down in the shape of fine flakes; it is dried, and heated to redness; there remains a white residue of carbonate of lime, from which the proportion of lime may be inferred. Considering, however, that carbonate of lime in a state of red heat readily loses carbonic acid, it is advisable to transform the residue of carbonate of lime into sulphate of lime, by moistening it with sulphuric acid, and then to deduce the proportion of lime from this gypsum after it has been heated to redness. In fluids containing lime and at the same time free nitric acid, or free hydrochloric acid, no precipitate is obtained by means of oxalic acid or of oxalates, since the oxalate of lime which forms upon the addition of this acid or of these salts to the calcareous fluid, dissolves readily in these acids; however, upon neutralizing the latter, especially with application of heat, the oxalate of lime is completely precipitated. Acetic acid does not dissolve oxalate of lime. Oxalic acid forms a very remarkable double salt with oxide of chromium and potass; the oxalate of chromium and potass was discovered by Dr. Gregory. The crystals of this salt are of such a deep colour as to appear black, (by reflected light,) but they appear of a splendid blue by transmitted light, (when sufficiently thin to be transparent;) their solution appears green by reflected light, and red by transmitted light.

It is to Professor Graham that we are chiefly indebted for our knowledge of the composition of these salts.

I have already mentioned that oxalic acid, whether free or in its salts, is converted into carbonic acid by the addition of oxygen. In order to obtain the carbon of oxalic acid, as carbonic acid, you require one equivalent of oxygen to one equivalent of oxalic acid; the result is, the formation of two atoms of carbonic acid. The knowledge of these proportions is of importance, since a method has been based thereon to determine the amount of oxygen contained in certain oxides, by inferring it from the amount of carbonic acid formed of oxalic acid by the absorption of oxygen from the oxide under investigation. Indeed, if you once know the amount of carbonic acid evolved from a mixture of oxalic acid with a metallic oxide, you can readily determine the amount of oxygen which the oxide has yielded. If, for instance, you take finely pounded peroxide of manganese, and heat it together with a solution of oxalic acid, there ensues a vivid effervescence, owing to the evolution of carbonic acid; the peroxide of manganese changes from black to a yellowish-white hue, being converted into oxalate of the protoxide of manganese. The evolution of carbonic acid, and reduction of the peroxide into the protoxide of manganese, are easily explained. The peroxide of manganese to be converted into protoxide must yield up oxygen, and this oxygen combines with the element of oxalic acid; for every equivalent of oxygen yielded by the peroxide of manganese, you obtain two equivalents of carbonic acid. Now if you know the amount of carbonic acid thus produced, you know also the amount of oxygen which the peroxide of manganese has yielded in its reduction to protoxide. Peroxide of manganese contains to one atom of manganese two atoms of oxygen, and one of these two atoms separates upon its reduction into protoxide.

The weight of one equivalent of peroxide of manganese is = 44, (one atom of manganese = 28; two atoms of oxygen = 16.) Upon heating peroxide of manganese together with oxalic acid, there are formed 44 of carbonic acid, (two equivalents of C = 12; four equivalents of oxygen = 32.) A mixture of 100 grains of pure peroxide of manganese with oxalic acid ought therefore, upon heating, to suffer a loss of weight of 100; it is obvious that a lesser amount of carbonic acid is obtained from the common manganese ores, because they contain extraneous minerals, peroxide of iron, alumina, &c., in admixture; but the proportion of weight of the carbonic acid evolved from a mixture of 100 parts of manganese ore with oxalic acid, indicates invariably, and with positive certainty, the amount of peroxide contained in the manganese ore, and thus we ascertain its commercial value. If you, for example, obtain from 100 parts of manganese ore, 90 parts of carbonic acid, the ore contains only 90 parts of peroxide.

FOREIGN DEPARTMENT.

PHYSIOLOGICAL & PATHOLOGICAL RESEARCHES ON TUBERCULOSIS.

By H. Lebert, M.D.

(*Muller's Archives, Nos. 2 and 3.* 1844.)

The following is the summary appended to this very valuable paper:—

1. The pathological peculiarities of tubercle are exhibited in its microscopical structure.

2. The constant elements of tubercle are, molecular granules, an adhesive hyaline mass, and peculiar tubercle cells, from 0.05 to 0.01 of a millimetre in diameter—of irregular form, containing no nucleus but molecular granules. Water, æther, and weak acid, scarcely change them. Concentrated alkalies, liq. ammoniæ, dissolve them completely.

3. The dimensions of tubercle cells undergo many variations, which depend rather upon the different organs than upon differences of age. They are most easily recognised in crude yellow tubercle.

4. Tubercle corpuscles consist of cells having a very low power of development.

5. The opinion that tubercular substance is a modification of pus is contradicted in the most positive manner by the microscope.

6. Tubercle corpuscles are distinguished from undeveloped pus globules, by the spherical form and greater diameter of the latter. Cancer cells are clearly distinguished by their being two to four times as large, and consisting of a cell wall, and a large clear nucleus, often containing nucleoli.

7. When tubercle softens, the adhesive matter becomes fluid, and the corpuscles rounded; their opposition to each other is destroyed, they become distended, and hence appear larger. This, however, is not the result of growth, but the beginning of decay.

8. The pus which surrounds softened tubercle never originates in the tubercle itself, but is formed directly in the surrounding parts.

9. The microscope can determine whether we have to do with softened tubercle, with purulent matter, or whether there be a mixture of both.

10. Pus appears to destroy quickly tubercle corpuscles, and thus to make their individuality undistinguishable.

11. When the irregular outline and close apposition of tubercle cells, in their first stage of development, present the second stage of separation from each other, distention and roundness, then the third stage of disintegration commences. The corpuscles are broken up into a granular, half-fluid mass, and lose their individuality.

12. Tubercle becoming hard and calcareous (*état cretacé*) is a natural process of cure. The peculiar elements of tubercle disappear, and become in part absorbed. In their place, small mineral granules, and sometimes crystals of cholesterine, are deposited. The deposition of lime is generally accompanied by an increase of pigment. According to the chemical analysis of M. T. Boudet, there exist, as principal elements, chlorate of sodium, and sulphate of soda; salts of lime only in small quantity.

13. Among the occasional elements of tubercle may be mentioned melanosis, which is the most frequent; further, fat, filaments, dark olive-coloured globules, and crystals. Sometimes we find mixed with tubercle, but in no way belonging to its substance, the products of inflammation, serum, pus, and the elements of epithelium in various forms.

14. The seat of tubercle in the lungs is generally the elastic cellular tissue. Yet it is also found in the air vesicles, and in the bronchial capillaries.

15. The tissue of the lung surrounding tubercle may be sound, but is mostly in a state of congestion or inflammation. The last is either globular, or spread over a large portion of a lobe.

16. The pus found surrounding tubercle is often not the result of grey hepatization, but comes from the mucous membrane of the small, partly destroyed and open bronchi, in the substance of the lung.

17. The pneumonia surrounding tubercles has nothing specific; there is found in it the same elements of the exudation as in ordinary pneumonia—viz., aggregate globules, fat vesicles, pus corpuscles, &c. Tubercle corpuscles are not generally found among the products of exudation.

18. Sometimes there is found surrounding tubercle a peculiar form of chronic inflammation, with yellowish hepatization, and increased consistence of the tissue. The vesicles of the lung,

small bronchi, and parenchyma, are partly filled with coagulated fibrin, and a formation of new fibrous filaments, partly with aggregate and pus corpuscles, and in the centre of the chronic slightly vascular hepatization there is found a highly vascular acute lobular pneumonia.

19. The degree of consistence of acute or chronically inflamed lungs depends upon the amount they contain of fibrin, fluid blastema, and corpuscles. Much fibrin, with a small quantity of blastema and corpuscles, produce induration; much fluid blastema, with a small number of corpuscles, cause softening. An equal proportion of these different elements produces a medium degree of hardness.

20. Lungs rendered compact from the pressure of a pleuritic effusion often exhibit throughout no appearance of inflammation.

21. The grey semi-transparent granulations of the tissue of lung are also a true form of tubercle. Their colour and transparency are partly dependent on the apposition of the tubercle corpuscles to each other, throughout the intact fibres of the lung, partly on the existence of a large quantity of adhesive material.

22. The grey granulation is not always the commencement of the formation of yellow tubercle; the last is often primarily developed as such.

23. The vascular network found surrounding the grey granulations is neither a proof of inflammation nor of a new formation, but rather results from the pressure on many capillaries, occasioned by the tubercular deposition, and the consequent distention of the remaining capillaries, which are reduced in number.

24. The opinion that grey granulations may be the result of inflammation is opposed by positive observation.

25. The process of ulceration is throughout different from that of suppuration. Thus we find on the mucous membrane of the bronchi, suppuration without ulceration, and on the intestinal mucous membrane, ulcers without suppuration. The last cause of ulceration is from inflammation by parasitic deposition, sometimes from causes unknown to us producing obliteration in a certain number of capillary vessels.

26. The tubercular ulcer of the lung is not physiologically different from the tubercular ulcer of the intestines or of the skin.

27. In tuberculosis a general ulcerative diathesis is found to take place even in organs where tubercles appear very seldom. This is clearly established by the excellent labours of Louis.

28. The internal fluid layer of the contents of a cavernous ulcer of the lung, contains—*a*, tubercular substance, seldom intact, the corpuscles for the most part in a state of distention, or broken down into granules; *b*, pus corpuscles sometimes in small quantity; *c*, "puridea" corpuscles; *d*, aggregate corpuscles; *e*, purulent mucus; *f*, blood corpuscles; *g*, filaments of the lung; *h*, black pigment; *i*, epithelium; *k*, sometimes crystals; and *l*, adipose tissue.

29. Amongst this thick fluid are generally found pseudo-membranes, consisting of coagulated pus elements inclosing fibrin.

30. Among the pseudo-membranes covering the diseased tissue of the lung is found a true pus membrane, consisting of filaments inclosing small corpuscles. It generally becomes partly destroyed by a new irruption of tubercle occurring in the same.

31. This membrane is a natural effort towards cure, isolating the ulcerous tissue of the lung, and thus favouring its cicatrization.

32. Between the pus membrane and the tissue of the lung is often found newly-formed filamentous tissue.

33. Surrounding the cavernous ulcer is generally found a deposition of recent crude tubercle.

34. The healing of caverns takes place—*a*, from isolation, by means of the pus membrane, and shrinking of the cavern; *b*, by deposition of fibrin, which fills up the cavern, grows to its walls, and so forms a fibrous cicatrix; *c*, by mineral deposition in the cavity, and formation of a filamentous tissue around the same.

35. There are no peculiar mucous bodies; what has been described as such are nothing but pus corpuscles secreted from diseased membranes. Pus tests are thus henceforth useless.

36. In the sputa of phthisical individuals the following elements are found—*a*, mucus; *b*, pus corpuscles, existing in large quantity—they are sometimes found in a shrunken state, and may easily induce error; *c*, epithelium in its various forms; *d*, granular substance in great quantity, probably consisting of broken-down tubercle corpuscles; *e*, small yellow shreds, pieces of pseudo-membrane; *f*, filaments of the lung; *g*, fat vesicles; *h*, blood corpuscles, sometimes combined with coagulated fibrin; *i*, aggregate corpuscles; *k*, small infusoria, vibrios, but this seldom, and only accidentally.

37. The peculiar tubercle cells are not commonly found in the expectoration of phthisis. There are also no constant means of distinguishing the sputum of phthisis pulmonalis from that of other diseases.

38. Filaments of the lung in sputum indicate an ulcerous cavity. Their presence, however, is rather exceptional than otherwise.

39. The greatest portion of the sputa in phthisis does not come from caverns, but is secreted from the bronchi.

40. The copious mucus and purulent secretion of the bronchi, so frequent in phthisis pulmonalis, is one of the ways nature adopts in order to prevent the great destruction of the circulation which would necessarily result from the complete imperviousness of one portion of the capillary system, and distention of the rest.

41. A portion of the broken down tubercle of the ulcerous cavity mixes itself with the expectoration; another portion is re-absorbed.

42. The law announced by Louis, that after the age of 15 years the lungs contain tubercles, when they are found in other organs, is throughout correct. It may, however, be so far modified, that if very extensive tubercular deposition has occurred anywhere in an organ—as, for instance, in the liver, the kidneys, or the peritoneum,—the lungs often contain very little.

43. In childhood, tubercles are more frequent in the membranes of the brain, the glandular system, and the peritoneum, than in adults.

44. The thickening of the pleura in tuberculosis of the lung, not only originates in inflammation, but also in increased nutrition, from its greater vascularity, dependent on the diminution of blood in the lungs. Thus a supplementary organ for the circulation of the lung is produced, and at the same time, from its growth to the thoracic walls, the anastomosis with the great circulation is increased.

45. It results from embryological and pathological researches, that neither around the tubercle, nor in the pseudo-membrane of the pleura, are new vessels formed independent of the general circulation. New vessels in diseases are rather formed centrifugally from the general circulation.

46. The apparent transformation of the pseudo-membrane into cartilaginous substance consists only in the filaments being pressed together, without the formation of the peculiar cartilage elements. In the same manner the so-called ossification of the pseudo-membrane only consists in the deposition of an amorphous mineral formation.

47. The three principal forms of glandular tubercles are those of the more superficial—the bronchial and mesenteric glands: the last have a very slight tendency to soften.

48. The tubercular matter in the glands is throughout the same as that in other organs.

49. The existence of a sensible scrofulous matter we cannot admit; what has been considered as such is either the result of common inflammation or of suppuration—certainly under the influence of cachectic elements, but without a peculiar material or tubercular deposition accompanying the inflammation or suppuration.

50. Tuberculosis in the osseous system is a much more rare disease than is generally supposed at present. There is frequently found here a difficulty in determining between concrete pus and tubercular matter. In doubtful cases, the microscope can alone determine the diagnosis.

51. True scrofulous diseases, which are mostly distinguished by inflammatory and suppurative eliminations, are to be separated, on the one hand, from tuberculous diseases, and on the other, from idiopathic chronic inflammations of the eye, skin, glands, bones, joints, &c. The last category is often confounded with scrofula in children.

52. In a word, the positive diagnosis and abstract separation of scrofula are most urgent desiderata in modern medicine.

53. The gray granulations of the membranes of the brain—viz., of the pia mater, exhibit clearly between the filaments of the serous membrane depositions of tubercle corpuscles. They present themselves, besides, frequently in the brain, together with yellow miliary tubercle; with tuberculous infiltration, as well as with large tubercles.

54. In the liver, tubercles are often found in very considerable masses, and even with true caverns. These cases are easily confounded with cancer. In like manner, the change into softening and breaking down of certain cerebriform tumours of the liver often present a similar appearance to tuberculous depositions.

55. Besides the fatty depositions in the liver, fatty degeneration of the heart is sometimes present in phthisis; also a tendency to internal depositions of fat, whilst, for the most part, it disappears from the external parts.

56. The kidneys also may be almost entirely filled with tuberculous degeneration. In these cases fewer tubercles are found in the lungs.

57. In tubercles of the peritoneum there are found, together with tubercle corpuscles, several filaments of the serous mem-

brane. Peritoneal tubercles have little tendency to softening. They are mostly accompanied by a considerable pigmentary deposition.

58. Tuberculosis of the peritoneum produces sometimes perforation of the intestine, which is generally fatal; but in very rare cases, life is maintained by the formation of an artificial anus.

59. The consistence of crude tubercle in the intestines is usually less thick than it is in other organs. No pus is found upon tuberculous intestinal ulcers.

60. The microscopic elements of tubercular ulcers of the intestines, besides broken down tubercle cells, are, cylinder epithelium, broken down granular mucous membrane, and the filaments and bundles of the muscular coat. The young epithelial cells are not to be confounded with pus corpuscles.

61. On the diseased mucous membrane of phthisis are occasionally found polypi, melanotic and tubercular excrescences.

62. In extremely rare cases, tubercles are found deposited between the coats of arteries, an exceedingly important fact for (in favour of) the excretion of tubercle from the blood.

63. Tubercles are also found in the pericardium and heart. An extensive adherence often thus takes place, and a vascular anastomosis of the branches of the coronary artery with those on the surface of the lungs, a remarkable communication between the vessels of the larger and smaller circulations.

64. Tubercles in the cavity of the chest, as well as of the abdomen, can open themselves externally, and thus form fistulæ of the lungs and of the intestines.

65. Tubercles and cancer do not exclude one another, or even interfere with their separate march. Both morbid processes can at the same time run through their stages of development in the same person.

HISTORY OF A CASE OF SUSPECTED ABSCESS OF THE TIBIA, OF FORTY YEARS' DURATION.

(Read before the Harveian Society, Dec. 16th, 1843.)

By William Maclure, Esq., Surgeon, London.

A great many opinions have been given by numerous eminent surgeons with respect to this case during the last forty years, and these, of course, have differed very considerably. This discrepancy has arisen as well from the imperfect, though progressive, state of the science of surgery during that long period, as from the obscurity of the symptoms, as exhibited at different times of the patient's life and sufferings. A becoming modesty, therefore, requires me to speak rather doubtfully as to the true nature of the disease which I am about to describe, and the real pathological condition of the parts which have been, and are still, perhaps, its seat.

This obscurity and difficulty of ascertaining the truth may afford ample apology for the mistakes, if any, of the practitioners who have gone before me in the treatment of this case, and I beg leave to plead the same circumstances as an excuse, if I shall be found to have committed any error of judgment either in my diagnosis or treatment of the disease.

The patient, who is an extensive breeder of sheep and black cattle in the Highlands of Scotland, dates the commencement of his sufferings so far back as the year 1805, when he was about four years of age. He belongs to a healthy and robust family, and I am not aware that any strumous tendency was ever developed in any other member of it, should his disease be conjectured to have arisen from that diathesis. He thinks his complaint arose from a sprain which he met with when playing, at the athletic game called *shinty*, with his brothers. From this cause his right ankle became swollen and painful. Surgical advice was obtained for him, not, however, for a day or two after the accident, owing to the great distance at which the medical man resided. Leeches and other remedies were employed, but it would seem with little benefit. Suppuration took place, and an abscess burst near the inner ankle. He was confined to his bed and to the house for nearly a year upon this first occasion. In 1806 he was taken by his father to Edinburgh, in order to obtain the opinion and advice of the then celebrated Mr. John Bell. Here he remained upwards of a year, under the care of that surgeon. He experienced much deep-seated pain in his leg, extending upwards from the ankle to the knee, as if the whole bone was in an inflamed state. Leeches, blisters, lotions of various kinds, and embrocations, were employed with various success. The discharge, however, continued, and some small splinters of bone came out near the internal malleolus, and one, an inch and a half in length, made its exit about three inches below the knee, the cicatrix of the wound caused by which is still visible. After a year's residence in Edinburgh, he returned to the Highlands, with directions to use sea-bathing. This he did for the next two years, or thereabouts, during which time openings took place in various parts of the limb, whence matter and small pieces of bone were from time to time discharged, attended with much pain locally, and great constitutional irritation, with loss of flesh and other hectic symptoms.

After this, it would appear from the patient's statement, that the discharge from the vicinity of the ankle and the other parts gradually ceased, and there was a diminution of pain for some years, though entire ease was never experienced. In 1813, he was so far recovered that he was able to attend the College of Glasgow; but during his stay there, the discharge, attended with great pain, recommenced from his leg, which frequently, during the winter, prevented his regular attendance on the classes. He studied at Glasgow only one academic session, but went next year to the College of Edinburgh, where his leg remained much in the same state as before. In 1819, he was for a whole summer at Strathfeffer, in Rosshire, where, by the directions of some medical man, he used the sulphurous waters of the place, both internally and externally, but without benefit. At that period there was a good deal of pain, with some discharge. About the year 1825 or 1826, he was suffering so much from his leg, that he came out to Glasgow to consult Mr. John Burns, the professor of surgery in that university. That gentleman recommended aperient medicines, with different lotions and liniments. These had the effect of reducing external inflammation, but did not produce any permanent benefit.

Things went on in this discouraging and miserable way till 1830, when he again resorted to Edinburgh, attracted thither by the then rising reputation of Mr. Liston. This distinguished surgeon recommended him to use a laced-stocking, and camphorated liniment; but no benefit resulted from a protracted employment of these means.

Mr. Burns, of Glasgow, was again, some time after this, had recourse to. The surface of the leg was at that time red and painful; and to remove that state of parts, cooling lotions and aperients were, *more solito*, recommended.

In 1835, our patient betook himself again to Edinburgh, and consulted the late Dr. Aitken, of that city. He continued under the care of that gentleman for about a month. At that period there was a great deal of pain in the course of the tibia, but no discharge. Leeches and blisters, together with cooling lotions, were employed. These had the effect of removing the pain for a time; but after his return home the pain also returned with renewed violence and frequency.

In 1837 our patient again proceeded to Edinburgh, and consulted Dr. Saunders, of that city. This gentleman, like most of his predecessors, merely prescribed refrigerant lotions, to be applied to it when the leg was inflamed and painful.

We now come to the year 1842. In the month of October of that year our patient had occasion to travel from Falkirk cattle-market to the island of Mull. The weather was very cold. After leaving the steam-boat he was obliged to travel over muir and mountain twenty miles in a common cart. In this way he reached his brother's house. About a fortnight afterwards a most violent attack of pain came on; it extended from the shin to the knee, and was attended with great swelling and redness of the surface. He describes his feelings, when his torment was at the greatest, as if the limb had been pierced with a red-hot iron, and kept down with a heavy weight, so that he could not move it without the aid of two or three assistants. The irritative fever ran high, and his sleep, as may be supposed, was much disturbed. The medical man resided at a distance, but came to his aid as soon as circumstances admitted. He applied leeches, blisters, poultices, fomentations, and gave him cooling purgatives, with some blue pill. After the pain had been somewhat mitigated, and the violence of the symptoms subdued, directions were given to rub the knee with an ointment composed of mercurial ointment and the iodide of potassium; iodine was also given internally. Under this treatment, in the course of about six months, our patient got so well as to be enabled to leave Mull, and return to his own house, which is about forty miles distant, on the main land of Argyleshire. It was in April last that this journey was made, the weather being very cold. Soon after the termination of his journey, his pain came on again as violently as before, if not more so. For three weeks he was entirely without sleep. The knee was not so much affected on this last occasion as before, but the skin was more so, there being great swelling and redness in that quarter. There was no discharge whatever on either of the two last occasions; indeed, there has been nothing of the kind for the last twelve or fourteen years, and no exfoliation of bone for thirty years.

By the usual means—viz., by leeches, blisters, and poultices, applied to a great extent, in the course of about six weeks, the

pain and swelling were gradually reduced, till, about the end of June last, he was so far recovered as to be able to undertake a journey to London, whither he was advised by his friends to proceed in quest of farther surgical advice. He arrived here about the middle of July, and immediately placed himself under my care.

Upon hearing a summary of the foregoing history from the patient himself, it occurred to me that I had read from the pen of Sir Benjamin Brodie an account of certain cases treated by him, which, in their main features, very closely resembled the one now before us. The cases are very well reported in the "Medical Gazette," (vol. ii. p. 70;) but Sir Benjamin (then Mr.) Brodie's own original paper was published in the "Medico-Chirurgical Transactions," (vol. xvii. p. 239.) There are three cases given, one in which amputation was performed, where the true nature of the disease was disclosed by dissection of the limb, and two, in which cures were accomplished by trephining the tibia. In all of these cases the disease had been of very long duration, the paroxysms of pain excessive, all previous treatment ineffectual, and in all of them dark-coloured pus was found imprisoned in the cancellous structure of the bone. It is needless here to enter into greater detail of these cases, as no doubt their remarkable nature, and the celebrity of the surgeon who treated and laid them before the profession, have made them sufficiently well known.

It will, I think, be readily allowed, that the cases referred to bear a striking similitude to the one I have detailed; I had little difficulty, therefore, in stating it as my opinion that the symptoms depended upon a similar cause. But as Sir Benjamin had the merit of first discovering and operating successfully in the disease, it was judged proper to have a consultation with him before doing anything save commencing the use of sarsaparilla, combined with iodide of potassium.

When Mr. M—— arrived in London, and first consulted me, there was very little pain in any part of the limb. The spine of the tibia was in some places irregular, and there were marks of several old sores, particularly a deep cicatrix about three inches below the knee, at the place where the large splinter of bone had come out many years before. The general surface of the leg was discoloured and glistening, but upon measurement (though the contour and thickness of the tibia itself was somewhat abnormal) I did not find that the leg, as a whole, was either thicker or smaller than the other. The thigh of that side was somewhat wasted, and shorter than the other, but this was probably owing to a fracture which it had sustained many years ago. After much walking, the knee was found to swell and be a little painful, and some pain was felt on pressure in the course of the tibia, but these symptoms always went off after a day or two's rest and the use of an embrocation. Both the ankle and knee-joints were quite normal, and seemed never to have been implicated in the disease.

Sir Benjamin Brodie was consulted soon after the patient's arrival in town. After hearing the general history of the case, and observing the state of the leg, I was gratified to find that he came to the same conclusion that I had—viz., that it was a case of chronic abscess in the substance of the tibia, the exact spot being uncertain, but probably situate near the lower end of the bone. As there were no very urgent symptoms, however, then present, we did not advise the employment of the trephine, but preferred waiting till an access of pain should come on, to guide the operator to the seat of the disease, and justify having recourse to an operation. Sarsaparilla and the iodide of potassium had been ordered by me to be taken internally, and these, with Sir Benjamin's approbation, have been continued ever since.

As was before observed, the patient has taken a vast deal of exercise, both in London and Paris, during the last five months, but apparently without detriment to the leg; for although the object of his stay in the South has been to see if any of his violent fits of pain would come on, in order to warrant an operation, still nothing has occurred all that time, in spite of all the fatigue, except the trifling and transitory pain and swelling which I have mentioned. His health continues good, and his leg is so easy, that, if he were secure against the recurrence of his former severe attacks, he would be very well content with his condition, and look forward with little dread or anxiety to the future. It is a remarkable fact, however, in the history of his sufferings, that at the very time he has felt his leg freest from uneasiness, one of his violent paroxysms was surest to be near at hand; and he remarks that he can almost predict an access of pain coming on from the circumstance of the diseased limb's being unusually well, and very closely resembling the sound one in its sensations. Sir Benjamin saw the patient again with me about a month ago, when we thought it proper to suspend the use of the medicine for a month, in order to discover what progress the cure had made, and whether an attack of pain, in the absence of medicine, would come on, so as to warrant an operation before he returned to Scotland. This accordingly has been done, but no violent pain has occurred. Some slight pains, however, have taken place in the leg, particularly near the lower end of the tibia, and these have led me to resume the medicine, and to establish an issue over the painful part, which is now open, and discharging well: with what ultimate effect remains to be seen.

The history of this case, I think, divides itself into two stages: the first extending over a very long period of this gentleman's life, when the disease consisted probably of an inflammation of the periosteum, in which was implicated the surface of the bone, and afterwards of a necrosis of the latter, to a certain, but not a great depth. This gave rise to the frequent attacks of pain during his boyhood and early manhood; to the abscesses and exfoliations of bone which have occurred during the last forty years. With all deference to the many eminent practitioners who, from time to time, have been consulted—instead of contenting themselves with leeches, blisters, lotions, laced stockings, &c., I humbly think, had one of them made free incisions in the course of the tibia, through the periosteum, down to the bone, so as to relieve tension, and allow the escape of any matter that might have been formed on the surface of the bone, very much good might have been done, and a great deal, if not all, of the after suffering prevented. This would have been treating the disease boldly, scientifically, and after the manner recommended, a very long time ago, by the present venerable Professor Jeffrey, of Glasgow, in what he called "whitlow of the long bones;" and, as I recollect, was frequently practised, with the best results, when I was his pupil, by the late Mr. Alexander, of Glasgow. This gentleman read a valuable paper on the subject so long ago as 1814 or 1815, before the Faculty of physicians and surgeons of that city; in consequence, however, of his early death by typhus fever, it was never published, as it deserved to be. But to return.

The second stage of the disease commenced, perhaps, in October, last year, when the diseased action was set up, or transferred, from the surface of the tibia to its interior. No bone or matter has been discharged from the leg for a great many years, and after the paroxysms have subsided, the surface of the bone appears to be quite healthy, which could hardly be the case had that been the seat of the diseased action. For this reason, and on account of the exact similarity which the case bears to those in which Sir Benjamin Brodie found matter imprisoned in the bone, I think we have now to deal with a case of that kind.

It would be a pleasing contemplation, could we indulge in it, that the iodine and sarsaparilla have so changed the action, and caused the absorption, of the pus, that no more violent attacks of pain shall come on. The long absence of pain which has now been enjoyed, and the great fatigue which the patient has undergone during the last six months, without an attack of pain coming on, are the only grounds we have on which to build such a hope. But it must be confessed that such grounds are not much to be relied on, especially if at any time the patient should be so imprudent as to expose himself to extreme cold, as well as to fatigue and other rough management. In the meantime, it is proposed to do nothing in the way of operation, but to watch the effects of the medicine and the issue.

March 9th, 1844.—Since the date of the foregoing part of this paper, the patient has continued in London, and under treatment. The iodide of potassium, and a solution of the extract of sarsaparilla combined, have been regularly taken, but it is now intended to lay the remedy aside, and permit the patient to return to his own country. He has lingered so long in the South principally from the fear which he entertained, and in which I participated, that the cold and damp climate of the Highlands of Scotland might, during the winter months, be prejudicial to his limb, now happily, for several months last past, completely restored to its natural healthy sensations, appearance, and capability of bearing fatigue, even as much so, he says, as the other.

The issue which was established over the upper part of the tibia on the 5th of December, was kept open till the 3rd of January, and then allowed to heal. So much advantage was derived from this practice, that another one was opened at the lower end of the bone, immediately above the inner ankle, on the 9th of January, and kept discharging till the 13th of February. It was re-opened on the 17th, and has remained running till this date, (9th of March,) when it is to be finally closed.

In order to give the patient every possible chance of recovery, I proposed, on the 22nd of January, whilst the second issue was discharging, to sprinkle half a grain of the acetate of morphia, combined with a grain of powdered sugar, on the raw surface, morning and evening. This practice was continued till the 13th of February; and again, in the case of the third issue, from its commencement till its termination. It was adopted in consequence of what occurred at the debate upon the first part of this paper, on

the 16th of December. My friend Dr. Macintyre threw out the idea that, after all, the case *may* have been one of *neuralgia*; and he supported his opinion by some ingenious, though I did not think conclusive arguments. The exfoliation of bone at an early part of the history of the case, and the swelling, heat, and redness, which have always attended the violent attacks of pain, seemed to me to militate much against such an idea. Notwithstanding this consideration, however, as an issue *was* open, and as I, in common with the rest of the profession, entertain a very high respect for Dr. Macintyre's experience and judgment, I acted upon it so far as to give my patient the benefit of the endermic use of morphine, which I had seen, in my own practice, to be very serviceable in long-standing neuralgia of the leg. One patient, more particularly, was cured by me, some years ago, of an obstinate and most severe neuralgia of one of his legs by this method, and I did not think myself justified in omitting it in the present instance, though the two cases had nothing in common except the violent pain, and though it was proceeding on a principle somewhat different from, but by no means contrary to, that on which the other parts of the treatment had been conducted. Some time after this, Dr. Macintyre was invited to visit the patient, and he entirely approved of my proceedings, and was of opinion that a cure had been effected.

April 18th.—This morning Mr. M— left London for Scotland in good health. His leg is perfectly well, giving him no pain or uneasiness.

I have purposely delayed publishing this interesting and gratifying case till now, that it might be seen how far time would sanction the hopes entertained of a permanent cure. So far as three months' residence in the Highlands, together with much fatigue undergone during that time, can give such a sanction, the result is in the highest degree satisfactory. Mr. M— remains perfectly well. I conclude with one other remark. If my diagnosis was correct in this case,—and the probability is that it was so, both from the symptoms and from the high authority of Sir Benjamin Brodie,—and if a permanent cure has been accomplished, then another triumph has been added to the many which a long and patiently continued course of the iodide of potassium has achieved over many of the worst and most obstinate forms of disease; and this is of no mean consequence, since the only alternative in the case before us was a painful surgical operation.

Harley-street, July 24, 1844.

ON THE TREATMENT OF HYDROCELE.

By J. Adams, Esq. Assistant-Surgeon to the London Hospital.

I wish, through the medium of The Lancet, to recommend for trial a very simple method of treating hydrocele, with the view to effect a radical cure. I have tried it in one instance, and the success is such as to warrant an extended trial of its efficacy. It has the advantages of great simplicity and entire freedom from danger. The case in which I applied it was one of hydrocele, after the operation by incision had but partially effected a cure; and some time after the operation, a collection of fluid occurred at the back part of the testis, the gland being pushed forward by the irregular distention of the sac, in consequence of the partial obliteration of the cavity. Having drawn off the fluid with a moderate-sized trocar, I introduced through the canula a camel's hair brush, dipped in a strong tincture of iodine, and carefully painted the interior of the sac with this fluid. It was succeeded by the ordinary train of symptoms, and at the present time there is every indication of complete success. The operation was performed about seven weeks since.

31, New Broad Street, Oct. 24, 1844.

ACCIDENTAL POISONING WITH ARSENIC, SUCCESSFULLY TREATED WITH THE HYDRATED PER-OXIDE OF IRON.

By J. J. Kelso, M.D. Lisburn.

Though a wide-spread scepticism regarding the efficacy of the hydrated peroxide or sesquioxide of iron, as an antidote to poisoning with arsenic, most undoubtedly, and—considering the number of different substances that have successively been proposed for this purpose, only to be rejected each in turn as utterly valueless—not unnaturally, obtains; still, from repeated experiments, both of a physiological and chemical nature, and more especially from actual experience of the preparation in cases of poisoning in the human subject, its power of converting the white oxide of this metal into an insoluble compound—the arsenite of iron—and thereby rendering it innoxious in its effects, as well in man as in the lower animals, seems at present to be pretty well established, and very generally admitted by many members of the profession—and, among others, by Christison* and Pereira,† on whose authority we are accustomed, not without sufficient reason, to repose. It may not, perhaps, be too much to affirm, that on the whole a growing faith in favour of the counteracting influence of the rust of iron, either in the state of magna or dry powder, in instances where arsenic has been ingested in poisonous doses, at least under certain conditions, and to a certain extent, is evidently and very reasonably beginning to manifest itself. Be this as it may, the following case presents, I am strongly inclined to think, a very striking exemplification of the good effects of the remedy.

Mary C——, a fine, healthy, intelligent little girl, of about eight years of age, swallowed, on the 18th of May last, a quantity of arsenic—or at least what then was believed to be such—which had been designedly mixed with some oatmeal, and set aside in a particular place, for the purpose of poisoning rats.

The facts of this very interesting case are briefly as follow:—C—, the child's father, it appeared, purchased on the preceding evening, at an apothecary's shop in Lisburn, a pennyworth of white arsenic, in powder, which I have every reason to believe might have amounted in quantity to upwards of an ounce at least. This, indeed, is admitted by the gentleman himself who vended the article, and whose recollection of the transaction, when questioned on the subject, enabled him besides to verify the still more important fact of the substance itself being arsenic—the white oxide, of course, of the shops. On reaching home, he took of the substance thus procured, as near as he could estimate, rather more than the one-half, and having mixed it with more than double its bulk of dry oatmeal, he distributed it equally on two pieces of broken crockery, which he placed, at bedtime, in separate places, in an apartment of the house, for the purpose of destroying the rats, with which it is, it appears, infested. The operation, he says, was performed in the presence of his wife and the girl in question, in common with two or three others of the more advanced members of the family. He further particularly states his having, at the time, distinctly and repeatedly mentioned in the presence—and hearing, of course—of the family group, who were closely congregated in witnessing the interesting procedure around him, the fact of the powder which he was commixing being very poisonous in its character, and that its object was for the destruction of rats. However that may be, his wife, in the morning, took up, for the sake of greater security, both pieces of crockery containing the mixture indicated, or rather, the portions that remained unconsumed by the vermin, which she says was considerable. One of these she very properly placed in a spot beyond the possibility of reach by any of the children, while the other, quite unaccountably, she left in a place that was easily accessible by almost all. The consequence was, that not long after, our little patient, in her rambles, came upon the dish containing the residue of the poisonous mixture, and, in forgetfulness or ignorance of what it really was, at once consumed the entire contents.

This occurred at about eleven o'clock A.M., and in rather less than an hour and a half after, I saw her. Her mother, who seemed in great distress, informed me that the first intimation she had of the startling fact of the child having eaten the poisonous compound, was its commencing to vomit on being presented with some food. She immediately had recourse, she further stated, to the popular remedy of melted butter, which she administered in considerable quantity. This had the effect of exciting rather free vomiting, which had been repeated, it appears, two or three times. Her symptoms then were these:—Marked listlessness and indisposition to reply to questions; pulse about 120, weak, and rather unequal, with occasional indications of fluttering; respiration not irregular, but rather slow, and imperfectly performed; and a feeling of sickness or nausea, with an inclination every now and then to vomit. When asked if she had any feeling of heat or pain in the throat or stomach, she gave me distinctly to understand that she experienced, in some degree, both of these sensations. The pain in the epigastric region was evidently increased on the application of the hand, as she then became fearful, and complained of the procedure. The pupil of either eye, but especially the right one, was rather remarkably, and, in cases of this kind, I believe, unusually, influenced. Alternate dilatations and contractions, in rather rapid and extreme degree, were observed to occur; these were evidently still further increased on the presentation of a lighted candle, or the tip of the forefinger motioning to and fro. There was no other derangement of function deserving mention, vital, physical, or mental.

* Dispensatory, p. 184. † Elements of Materia Medica.

On questioning the little patient herself, she freely confessed, as she had previously done, to the fact of having eaten the powder containing the deleterious ingredient,—not, she added, as plainly as she could speak it, by licking it up with her tongue, but by introducing it into her mouth, pinch by pinch, between her fingers and thumb. On further interrogation, she equally admitted having been told, on the preceding evening, that the substance then being mixed with the meal was "poison," and what its particular object was. Her recollection of all this seemed to be quite distinct, but on still farther inquiry I satisfied myself that she had not been cautioned as to its deleterious properties in reference to herself. The impression she had evidently imbibed was, that what is poisonous to the lower animals might be perfectly innocuous in reference to the human species. Want of proper instruction, or observation, or experience, rendered her incompetent to the formation of the general notion, that what is deleterious to some of the higher species of brute life is usually equally so, under certain conditions, to man. Locke, doubtless, would have regarded this incident as a happy exemplification of his well-known doctrine concerning the origin of ideas: at all events, the source of error thus became at once apparent.

The conclusion to which all these facts tend is inevitable, that the case was one of poisoning by arsenious acid. In order, however, to obviate any objection that might occur respecting the perfectly satisfactory character of the evidence by which it is sustained, it may not be improper here to mention, that I satisfied myself, from an inspection of the substance which remained in the packet already referred to, of the fact of its really being what the gentleman who vended it stated it to have been, the common or white oxide of arsenic of the shops.

However, the only substances in the shape of antidotes that were accessible where the accident occurred, being chalk and magnesia, I prescribed a small teaspoonful of each in sweet milk, every fifteen minutes.

At about half-past four o'clock I again visited the patient. Her condition then was this: there were evidently much sickness at stomach and indisposition to action; she had vomited twice or thrice rather copiously, and the exhaustion occasioned in consequence was clearly indicated in the general appearance presented by the countenance. The eyelids drooped languidly, concealing to some extent the eyeballs; and the features generally were relaxed, so as to give the countenance a rather expressionless appearance; the involuntary movements of the iris of either eye had in a great measure disappeared, indicating the re-establishment of the impaired nervous energy of the brain, to which they were evidently referable. The pulse was 130, weak and indistinct; epigastric region considerably distended, and acutely painful on pressure; and the patient complained of a burning sensation in the course of the œsophagus and stomach. There was some thirst, but no evacuation either of the bowels or bladder. Altogether, the phenomena at this time appeared most unpropitious: she was ordered a small teaspoonful of the hydrated peroxide of iron in water every forty minutes; gum water *ad libitum*.

The result of the case may be told in a very few words. In about three hours after the first administration of the remedy, which, with the exception of the second or third dose, was well retained by the stomach, the more prominent and violent phenomena began sensibly to yield. In twelve hours more she was considered to have braved all the peril, and to be in a state of convalescence. She consumed in all, perhaps, about from three to four ounces of the ferruginous preparation, a proportion greatly in excess to the arsenic we may suppose to have been retained by the stomach after the frequent and rather copious vomitings that occurred. Considering the dose of arsenic ingested as between one and two drachms,—and I think it could not have been less,—there would probably be rejected in the fluids vomited fully three-fifths, leaving in the stomach little short of a scruple, perhaps, to be acted on by the iron. Hence the remedy compared with the poison must have been considerably in excess. I shall only further add, that the diarrhœa which supervened passed off in little more than forty-eight hours, requiring only some castor oil and demulcent drinks.

The length to which the details of this case have run, prevents me from adverting, in this place, to the results of recorded experience in favour of the rust of iron, either in the moist or dry state, as an antidote to poisoning by arsenic. On consulting the periodical medical literature of these countries for the last eight or nine years, several instances strikingly illustrative of its efficacy are to be found. Within this period, eight or ten such instances may be found reported in the pages of "The Medical Gazette," vol. xv. p. 448; xvi. p. 832; xix. p. 177,) "Medico-Chirurgical Review," (vol. xxxiii. p. 534,) and THE LANCET, (vol. xxxviii. p. 625; xl. p. 275.) For the details of these, some of them very interesting cases, I must content myself by referring to those publications.

Before concluding, it may not be improper to mention the method employed by me in obtaining the preparation of iron in question. This consisted simply in adding to the liquor of chloride of iron, water of ammonia, collecting the precipitate, dissolving in water, and finally throwing it on a filter. The object of washing the peroxide of iron precipitated in this manner is to remove any excess of ammonia with which it may be charged. This I consider worthy of very particular observation, as the irritating effects of the alkali in any quantity must obviously, where the local irritation or inflammation is considerable, prove highly prejudicial, and be a source of further mischief.

Lisburn, June 20th, 1844.

ON THE ACTION OF ERGOT OF RYE DURING LABOUR.

By JOHN CRAIG, M.D., Paisley.

IN THE LANCET for July 6, 1844, (page 470.) is a paper headed, "On the Action of the Ergot of Rye," by Jephtha Hussey, Esq. Near the middle of the second column, Mr. Hussey states, that "the death of a still-born child, in cases where the ergot of rye has been administered during the labour, is accounted for in three different ways: pressure on the umbilical cord, pressure on the brain, and premature detachment of the placenta." "I cannot myself conceive," he says, "how pressure on the cord can materially interfere with the life of the fœtus, or rather, how it can happen, folded up on itself as the fœtus is; for a more wise provision for its safety, in this respect, could not possibly be made; therefore this is so far untenable." The other two causes of death he also denies; but the true cause, he considers, is, "the powerful contraction of the muscular fibres of the uterus, which cuts off, for a time, all communication through the circulation between mother and child, owing to the almost incessant action of the ergot of rye when immoderately given."

At bottom of page 63 of my small work "On Protracted Labours," &c., it is stated—"The danger arising to the child from an improper employment of the ergot of rye, seems clearly to consist in an increase of the unnatural spasmodic contractions of the uterus around the child's body, particularly compressing the umbilical vessels, and retarding or suppressing the circulation of the blood through them." Now Mr. Hussey and myself seem to be of opinion that the incessant and increased action of the uterus occasioned by the ergot of rye interrupting the circulation between the mother and child, is the cause of the infant's death; and I have no doubt that if Mr. Hussey will re-consider the subject, he will agree with me, that the interruption is from compression on the umbilical vessels particularly. What he says regarding the folded-up position of the child during labour, as securing the umbilical vessels from compression, is quite true in ordinary labours, but Providence has not provided natural safeguards in extraordinary cases of parturition, and then if art is not skilfully employed in correcting the existing error, mischief will be the result, whether arising from ignorance or neglect on the part of the practitioner. In those severe forms of protracted labours in which only ergot should be ever used, the umbilical vessels will be found placed variously, sometimes out of the range of protection, as regards the position of the child, and in such a condition their circulation will be more likely to be suppressed by the powerful spasmodic and circular contractions of the uterus than any other portion of the circulating apparatus. It is not necessary to give immoderate quantities of ergot in order to produce the almost incessant action of the uterus; for I have almost always observed that the moderate, safe, and efficient doses produce this effect. At the bottom of the second column Mr. Hussey says he has given ergot to the extent of a quarter of a drachm, with impunity to mother and child, in cases where the head of the latter has been three hours in passing through the outlet of the pelvis. Now from my experience it appears to me, that from the small doses of the ergot given in such cases, and from the length of time, after it was administered, that the child took to pass through the outlet of the pelvis, it is very probable that the ergot had no particular effect in inducing those strong pains which I have always witnessed when the ergot really seemed instrumental in expediting the delivery; consequently no evil effect could accrue to the child. My usual way in giving the ergot is to infuse the half of a drachm and a half in fine powder for twenty minutes, which is then given to the patient, with as much of the powder as she can swallow easily, and the other half, treated in a similar manner, is administered in about half an hour after the first, unless improved symptoms forbid its use. Thus, a drachm and a half of the ergot is given to the patient in about half an hour, and this quantity seldom fails to produce those expulsive actions of the uterus which expel the child in about an hour, or less, after the exhibi-

tion of the first half of the drug, provided always the disordered condition of the uterine actions has been previously corrected by the other suitable means for that purpose. Indeed, unless the morbid condition of the expulsive apparatus be duly considered and remedied, it is preposterous to expect that the ergot of rye can operate efficiently or favourably. The prominent and salutary operation of the ergot in parturition is its benign influence on the expulsive efforts of the uterus; yet if excess of sensibility be present—a strong retarding cause—it will arrest the expulsive influence of the ergot, which will then only aggravate the excess of pain.

As proof of what I have just stated, a very notable case is given by Mr. Stewart, in the "Edinburgh and London Monthly Journal of Medical Science," for April, 1844. This case (a Mrs. Hart) was one of great severity, and would, in my view, have terminated differently had the powerful obstructing causes to delivery been much more subdued before the ergot was administered. But the result was such as I have above adverted to. Mr. Stewart states, that in this case the ergot of rye had no other effect than that of exciting the pains to a most fearful extent. As Mr. Stewart appears to be an industrious and observing practitioner, I was anxious that he might see my remarks upon his case, and sent them to the editor of the journal for insertion, but he refused to do so.

When the morbidly spasmodic circular contractions of the uterus are equally powerful as the expulsive efforts of the viscus, (a common cause of delay,) the ergot, in such cases, will only aggravate the sufferings of the patient, for under such circumstances it seems to operate equally on both actions, and consequently no progress is made in advancing the child; but when the expulsive uterine efforts somewhat predominate over the retarding power of the excess of sensibility and circular spasmodic contractions, when the ergot is administered, then its effects will frequently be sufficient to expel the child; in many such cases, however, the child will be born dead. On the other hand, the ergot of rye will all but universally operate effectually and favourably in those cases in which it should be used, if the expulsive apparatus be previously put in a proper state for its being administered. These statements I made more than four years ago, and subsequent experience confirms me in saying, that unless these obnoxious causes to the operation of ergot be removed previous to its use, its ineffectual operation and mischievous effects must continue to be complained of, when the true cause of the failure rests with those who employ it.

At page 471, top of first column, Mr. Hussey notices a case in which the os uteri is dilated only to the size of a shilling, with the head of the child resting on the pubis, where the ergot was given successfully. However much this case may "surprise the great midwifery guns in London," as Mr. Hussey states, yet all my reading and experience compel me to say that in the employment of the ergot generally in cases so circumstanced, the child will often be still-born. The publication of an isolated case which terminates favourably, when the means of relief are used at a period of the labour when by their natural operative power they must do harm, only proves that some cases, even by bad treatment, will do well, whereas the great majority of them will terminate unfavourably. Such reckless and indistinctive proceedings retard incalculably the progress of improvement in midwifery, and attach blame to the employment of a drug which, when properly administered, is perfectly innocuous to both mother and child.

In the same number of THE LANCET, page 471, is a paper by Thomas Litchfield, Esq., "On the Effects of the Ergot of Rye during Parturition." Nine lines from the commencement it is stated —"In pursuing Mr. Hooper's views in the use of the ergot of rye, I have not met with a single case in which that medicine has been injurious." Again, second column, near the top, he says—"Upon looking back to an old note-book of midwifery cases, I find the dead child not more common under the knowledge and use of the ergot, than before it became the companion of the accoucheur. Neither do I attribute any sloughing of the vagina to the administration of the drug." Near the bottom of the second column he says —"Like croton oil, &c., it (ergot) will maintain its ground, resting as it does on a specific certainty of action when real parturient efforts are going on, for on the pains called grinding it exerts no influence." Now what is here stated regarding certainty of action in real parturient efforts, is extremely apt to mislead the unobserving and inexperienced practitioner; for in a great many instances, in which slow but regular, though slight, advancement of the child is making, there are present also strong obstructing causes, and in such cases, if the ergot of rye be given, the child will frequently be born dead, when, on the contrary, had the ergot been withheld, the child, after many hours of longer labour, would much more likely have been born alive. In such slow and harassing labours there is universally so great a degree of retracting circular contractions, that when these are increased by the improper use of the ergot of rye, the child must inevitably perish; and when such a case is under the protection of one who neither understands the operative nature of the ergot, nor the nature of the opposing causes, and who consequently stands bewildered, and allows morbid nature to struggle on for days, the safety of the child is greater than under the direction of him who ignorantly employs the ergot.

In my work on "Protracted Labours," it is said, (page 64,) "We once inquired of an experienced accoucheur who had charge of a lying-in hospital, if he considered that the employment of the ergot of rye, in child-bed cases, had a tendency to endanger the life of the child?" His reply was, that he had employed it very frequently, and, with one exception, he never understood it had been prejudicial to the child. He admitted, however, on further investigation, that frequently children, alive previous to administering the ergot, were born dead.

In the "London and Edinburgh Monthly Journal of Medical Science," for April, 1844, (page 223,) Dr. Lee's Lectures on Midwifery are noticed. At page 238, near the bottom, it is said, "Regarding the employment of the secale cornutum in cases of feeble uterine action, we are glad to find Dr. Lee's opinion and experience in perfect unison with our own. He (Dr. Lee) says—'As it is impossible to determine, in many cases, the precise cause of the difficulty in protracted labour, so as to be sure that the restrained uterine contractions do not depend on some unusual condition of the contents of the uterus, and that the life of the child may not be destroyed by its use, I have never ventured, either in public or private practice, except in cases of accidental uterine hæmorrhage and retained placenta, to administer the ergot of rye to a woman in labour, and I am satisfied that no individual under my care has suffered from the want of it.'"

The first two gentlemen noticed, then, would make us believe that the child during parturition is seldom injured by the use of the ergot of rye, and yet they admit that numerous children are still-born; and the former says that he does not admit that sloughing of the vagina can be attributed to the action of the ergot. The second two gentlemen, however, hold very different opinions; all is doubt, obscurity, and danger, and consequently an almost total rejection of its use; still a confidence is expressed that no woman suffered from the want of it—the former, that no case suffered from the use of it.

Now such vague notions, held and promulgated by gentlemen experienced in the art of midwifery, shew, most unequivocally, how little is really known regarding the nature of the cases in which this drug is and should be given, as well as the almost total non-acquaintance with its operative nature, and the manner in which it acts mischievously.

After careful observation at the bedside of the parturient woman, in several hundreds of successive cases of labour, I read an essay in 1828, and another in 1831, on protracted labours &c., and in 1839, these essays were published in an extended form; and so fully was I convinced of the utility and truth of what I had advanced regarding the nature of the cases and the use of the means of relief, that I imagined no one would scientifically and practically confute my statements. Up to this period no one, so far as I know, has attempted to call in question, in the manner just noticed, the truth and usefulness of the practice recommended, and farther experience convinces me that they will stand unrefuted. Notwithstanding my endeavours thus to impress upon the minds of accoucheurs a mode of treatment simple and advantageous, I have repeatedly since called their attention to the same subject through the medium of your independent and widely circulated journal, yet every periodical touching on this subject teems with accounts of grievously lengthened human suffering, as well as revolting mutilations and deaths; and still, from any description that is given of the majority of the cases, they might have terminated, by the use of appropriate means, safely, both as regards mother and child, in about twelve hours after the commencement of labour.

It appears that this lethargic condition of mind, and proneness to mutilate our fellow-creatures, must be counteracted by foreign influence. I was very glad to observe in the "Medico-Chirurgical Review," for April, 1844, page 489, under the head, "On the Good Effects of Opiates in Metrorrhagia," that a French author had spoken favourably of the good effects of opium in such cases, and acknowledged that he was led to use it from what he had learned from English practice. We shall now, I trust, after so long opposition to its general and proper use, have opium administered in uterine hæmorrhage, as it ought to have been for many years past, seeing it is now so well recommended by a foreigner, which seems necessary in order to give full effect to medical improvement in this country. The favourable view taken of the Frenchman's general recommendation of the use of

opinm in such cases, which has been the universal practice of a few in this country for many years, encourages me to hope that at no very distant period some foreigner will advise the simple and natural plan of removing morbid obstructions in lingering labours, in order to the safe and speedy delivery of the mother and the preservation of the child's life, instead of that unreasonable and unfeeling method which allows morbid nature to struggle on unassisted, until, in many instances, danger and death are staring every one present in the face.

Paisley, August, 1844.

ON THE PRESENTATION OF THE PLACENTA.

By R. B. Jordison, Esq., M.R.C.S.

On the 16th of July, I was called to a female, whom I found labouring under violent uterine hæmorrhage, which she had suffered slightly from at intervals for some weeks, and on examination, found the placenta implanted over the os uteri; by strictly enjoining rest, the application of ice, and the administration of acetate of lead and opium, it soon subsided. On the 20th of August, I was again summoned; the hæmorrhage was more profuse than before, but it soon yielded to the above remedies: she suffered at intervals very alarming losses of blood until the 5th instant, when labour set in, with very profuse hæmorrhage. On examination, I found the os uteri dilated to the size of a crown piece, and the placenta covering every portion of it: without loss of time, I proceeded to dilate the mouth of the womb, and by constant but steady pressure with the fingers, soon succeeded in introducing the whole hand; I then separated a portion of the placenta, grasped the feet, and brought down the body; and to the short space of time which elapsed in the operation may be attributed, not only the safety of the mother, but also the preservation of the child, both of whom are now doing well.

South Ockendon, Essex, Oct. 15, 1844.

ON THE PRESENTATION OF THE PLACENTA.

By a Surgeon.

A few days since, I was sent for, about eight P.M., to see a poor woman, who, I was informed, had been in labour since the morning. On arriving, I found her under the care of a person who had been with her during the day. I learnt that there had been hæmorrhage at intervals for the last week or ten days, and that there had been a considerable amount of discharge when labour actually commenced. At this time her accoucheur was sent for, who, finding the placenta presenting, *immediately introduced his hand, and* REMOVED *it:* from that time until the period at which I saw her, (being an interval of *ten* hours,) there was *not a particle of flooding.*

I now made an examination, and found an *arm* presenting, which, from its extremely swollen and discoloured state, had evidently been down some hours; the pains were tolerably severe; her pulse was good, and notwithstanding her previous loss of blood, she was not particularly weak or pallid. I apprehended some difficulty in turning, and expected to have been obliged to give some sedative before being able to effect delivery; but fortunately, I accomplished it without much trouble; the funis had been cut about eight inches from the abdomen. At this stage of the proceedings, I began to ask myself whether it was not more probable that a portion of the placenta—a *small* portion of it, including the part to which the funis had been attached—had not been mistaken for the whole mass, than that the latter could have been *entirely* removed for ten hours before the delivery of the child without any hæmorrhage whatever. I therefore made an accurate examination of the uterus, but found it perfectly clear, and contracting quite satisfactorily. The woman has since done well.

Liverpool, Oct. 5, 1844.

BRITISH & AMERICAN JOURNALS.

THE TREATMENT OF ANEURISM BY PRESSURE ON THE ARTERY ABOVE THE TUMOUR.

Most favourable results seem to follow this mode of practice. In the first volume of The Lancet for 1843-44, some cases are recorded, and the method to be pursued in the application of the pressure, is described. In the "*Dublin Medical Press*" we find two additional cases, of which the principal features are comprised in the following outlines:—

Femoral Aneurism.—A servant, thirty-five years of age, was admitted into St. Vincent's Hospital, under the care of Mr. Bellingham, for an aneurism, occupying that portion of the femoral artery which passes through the tendinous canal, formed by the vastus internus and biceps muscles. The tumour measured from two to three inches in vertical extent, and was nearly two inches in diameter. It was remarkable that the patient had been successfully treated by pressure for popliteal aneurism of the opposite limb some fifteen months previously. The present tumour seemed to have commenced its formation about a month before his admission to the hospital. He was treated for the first five days by bleeding, cold lotions, and the internal administration of digitalis, and then pressure was applied. He bore this tolerably well, but the instrument being broken, it was necessary to provide a substitute, and a weight of seven pounds pressing directly on a tourniquet pad over the vessel was found sufficient.

This practice, variously modified so as to suit circumstances, was pursued, and in six weeks from the first application of the pressure, pulsation ceased in the vessel. The patient has quite recovered, without an untoward symptom.

Popliteal Aneurism.—This patient was received into the Jervis-street Hospital, under the care of Dr. Kirby, having a popliteal aneurism as large as a hen's egg. The disease had commenced about three months previously, and was the result of muscular exertion in getting up whilst supporting a heavy load. The pressure was applied in the usual manner, but for the first ten days it could not be borne for a longer period than twenty minutes on the same part. It was necessary, therefore, to shift the pad along the course of the vessel. Much relief was also experienced by the application of a second instrument. It was thus possible to remove the pressure, and at the same time to keep up a constant obstruction to the circulation. This practice had been adopted also towards the close of the preceding case. The patient was quite cured in about two months from the date of his admission.

The results here described shew that the celebrated operation of Hunter—such an advance on those which preceded it—is itself likely to be partly superseded in those cases in which the vessel is favourably situated for the application of pressure.

RECENT RESEARCHES ON THE STRUCTURE OF THE LIVER.

"According to the researches of Kiernan, the ramifications of the *vena portæ* communicate with the ramifications of the hepatic vein, the latter being placed in the centre, the first in the periphery of the acini or lobules of the liver. The researches of Weber and Kruckenberg were undertaken with the view of demonstrating the existence of vascular capillary reticulations, which are the last ramifications of the *vena portæ* and the radicles of the hepatic veins. The meshes of this net-work are occupied by the biliary canals, which of themselves form a net-work. According to these writers, the hepatic artery communicates directly either with the *vena portæ*, or with the capillary net-work, thus differing from Kiernan, who described this artery as the vessel which furnished the supply of nutritive fluid to the biliary canals, and the envelopes which come from the capsule of Glisson and isolate the lobules.

"MM. Weber and Kruckenberg deny the existence of lobules in the liver. According to them, the liver is composed of a continuous mass, which is not divided into distinct lobules by clefts or cellular tissue, but in which the biliary canals and blood-vessels are placed in distinct channels. The smallest ramifications of the hepatic vein are distributed between those of the *vena portæ*, but at a sensible distance from each other, this space being filled up by cellular tissue, and by the biliary canals. The regular form of these small branches causes the aspect of a division into lobules.

"M. Müller, on the other hand, sustains the old opinion of the division of the liver into distinct lobules; and if MM. Weber and Kruckenberg have not seen the cellular and fibrous coat which envelopes the lobules, it is, according to him, to be attributed to the injections, which, by distending the vessels, have compressed the interlobular divisions. To exhibit the lobules distinctly, it was only necessary to macerate the liver in acetic acid (vinegar) for eight days. The acetic acid destroyed the cellular tissue, whilst the lobes remained suspended by the ramuscules of the hepatic vein, as Kiernan had formerly shewn.

"The terminations of the biliary canals have as yet escaped Müller's research. But MM. Weber and Kruckenberg have succeeded in demonstrating the existence of a net-work formed by the biliary canalieuli, in the meshes of which are placed the vascular capillaries."—*Edinburgh Medical and Surgical Journal.*

This subject has recently attracted some attention, and we therefore give the foregoing statements of opinion. We believe that there is no doubt of the accuracy of Mr. Kiernan's views,

and the difference seems to exist rather in description than in reality.

STATISTICS OF PULMONARY CONSUMPTION IN THE CITIES OF BOSTON, NEW-YORK, AND PHILADELPHIA, FOR 30 YEARS.

With the view of ascertaining whether pulmonary consumption was on the increase or decrease in America, Dr. Hayward has compared, in a tabular form, the whole number of deaths, with those from consumption, as they respectively occurred in the three cities of Boston, New-York, and Philadelphia. In order to afford better means of comparison, the thirty years are divided into three decades.

BOSTON.

Total Mortality.				
1st 10 years, 8,741	Of this number,	1,896, or 1 in	4.451
2nd „ 12,379	died by	2,046 „	6.050
3rd „ 17,406	consumption	2,396 „	7.587
For 30 years, 38,616		6,243 „	6.185

NEW-YORK.

Total Mortality.				
1st 10 years, 27,080	Of this number,	6,061, or 1 in	4.451
2nd „ 45,552	died by	8,010 „	5.686
3rd „ 79,853	consumption.	13,415 „	5.952
For 30 years, 152,480		27,486	5.547

PHILADELPHIA.

Total Mortality.				
1st 10 years, 23,582	Of this number,	3,629, or 1 in	6.498
2nd „ 37,114	died by	5,522 „	6.721
3rd „ 52,900	consumption.	7,070 „	7.482
For 30 years, 113,596		16,221 „	7.003

It is remarked that the most striking fact brought to light by these tables is the great decrease of deaths by consumption in these cities—great in all, but relatively greater in Boston than in the others. The tables shew that Philadelphia has suffered less from consumption than the other cities, the average number of deaths by that disease being only one in every 7.003 deaths, while in Boston it was one in 6.185, and in New-York, one in 5.547.

The bills of mortality of the city of Boston shew that there has been a striking and progressive improvement as to pulmonary consumption since the year 1811. By the United States census of 1810, Boston contained 33,250 inhabitants; in 1820, 43,298 ; in 1830, 61,392; and in 1840, 93,452. In 1811, when the population had probably not increased at all from the preceding year, as it was a period of great commercial depression, the whole number of deaths was 742, of which 221 were from consumption; while in 1840, with a population nearly three times as great, and with nearly three times as many deaths, there were only 19 more cases of consumption, or 240 from that disease—not quite one in eight deaths, or scarcely three in 1000 inhabitants.

Dr. Hayward endeavours to account for this decreased mortality by attributing it, in no small degree, to the great improvements which have taken place in living during the last thirty years, and to the increased comforts of life enjoyed by all classes of the community. They are better fed, better clothed, live in more comfortable houses, indulge in less excesses, and pay more attention to personal cleanliness. The introduction of cotton fabrics, and their general use, are especially referred to, as a means which "has no doubt contributed essentially to this desirable result."—*Idem, from American Journal of Medical Science.*

Some portion of the diminution of mortality from phthisis must be attributed to the fact that many diseases which were formerly placed under this title are now included under others, in consequence of the greater accuracy of physical diagnosis.

THE LANCET.

LONDON: SATURDAY, NOV. 2, 1844.

In the present advanced state of civilization in this country, our institutions cannot be maintained unless they are upheld by public opinion. A spirit of searching scrutiny is now in operation, and principles are discussed, and details investigated, with a degree of energy and intelligence which cannot be discovered in any portion of the previous history of this kingdom. Right glad are we to perceive that the consideration of our medical affairs has extended to the general body of the press. Not many years since, medical colleges and institutions attracted no notice from political writers, and public opinion exercised little or no influence in their formation, or in their effects upon the community. In this respect, how strikingly changed is the state of medical affairs in the present day, when contrasted with the Parliamentary proceedings of 1815, and the events of the three preceding years! From 1812 to 1815 the labours of the great body of the profession in this country, consisting of the GENERAL PRACTITIONERS of medicine, were prosecuted with extraordinary energy and boldness, with a view to obtain the protection of the law for regularly-educated and properly-qualified members of the medical profession. The monthly medical journals of that period—for then there was not a *weekly* medical periodical in existence, either in Europe or in America—endeavoured to aid their efforts by heavy and laboured essays. But the public press did not participate in the discussion of the question, and its conductors at that time evidently were entirely ignorant of the principles which sustained the views of the GENERAL PRACTITIONERS in their demand for *a law of protection* for the professional body. In Parliament, precisely the same ignorance and indifference seemed to prevail, and the debates in the two Houses at the time when the Bill of 1815 was enacted into a law, were the dullest and most uninteresting that can be imagined, and exhibit, probably, less knowledge of the subject under consideration than of any that was ever before discussed in Parliament. This is a somewhat bold assertion, but it is, nevertheless, rendered perfectly justifiable by the display which was made at that period.

The GENERAL PRACTITIONERS of this country have now seen, with delight, that their rights and grievances have been argued, with consummate power and ability, by the most influential public journal of the universe; and operating, as does the *Times*, upon public feeling and public opinion, it cannot be doubted that, in obtaining its aid, our cause has acquired a power which affords to us one of the surest guarantees of complete ultimate success. We hope that we are fairly entitled to consider that our own labours in THE LANCET, during the last twenty years, have had some share in obtaining the advantage to our cause which is derived from the support and influence of public opinion. We trust that the continued discussion of the question, and the further investigation of the principles and details of the Government Bill, will not only have the effect of establishing in the minds of the profession, and producing a conviction amongst the public, that the measure which is now proposed by the Minister for remodelling, to a certain extent, the medical laws of this country, is one that ought to receive a general condemnation,—but that the consideration of the subject, and all the great interests which it involves, will be of so comprehensive a character, as shall have the effect of producing a happy uniformity of opinion relative to the principles which should be recognised and adopted in framing a new statute for the government of the medical profession and the medical institutions of this country.

In pursuing the consideration of the FIRST CLAUSE OF THE NEW BILL, we have already expressed our determined hostility to the abolition of the *protective* provisions of the statute of 1815, and we have placed in contrast with that destructive proposal of the Government, the conservative provisions of the statute in favour of attorneys and solicitors, which received the royal assent only in August, 1843.

The argument on this subject places at issue the relative superiority, in point of *utility*, of the medical and legal professions. We hope and believe that we are actuated, in carrying on this debate, by a true spirit of frankness and candour. Our views may be wrong, but they are honestly entertained; our premises may be badly selected, but they have been industriously collected; our conclusions may be unsound, but they have been deliberately formed; and, fortified by our experience, and a

long-continued scrutiny into the whole question, we are prepared to contend that the medical profession is more entitled, on the ground of usefulness to the community, to the protection of the legislature, than is the profession of the law. The reasons we could urge in support of that superiority are, we believe, unanswerable, if they be not indisputable; but it is sufficient for our present purpose to consider the two professions as only *equally* entitled to protection, and then to found upon that consideration the question—*If the profession of* THE LAW *be admitted by the Government to be entitled to protection, why is the protection to* MEDICINE *to be utterly annihilated?*

Sir JAMES GRAHAM cannot escape from the dilemma, on the horns of which he is here impaled. He is pursuing, with regard to the two professions, directly opposite courses of action. The most truculent of his obsequious followers will scarcely dare to assert that he is *right in both of them.* In which of the two, then, is he wrong? Is he *right* in throwing open the practice of medicine to every knave and impostor? If he be not, why is the practice of the law restricted only to men whose integrity and capacity are acknowledged by the law? There may be shuffling and wincing in the attempt to evade these questions, but they *must* be answered. There is no evading them finally.

We heard this remark lately—"Oh, but the Act of the "Apothecaries is such a *partial* measure. It does not extend "throughout the empire. It only regulates the practice of medi- "cine in England and Wales."

This is quite true; and what, we ask, is the boundary of the ATTORNEYS AND SOLICITORS' ACT, passed last year? Why, it is *precisely that of the Apothecaries' Act of* 1815. It relates only to England and Wales. The words limiting the sphere of operation in the two Acts are strictly and faithfully identical. The ACT OF THE APOTHECARIES' COMPANY prohibits gentlemen who have obtained their qualifications in Ireland and Scotland, from practising in England and Wales. The ACT FOR THE PROTECTION OF ATTORNEYS AND SOLICITORS, which received the royal assent in 1843, prohibits gentlemen who have received their legal qualifications in Scotland and Ireland, from practising as attorneys or solicitors in England and Wales. Down goes Sir JAMES GRAHAM to the House of Commons with a Bill, in which he proposes that the interdict with regard to medicine shall be annihilated; that henceforth, not only shall licensed practitioners from Scotland and Ireland be qualified, at law, to practise any and all branches of medicine in England and Wales, but there shall be bestowed an extension of the privilege *to every quack and impostor who may presume to speculate on the folly and credulity of the people!*

These proceedings of the Government are so thoroughly absurd, so fundamentally *inconsistent*, that no intelligent and candid person can be guilty of the temerity of defending them; they are also, at the same time, so flagrantly *unjust*, that they have necessarily aroused a most indignant feeling amongst the members of the medical profession in this country.

If, in legislating for the two professions of law and medicine, the principles advocated by the Government had varied only slightly, the deviation might have been passed over in silence; it might have been attributed to accident, or to a deficient investigation of the subject; but when they exhibit a bare and naked *contrast*,—when they are carried to *the utmost possible limits of antagonism*,—when the one profession is to receive *every protection that the law can afford*, and the other, *none at all*,—when it is provided that a person practising, as an unqualified man, in the law, may be arbitrarily sentenced to one year's imprisonment, without the intervention of the decision of a jury, and, in the other, that the unqualified practitioner is to pursue his calling without being exposed to any penalty whatever,—neither *accident* nor *insufficient investigation* can furnish an adequate solution of the mystery; and a further search can, we fear, only lead to the conviction, that *a mischievous design* furnishes the only explanation of the contradiction.

This view of the question will, we apprehend, become tolerably apparent, when we discuss the sections of the Bill which relate to the constitution and powers of the "Council of Health and Medical Education." But as indices to motives which are not very apparent, or easily comprehensible, let us place the clauses in the two measures side by side—one being in the Medical Bill, the other in the Attorneys' Act—which relate to the public appointments to be held by the members of the two professions.

The Bill of Sir JAMES GRAHAM provides, that unless a medical practitioner be *registered*, according to the regulations of the Council of Health, he shall not be regarded as qualified to hold a medical office in any *public* institution. The Attorneys' Act, taking a *directly opposite* course, provides that the restrictive and protective sections of that Act shall *not* apply to the *public* offices of the state! So widely contradictory, so strangely inconsistent, opposite, and extraordinary, are the propositions, that we feel it to be necessary to place them before the reader in juxtaposition, for the purpose of convincing him that they really exist, as we allege, in the two measures. Here they are, and we place at the head of each its marginal note:—

THE MEDICAL BILL OF 1844.	THE ATTORNEYS' ACT OF 1843.
Clause 26.—"NONE BUT THOSE REGISTERED TO BE APPOINTED TO PUBLIC SITUATIONS.	*Clause* 47.—"TO WHAT SOLICITORS THE ACT IS NOT TO EXTEND.
"And be it enacted, That, sub- "ject to the reservations here- "inafter contained, no person, "after the passing of this Act, "who is not registered by the said "Council, shall be appointed to "any medical or surgical office "in any public hospital, prison, "infirmary, dispensary, work- "house, or other public institu- "tion in the said united king- "dom, or to any medical or "surgical office in Her Majesty's "army or navy, or in the ser- "vice of the Honourable East "India Company, excepting, in "India, natives of India, duly "qualified according to such "law or regulations as are or "shall be made in that behalf "by the Governor General in "Council."	"Provided always, and be it "enacted, That this Act, or "*anything herein contained*, shall "*not* extend, or be *construed to* "*extend*, to the examination, "swearing, admission, or enrol- "ment, or any rights or privi- "leges of *any persons* appointed "to be *Solicitors of the Trea- "sury, Customs, Excise, Post- "Office, Stamp Duties*, or any "other branch of her Ma- "jesty's revenue, or to the So- "licitor of the City of London, "or to the Assistant of the "Council for the affairs of the "Admiralty or Navy, or to the "Solicitor to the Board of "Ordnance."

Thus, throughout these two measures, both of them having been framed and brought forward by the same Government, the principles to be found in them are as opposite as any to be met with in legislation; and the details in the various sections for carrying them into effect exhibit such contrarieties, that they cannot be subjected to the slightest examination without exciting the highest degree of astonishment. Are these variations the result of accident? Or are they the faithful reflexions of minds which have duly investigated the duties of the members of the two professions of law and medicine, and the value of their respective labours to the community?

The conclusions to which we have been irresistibly led, after bestowing much time on the subject, are these:—

That it was the object of the framers and supporters of the Attorneys and Solicitors' Act to *strengthen* the profession of the law, and to promote the respectability of its members; and that it was the object of the framers and supporters of the *medical* Bill to *weaken* the members of that profession, and to obtain a more de-

pendent and subservient class of practitioners than can now be found in this country.

The reasons in support of the first of these conclusions are suggested by a mere perusal of the Act to which it relates.

The arguments in support of the second have already been partly stated, but they will be fully disclosed, together with the facts which sustain them, before we terminate our analysis of the Bill.

Sufficient are the proofs which we have adduced, to shew how opposite are the principles and the details of the late LAW ACT and the new MEDICAL BILL. But, strange to say, the inconsistencies which signalize the provisions of the Bill are of themselves opposed, and utterly irreconcilable.

For example: the penal clauses of the Apothecaries' Act are to be repealed—that is a *destructive* provision. Then comes a *protective* one, to the effect that no person shall hold an appointment in a public institution, or recover charges for medicine in an action at law, unless he be a registered practitioner, according to the conditions of the Act. Then comes another *protective* provision, to the effect that students shall not be admitted to examination for their diplomas or licences, unless they, and the conductors of the schools in which they have studied, have obeyed the regulations of the Council of Health and Education. Then find we the *destructive* proposition—That all persons may attend the sick, and administer medicines to the public, without having received any education, or undergone any examination. It is well to mark the glaring inconsistencies of such enactments. They are, apparently, quite devoid of reason. Harmony or uniformity of action in such a scheme there is none; it is entirely composed of heterogeneous and discordant elements. Attend, for a moment, to the two extremes of *protection* and *non*-protection. Where does the *protection* apply? Where it already exists, and is not wanted, and where, if it did not exist, it would not be wanted — viz., in our public institutions; because the persons presiding over them are generally men of the world, individuals of station, wealth, and respectability,—gentlemen in possession of the best and readiest means of obtaining a knowledge of the acquirements of the candidates for the medical offices which they have to bestow, the selection of whom is not made in a hurry,—and is often the result of a contested election which lasts for several weeks. During such an ordeal it will be readily admitted that the merits of the claimants for office are often subjected to a tolerably searching scrutiny; frequently to a severe one. Then, in steps the government, proclaiming with mock solemnity, but real absurdity, and a profundity of ostentation, "We provide by law that no unregistered candidate shall "be qualified to occupy a medical office in any public institu-"tion." The governors may somewhat boldly reply, "In that "respect we do not want your aid. The benevolent exercise of "your authority on such a subject is mis-spent labour, as the by-"laws of all our institutions have long ordained that no candi-"date is deemed eligible by us, unless he is *already* qualified by "law, through holding a diploma, or licence, which has been "granted to him by one of the lawfully-constituted universities, "colleges, or chartered institutions of this empire."

Thus the sufferers who resort to the medical charities for relief *have* at this moment, at law and in practice, *precisely that quantity of protection which the* Bill of Sir JAMES GRAHAM provides. In this respect, any approach to novelty, any new advantage to the profession or to the community, might be adequately represented by a cipher. It is a piece of pompous mockery, and nothing more,—a make-believe effort at doing something great, when the same thing is *accomplished everywhere already!* It is the mere *affectation* of affording protection to the poor who are lodged in such institutions, inasmuch as it does not obtain for them a better class of practitioners than they already possess, or a more competent set of judges to make the selection.

But what is the condition of the people who are not obliged to resort to the medical charities? Why, they are to be exposed as fair game, to be pursued and tortured to death by the villanous quacks who may choose to make a profitable trade out of their sufferings. The principle of medical protection *in* the public institutions is to be acknowledged. The principle of protection *out* of those institutions, and for the millions of the population, is to be rejected and scorned. This is a fine specimen of consistency of purpose.

Now for another, not less characteristic.

The students are not to be entitled to an examination at any of the Colleges or Universities, unless they obtain their knowledge at *schools* which are sanctioned by the Council of Health, and not unless they have conformed with the regulations issued by that body. Knowledge acquired *elsewhere*, however profitable and valuable it may be, is to be deemed contraband. It must be bought at *particular times* and at *particular places*, with a certain outlay of money, or the candidate will apply in vain to have his acquirements tested, and his right to practice admitted.

Such are the restrictions upon students who may be in search of the knowledge to qualify them to perform the duties of medical practitioners. It is not sufficient that they have experienced and intellectual fathers and guardians to select the places for them in which they shall pursue their scholastic studies, but they are to be constrained, controlled, and regulated by the laws that are to issue from the Council of Health. There is to be *no free trade* in the *acquisition* of knowledge. The students *must* obtain it in the manner prescribed, or they will claim in vain to be examined. This is *restriction*, with a vengeance, if it be not *protection*.

The specimen of inconsistency is rendered complete, by allowing the public a perfectly uncontrolled choice with respect to the selection of medical practitioners. The *student*, in his endeavours to acquire a knowledge of his profession, is to be *restrained*. The *public* are *not* to be controlled in the choice of persons who are to apply a knowledge of medicine for the cure of their maladies.

Such inconsistencies as these, indicate, we boldly contend, that purposes, other than *national* and *benevolent*, were contemplated in the concoction of the MEDICAL BILL; and we hesitate not to allege that it is an odious compound of inconsistencies and injustice.

That the graduates in medicine of the Irish and Scotch Colleges and Universities have a right to complain of the Act of 1815, we readily and frankly admit; but it must be remembered, that this country consists of divisions which were once distinct sovereignties. The Act of Union with Ireland has not yet existed half a century. Laws have been in force, and rights acquired, which have been *continued* under one Parliament, but which did not owe their existence to a single Parliament. Diversified rights and privileges exist, therefore, amongst the practitioners of Great Britain and Ireland which cannot be broken down or finally destroyed, and the whole profession organized into one symmetrical body, excepting by a new act of the legislature—a great work, which could never be effected by such a tinkering, trumpery instrument as the one which has been forged by the advisers of the Home Secretary.

Whilst acknowledging, willingly, that the medical practitioners who acquire their diplomas and licences in Scotland and Ireland are justified in complaining of that state of the law which prohibits them from engaging in the practice of medicine in England and Wales, we must admit that the lawyers of Ireland and Scotland might, with equal propriety, urge the selfsame objection and complaint against the Attorneys and Solicitors' Act of 1843; but what would be said if, whilst insisting that they ought to be permitted to practise in England and Wales, they accompanied their claim

with a demand that the Attorneys and Solicitors' Act should be repealed, and that all the protection afforded to the legal profession of England and Wales should be at once and for ever abolished? Why the fury of the lawyers of this country would approach to madness. Yet what is the language of the Government on the medical question? The GENERAL PRACTITIONERS of England and Wales—that immensely numerous body—are addressed thus:—"You enjoy the protection of the Act of 1815. "Many complaints are urged against it by the Scotch and Irish "graduates and members of the Colleges of those countries. They "represent that they ought to be permitted to practise here. We "concur with them in opinion; and, accordingly, it is our in- "tention to enact a law which shall regulate the practice of medi- "cine throughout all parts of the empire."

Such was the intimation which had been conveyed, in a variety of ways, by persons who were in the confidence of the Government, to the medical profession of England and Wales. It elicited not the language of remonstrance, or even complaint. On the contrary, there was nothing in the announcement to excite a suspicion that, in conferring a legal right upon the Irish and Scotch graduates, the legal rights of the English practitioners were to be destroyed. But such is now the unprincipled scheme of the Government—a scheme which is stigmatized by so reckless a disregard of established interests and usages that it cannot with propriety be spoken of in a more respectful phraseology. If it be just that qualified practitioners in medicine and surgery who have been educated, and have obtained their degrees, in Scotland and Ireland, should be entitled to practise their profession in England, is it also just to throw open at the same time the practice of medicine to the general body of chemists and druggists, and thus knock down every barrier against the intrusion of unlearned and unqualified practitioners into the ranks of medicine? By such a proceeding, the new right that is about to be conferred upon the Irish and Scotch physicians and surgeons will be rendered of very little value, and the ruin of an immense number of English GENERAL PRACTITIONERS will be most effectually completed.

The demand, then, that has been made by the Universities of Dublin, Edinburgh, and Glasgow, for the repeal of the Apothecaries' Act of 1815, has been urged with more vehemence than prudence—with more eagerness to secure a right for the claimants, than with a view to maintain interests which had been acquired and sanctioned by law and established usage. The English practitioners hold out to the qualified graduates of the North and the West the right hand of fellowship, and they are perfectly willing to greet them as men of education and learning—in a word, as the accomplished members of an honourable profession, and would cheerfully participate with such men in holding the few rights and privileges which they enjoy under the law. But if the destruction of the protection, slight as it is, which is now afforded to the profession by the statute of 1815, is to be made a condition precedent to the admission into England and Wales of the graduates of the Scotch and Irish Universities, the more such a proposal is considered, and the more clearly and certainly its probable effects are understood, the more determined, hostile, and indignant, will be the opposition to any such scandalous project, by the medical practitioners of this country.

The government pleads, as a justification and an apology for the introduction of the Bill, that it could not resist the applications for such a measure from Scotland and Ireland, and that the medical monopoly created by the Act of 1815 could no longer be maintained.

All this is specious enough; but what will be said of the rank hypocrisy which marks such a declaration, if we prove that the Home Secretary himself, by means of "regulations" issued under his authority by the Poor-Law Commissioners, has actually created a tenfold worse monopoly, and quite excluded Irish and Scotch practitioners from holding medical offices in the Poor-Law Unions of this country! Thus the Home Secretary, by his own deed, excludes Irish and Scotch graduates from one of the most extensive fields of medical practice in this country, by favouring the money-chest of the College in Lincoln's Inn Fields, and then, in obedience to the clamour raised in Edinburgh, Glasgow, and Dublin, which he informs us he can no longer resist, but of which clamour he is, in reality, the author, he blandly announces to the GENERAL PRACTITIONERS of England, that the protective and restrictive provisions of the Act of 1815 ought not to be maintained, and that they must sink into oblivion under the pressure of a hostile opinion entertained by the practitioners of Scotland and Ireland.

ONE of the most remarkable features of the present day is the fact that the laws of hygiene are beginning to be understood by the non-professional public. Formerly, the science of medicine, and the physiological laws on which it is founded, were to all intents and purposes a "mystery." Printed in a dead language, only understood by the learned, the works of its professors were exclusively addressed to the medical fraternity, and its tenets were carefully screened from the eyes of the profane. Those were the days of wigs and gold-headed canes—the days when our medical ancestors concealed the obscurity of their scientific ideas under a cloak of wisdom, which they allowed not the vulgar to raise. With the close of the last, and the commencement of the present century, another state of things arose. As the energetic and enthusiastic researches of modern medical practitioners broke down the barriers of former prejudices, and swept away the clouds of former ignorance, the veil of mystery by which the medical sciences were concealed was torn asunder. The native language, one intelligible to all, has now for more than half a century been universally adopted by medical authors of this country; and as their views respecting health and disease have become more rational, more lucid, they have been seized with a benevolent and philanthropic wish to propagate the results of their discoveries among the non-professional public, in the hope of diminishing the suffering and mortality of the human species. Thus has arisen a host of medical writers and lecturers, who, conscious themselves that the causes of disease are mostly to be traced to the infringement of moral or hygienic laws, have endeavoured directly to enlighten the non-medical community as to the dangers by which they are surrounded, and to teach them enough of the laws of life to guide them through their career. Indeed, we may say that every well-informed medical practitioner has become, in his own sphere, a professor of hygiene, so great is the attention paid by all intelligent medical men to its decrees. At first, some few, wedded to the habits of former times, strenuously opposed the hygienic doctrines, foolishly imagining that because a man knows that the air of a close room becomes chemically unfitted for respiration, he would immediately appear as an unlicensed practitioner, and a rival to his medical instructor. But the voices of these *laudatores temporis acti* have long since been stifled. It is now universally allowed by the profession, that the amount of physiological knowledge which is necessary to make a man of the world understand the exigencies of his own organization, instead of rendering him a rival to the medical practitioner, only makes him a more willing, a more obedient patient, at the same time that it teaches him to avoid the causes of disease whilst enjoying health.

The two great hygienic meetings, as we may term them, which have lately taken place in the metropolis, testify, in the most marked manner, to the deep impression which the disinterested labours of the profession in the cause of humanity have made on the public mind. It is only a public prepared long beforehand by the perusal of the works to which we have alluded, and by familiar intercourse with the members of our pro-

fession, that could have responded so enthusiastically to the call made upon it. The meeting—to promote the establishment of baths and wash-houses for the working classes—the details of which we have reported in the present number, may be considered the result of the medical labours of the last ten or twenty years. The present general outburst in favour of personal cleanliness, although apparently so natural, is partly the result of the recent promulgation of abstruse physiological facts; it is the result of the publication and extensive dissemination among the non-professional public of such works as Dr. A. COMBE'S "Principles of Physiology applied to the Preservation of Health," which has gone through eleven editions in the course of a few years.

Nothing, indeed, can prove more satisfactorily the hold that hygienic truths have acquired on the popular mind, than the active and substantial support which *all* classes of society are giving to the "cleanliness movement." The London meeting, which took place at the Mansion House, was presided over by the Lord Mayor, and attended by a host of influential persons. The speech of the Bishop of London is one of the most forcible and instructive that we have read on the subject, and we much regret our inability to give it at length. The interesting details into which he entered, with reference to the hygienic state of the working classes, shew that he is thoroughly acquainted with their social position. Those details are not novel to our professional brethren, whose duty it is to minister to the poor in the hour of sickness, and who are the daily witnesses of the distress and misery which they endure; but very many of those who attended the meeting must have heard of them for the first time. Too true it is, as the Right Rev. Bishop stated, that the visiting clergyman and the medical practitioner are the only members of the middle or higher classes of society who really know the state in which the poor live. The arguments derived from their social position, which he brought forward in favour of public baths, are unanswerable. There can be no doubt but that cleanliness has a most decided influence over the moral and intellectual state of the poor, and that the poverty of numbers of the inhabitants of towns renders cleanliness, at present, an impossibility. In addition to these, there are numerous medical arguments in favour of extreme personal cleanliness, with which our readers are familiar, and some of which have acquired additional weight from recent inquiries. Thus, the researches of Mr. G. Ross, which we have published during the present year, and the experiments of Dr. FOURCAULT, an account of which we gave last June, all tend to prove that that most serious and fatal disease of the kidneys—albuminuria, is the result of the arrest of cutaneous perspiration. Again, all who have practised among the poor are aware how much more frequent skin diseases are amongst them, than with persons whose means are more ample; and how difficult it is to prevent a return of the disease when once cured—a circumstance which may be attributed to a dirty state of both linen and skin. The part of the plan discussed at the Mansion House, which provides facilities for washing the linen of the poor, may therefore be considered of extreme value. The benefits that the use of linen has conferred upon the inhabitants of Europe are immense, for it has diminished the frequency of skin diseases by nine-tenths; but those benefits are only fully enjoyed when it is kept clean.

In the country, the "cleanliness movement" is also progressing. Liverpool, the hygienic state of which city has latterly been discovered, to the surprise of every one, to be so bad, has nobly taken the lead in England. The baths and wash-houses which were established in 1843, have now been in operation for a year, and, during that time, twelve thousand persons have availed themselves of the former, and many hundred thousand articles of clothing have been washed. Meetings have been held in Birmingham, and in other towns; subscriptions have been raised; and there is every probability that, in the course of a few years, most, if not all, our large towns will be provided with establishments similar to those founded in Liverpool and in Edinburgh. We trust that the members of the medical profession will everywhere shew themselves the ardent advocates and supporters of such institutions, thus turning to a practical account the ideas and feelings which they have so much contributed to raise in the public mind. By adopting this course, they will nobly sustain their position as pioneers in the cause of humanity,—as the sincere friends of the poor.

REVIEWS.

An Exposition of the Laws which relate to the Medical Profession in England, containing a Brief Account of the various Ordinances, Charters, and Acts of Parliament under which the Practice of Medicine in England has been governed from the earliest period of its History. By JOHN DAVIES, M.D., Physician to the Infirmary at Hertford. London: J. Churchill, 1844. 8vo, pp. 84.

IN this pamphlet, Dr. Davies has given an extremely elaborate and interesting account of the principal medical institutions of England,—viz., the London College of Physicians, the College of Surgeons, and the Apothecaries' Company. He has traced their laws and regulations from the time when they were first framed up to the present day; explaining and commenting on them in such a manner as to throw considerable light on the present position of these bodies. In an appendix, Dr. Davies analyses Sir James Graham's Bill, accompanying his analysis by what we cannot but call clever special-pleading in favour of some of its principal clauses. We were rather surprised to read the very peculiar interpretation which Dr. Davies gives to the wording of the eighteenth clause of the Government Bill. We verily believe that the members of the council of the College of Surgeons will stand aghast, when they learn that the above clause would confer, according to Dr. Davies and those who adopt his reading, the honour of the fellowship on ALL the members of the College who registered under the Government Bill. The following are the words of the clause: "And be it enacted, that every person registered after examination as a physician or surgeon under this act shall be admitted as an associate of the Royal College of Physicians, or as a FELLOW of the Royal College of Surgeons, from which he shall have received the letters testimonial as physician or surgeon," &c. Dr. Davies ingeniously thinks that Sir James Graham has "seen the error of his ways" in granting the late charter of the College of Surgeons, and has, intentionally, aimed this deadly blow at his quondam friends and favourites. This interpretation, however, is erroneous, as it is evidently intended by the words "after examination," to infer that the fellowship will only be granted to such candidates as have arrived at the age of twenty-six. Were not this the case, they would certainly not have given themselves so much trouble to fence themselves in on all sides from the inroads of *mere* members, and to preserve the immaculate purity (!) of the fellowship. Although not agreeing with the opinions entertained by Dr. Davies in reference to medical reform, we can conscientiously recommend his pamphlet to those who are anxious to become thoroughly acquainted with the rights and privileges of the public bodies respecting which he writes.

Introductory Address to the Students of University College at the opening of the Winter Session in the Faculty of Medicine. 1844-5. By SAMUEL COOPER, Esq., Vice-President of the Royal College of Surgeons of England. London: Longman and Co. 1844. 8vo, pp. 34.

THIS address is principally interesting to the medical reader from its containing "The Profession of Faith," with reference to medical reform, of the veteran English surgeon, the vice-president of the College of Surgeons. It appears that even Mr. Samuel Cooper is not satisfied with the intended medical bill, as will be seen by the following extract—

"Although this is not the place for medical politics, I may perhaps be excused for not passing them over altogether in silence, especially as the Medical Reform Bill is intended to govern the whole profession, its practitioners, its students, its several colleges, and its schools. It is no wonder, I think, that some clauses and omissions in this bill should excite considerable discontent. Any sacrifice of independence, whether by a nation, a more limited number of persons, or a single individual, is always made with reluctance, and can only be justified by necessity; but when, in addition to this unpleasant submission, we find that several parts of the proposed new law, by which the freedom of the profession is to be extinguished, are, either positively objectionable, or of questionable merit, the present noise and commotion in the medical world cannot be surprising. The intended bill, however, has some wise enactments, which ought to save it from absolute and total condemnation."—pp. 4, 5.

Mr. Cooper appears to approve of the connexion between the profession and government, from which he anticipates great benefit; but he has "doubts" whether the government of the profession would not be better left in its own hands. Considering the achievements that the council of the College of Surgeons has lately managed to encompass for the benefit of its own immediate class (the hospital surgeons) we are not surprised to find Mr. S. Cooper, an eminent member of the said council, congratulating his medical brethren on the advantages of *self-government* (!) which, as far as our medical institutions are concerned, we must be allowed to say, means government of the entire body by a few self-elected individuals.

The points which Mr. Cooper fixes upon as decidedly objectionable, are not very numerous, being confined to the registration tax, to the heavy payments levied on practitioners who remove from the jurisdiction of one of the national medical colleges to that of another, and "*lastly*" to the omission of an efficient clause to protect the regular practitioner.

The remarks which Mr. S. Cooper makes on the extreme value to the medical or surgical practitioner of general as well as of professional knowledge, are most valuable, and do infinite credit to the distinguished surgeon from whom they emanate. We strongly recommend their perusal. The advice which he also gives, with reference to the professional studies of the medical student is equally sound and judicious, and *cannot fail* to be deeply prized by those to whom it is addressed.

THE GOVERNMENT MEDICAL BILL.

MEETINGS OF THE MEDICAL PROFESSION.

It is with great regret we announce, that henceforth we shall be obliged to curtail our accounts of the medical meetings which may continue to be held in different parts of the country. We have for several weeks made great sacrifices of space in order to report them in full, but now feel ourselves compelled, in justice to our contributors, to confine our reports to the resolutions which may be passed at such meetings, and to the petitions which may be addressed by them to parliament. As, however, the resolutions and petitions may be said, generally speaking, to embody the opinions of the meetings at which they are passed, our readers will still be able to judge what are the views entertained by the profession respecting Sir James Graham's bill.

GENERAL MEDICAL PROTECTION ASSEMBLY.

MR. SIMPSON IN THE CHAIR.

Communications, accompanied by subscriptions, were received from E. Pope, Esq., of Tring, Dr. Stuart, Regent's-park, Mr. Batten, of Walworth, Dr. Bateman, of Crawford-street, Mr. Tracey, of Lisson Grove, Thomas Hawkesley, Esq., Margaret-street, Cavendish-square, Mr. Gerrians, Wyndham-place, Mr. Pascall and Mr. Thompson, Charlotte-street, Fitzroy-square; also from Dr. Merson, of Tiverton, a valued correspondent of the Assembly; his letter was ordered to be entered on the minutes of the Assembly. The following extract was ordered to be published:—

"Dear Sir,—I feel pleasure in replying to the resolution adopted by the Medical Protection Assembly of the 30th ult., by increasing the amount of my subscription; and to this end I enclose a post-office order for ten shillings.

"Allow me to suggest, that, whilst we offer our strenuous opposition to the so-called Medical Reform Bill, as proposed by Sir James Graham, it would be wise to point out to the Government some measure of reform by which the interests of the profession would be increased, and the public safety secured. Should there not be one Board of Examiners elected by the members of the medical profession generally, and different grades or distinctions obtained solely by the degrees of merit evinced by the candidates at public concours?

"To Dr. Lynch."

A letter was received, enclosing subscriptions from G. H. and G. Mantell, Esqrs.; also from W. Hargraves, Esq. forwarding post-office orders for subscriptions, stating "that he had watched the proceedings of the Assembly, and was glad to find that there were some practical men amongst them; that their principles were good, and their course of action moderate, judicious, and prudent. They had torn the charter to pieces, and thereby made themselves very popular. Dr. Lynch had painted the council in such a true light, that they must become angels and all perfect, before they can win back the good opinions of its members. They injured and insulted us. Mr. Wakley, who is our natural leader, is, we are happy to see, often amongst you. His words have become prophecy. They are not merely despised, but the fellowship has made them actually hated. Two of the Fellows have declared that they are so shunned by their brethren, that they will petition the council to be untarred and unfeathered. The feeling is gaining ground that we members of the college should dissociate ourselves from the College of Surgeons altogether, and become Licentiates of the College of Physicians, who would receive us with open arms and treat us like gentlemen. The only foolish step by the Assembly was not to have charged ten shillings at once for the enrolment fee.

"I would advise that when you summon the delegates, you should be ready to submit for their consideration a short and simple preamble of a bill. Could not Sir James Clarke, Mr. Wakley, Dr. Lynch, Dr. Webster, Mr. Hawes, M.P., and Mr. Cooper prepare it?

"We in the country are delighted with the conduct of the Hall; we have just read the account of the conference. I prefer, after all, rallying round our old Alma Mater. I fear, on second thoughts, that the Oxford and Cambridge men would snub and sneer at us: they are too much flattered with their ideal, their parchment, their obsolete distinctions, to give them up. Pray have in your chair men who can speak out. The milk-and-water style of Messrs. Ancell and Macilwaine we did not *relish*, on the occasion of resenting the flagrant outrage to the members of the college. You ought to have had men presiding who would have spoken in the language of manly and indignant remonstrance—nay, denunciation. Their speeches—for we ponder on and digest those matters in the country more than you can do in London—were very weak and emasculated, and entirely disappointed. We were quite angry with those gentlemen in being so wretched and inappropriately tame; they never read the anecdote of Demosthenes and the injured man. The venerable Carpue had more spirit in him than a dozen such *men*. If I be elected as a delegate, I shall be most happy to attend, and shall call things by their proper names."

Dr. Lynch officially communicated the particulars of the interview with the Master and Court of Assistants of the Apothecaries' Company, which was nearly the same as reported in The Lancet of last week; and upon the understanding that the Society of Apothecaries would endeavour to obtain a college of medicine and surgery, incorporating the general practitioners, with the right of electing their own council,

It was further resolved, that in consequence of what had been arranged at the interview with the Company, a committee be formed forthwith, to communicate with the provincial and metropolitan associations, and to fix as early a day in January, for a meeting of delegates at Exeter Hall, as the committee may find, from communications from the country, best suited to the convenience of the country practitioners, in order to take into consideration the present critical state of the profession, and to adopt such measures as may be agreed on.

It was resolved that the committee do consist of Mr. Wakley, M.P.; Dr. Lynch; Mr. Davis, Hampstead; Mr. Asbury, Enfield; Mr. Cooper, Mr. Simpson, and Mr. Ross.

MARYLEBONE MEDICAL AND SURGICAL ASSOCIATION.

A NUMEROUS meeting of the members of this association was held on the 23rd of this month,—the President, Mr. PENNINGTON, in the chair. The chief object of the meeting was to consider the propriety of publishing a "manifesto," which had been drawn up by a sub-committee appointed for that purpose. It appeared from the minutes, and from conversation which took place, that a deputation from the society had waited on the Apothecaries' Company, with the view of ascertaining what were the intentions of that body in reference to the movement at present taken by the profession. The deputation put a series of very important questions to the society to answer, which that body requested time to consider. In a subsequent communication, the society informed the association that a committee was considering the details of a bill which they were about to submit to the profession, and which was founded on broad and liberal principles, without any reference to their corporate or other privileges. Under these circumstances, and being anxious to adopt some mode of proceeding in which the profession in general might join, it was determined to issue the "manifesto" above alluded to. After a lengthened and animated discussion, in which several of the members joined, the "manifesto," with some alterations, was adopted, and it was resolved to take means to circulate it through the country. After giving an elaborate description of the present condition of the profession, and more particularly of the general practitioner, and shewing what should be the proper objects of legislation in medical affairs, and that these objects were not fulfilled by Sir James Graham's bill, the "manifesto," in reference to the general practitioner, proceeds thus:—

"31. That the first step towards procuring a prompt and efficient remedy for the evils that afflict this large and important class in the profession,—the anomaly of position, the defects in education, the want of defined privileges and protection,—is, unquestionably, for the great body of general practitioners in the kingdom to combine and form a society of their own.

"32. That, manifestly, nothing would so effectually secure the public interests, as the establishment of A COLLEGE OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY, and, therefore, that the further object should be to obtain a charter of incorporation, and a new act of parliament, or a modification of some existing act, giving an elective Council and Court of Examiners, with power to frame by-laws, and to examine and license all future general practitioners.

"33. That nine-tenths of the profession being general practitioners, acknowledging the authority of such a council, and being made 'responsible to it for the integrity of their professional conduct,' also receiving from it, and from the laws of the country, 'protection in their professional rights,' the abuses at present existing in the mode of carrying on practice would be effectually, although progressively, corrected. Its immediate effect would be a fair adjustment of the respective interests of the chemist and druggist and the professional man, at once putting a stop to many of the practices derogatory to the character of the latter. It would lead, at the same time, to the requisite improvements in the education of the general practitioner, securing to the public an ample supply of medical men, of the highest attainments practicable, upon a gradually increased standard of qualification, but not so high as to act as a prohibition, and to constitute a monopoly.

"34. That various plans for securing unity of purpose and action, for the accomplishment of the desired object, have been suggested.

"(1.) By the general practitioners consenting to accept the title of licentiates in medicine and surgery, as afforded by Sir James Graham's bill.

"(2.) By their adhering to the interests of the College of Surgeons.

"(3.) By uniting their interests to preserve and augment the powers deputed to the Society of Apothecaries.

"(4.) By a combined effort on the part of the general practitioners in medicine, surgery, and midwifery, to obtain for themselves an independent organization.

"35. That the objections to the first of these plans have been sufficiently set forth in the preceding pages.

"That the association at present sees, with regret, very little prospect of practical good under the second head. The same objection exists to the College of Surgeons continuing the control of the education of the future general practitioners, as to the mixed board proposed in Sir James Graham's bill. Under the charter, two grades of surgical practitioners have been recognised. The higher grade, or fellows, constituted *ab initio* mainly of hospital surgeons, for the most part takes the position of consulting practitioners. This grade only is represented in the council. Their obvious interests will be, to make the standard of qualification for the fellowship as high as possible—sufficiently high to constitute it a monopoly. They will have an equal interest in keeping the general practitioners at as great a distance as possible from themselves; to make the standard of qualification for the licentiateship in surgery—the lower grade—as low as possible. Self-interest must be continually opposed to the public good. Every possible excuse will continue to be framed, and acted upon, to prevent the great body of surgeons being placed upon an equality with themselves.

"This is obvious, from the letter of the charter, and from the spirit with which its provisions have been carried into effect by the council of the college.

"That, with the consent and co-operation of the Apothecaries' Company, and some such alteration as the following in its constitution, the third proposal might effect the desired object.

"The company agreeing to separate the professional from the trading part of their functions, to procure a modification of their act of parliament, with increased powers, or a new 'Act to regulate the general Practice of Medicine, Surgery, and Midwifery.' To admit into their professional body, to the fullest extent that may be necessary to avoid the imputation of injustice from retrospective legislation, every person legally practising medicine generally at the present time; to allow every member of two years' standing as a practitioner the privilege of a vote, in the election from his own body of a council and court of examiners. The present examiners to continue their appointments; their number to be increased from twelve to eighteen or twenty-four; and the whole, or a part of those newly elected, to be members of the College of Surgeons, and of undoubted ability as surgeons; the council and court of examiners to frame by-laws; to examine candidates for their diploma in every branch of medical science necessary to insure the competency of the future general practitioner; the fee for examination and admission to practise as a general practitioner to be increased—say, to £24, which would be a saving to the student of £8, since he now pays £32; the professional education to extend over a period of five or six years, and no candidate in future to receive the licence until twenty-two years of age.

"This leaves the College of Physicians as it is; it makes the College of Surgeons what the council and the government would appear by their acts to desire it to be—a college of pure surgeons, and it would virtually give a college to the general practitioner.

"That the fourth proposal is the most comprehensive, and would immediately and completely satisfy the wants of the great body of general practitioners, and serve the public interests at stake, in the medical questions now at issue; but it is open to the objection—that there being already so many licensing bodies, to constitute a new one is only to introduce a new element of confusion into our medical polity, and that for several obvious reasons it might prove more difficult to carry into effect than the one which precedes it. The consent and co-operation of the Apothecaries' Company might invalidate these objections.

"36. That it has been further suggested, for the purpose of insuring unanimity on these important topics, that each local association throughout the kingdom should select one or more delegates, to meet three months hence in London, with power to agree upon one general plan of operations, both in opposing the bill, and at the same time in bringing forward a liberal and comprehensive plan for the government of the general practitioner, and that the Medical and Surgical Association of the borough of Marylebone is of opinion this suggestion deserves attention.

"37. That the standard of qualification in a new college of general practitioners of medicine and surgery, or under a new act of parliament, should be such as to justify the College of Physicians in admitting every general practitioner, after having attained a certain age, as at present, on due examination, and without any further compulsory educational course, to be admitted as a physician; and in like manner to justify the College of Surgeons, after a certain number of years, on due examination, and without any further compulsory education, to admit any general practitioner to become a fellow of the College of Surgeons.

"38. That the facts and considerations herein contained apply more especially to the practice of medicine in England, but it is desirable to secure *uniformity of education for the general practitioner*, with a licence to practise in any part of the United Kingdom. For this purpose an agreement between all the licensing bodies, or a parliamentary enactment, is necessary. Any practitioner having obtained the diploma of one licensing body should

have the right of practising within the jurisdiction of either of the others, upon authenticating his testimonials, and probably paying a small fee.

"39. That a national board, or central Council of Health, in this country, is a great desideratum; but neither the mode of formation nor the functions of such a council as set forth in Sir James Graham's bill can be approved of. A Council of Health should have nothing to do with medical distinctions, or the details of medical education; its duty should be to register all legally-qualified practitioners; it should be constituted chiefly of eminent medical men, competent judges in all the departments of medical science; it should be empowered to receive information from registered practitioners, of the outbreak of contagious and malignant diseases, and of the occurrence of nuisances, interfering with the healthiness of localities and districts, and to publish whatever information circumstances might render necessary for the maintenance or recovery of the public health; to prosecute individuals in the name of the Queen, who commit any breach of the laws in force for the preservation of the public health, as those creating nuisances, or practising medicine without a licence; it should advertise yearly a list of all the drugs, medicines, and chemicals which, on proper inquiry, are found to be virulent poisons, and which none but qualified medical practitioners are allowed to administer or prescribe; it should be responsible to the country for the appointment of competent medical officers for medico-legal investigations, so as to render as efficient as possible that department of the administration of justice called 'medical jurisprudence;' and, in fine, it should embrace all the considerations of public hygiene.

"A Council of Health might also, with great advantage to the community, be empowered to constitute a 'National Medical Record Office,' framing formulæ for the registration, on an uniform plan, of cases occurring in the public hospitals, and requiring a return to be made, according to such forms, of every case admitted into these institutions. These records, like the tablets of the Asclepiadæ, but under the advantages of modern science, would, in process of time, form a monument of practical medicine. They would enlarge the boundaries of medical statistics. They should be public documents, and open, on paying a small fee, to the inspection of every qualified medical practitioner.

"40. That the association has abstained from entering into the question of medical reform, as it affects the different classes of the profession more generally; nor has it, in this document, attempted to analyze completely the bill introduced into parliament by the Home Secretary. It has confined itself as nearly as possible to the fundamental principle, as far as the public welfare is concerned, that the legislature is bound to secure to the people of this country a numerous, 'efficient, fairly-remunerated, and truly respectable body of functionaries;' and that, in the existing state of society, these must necessarily consist of a body of general practitioners in medicine, surgery, and midwifery.

(Signed) "R. R. Pennington, President."

"On perusal of this 'manifesto,' correspondence and counsel as to ulterior proceedings are invited from the different associations now forming throughout the kingdom, addressed to the committee, under cover, to the Hon. Secretary,

"W. O'Connor, Esq.

"69, George-street, Portman-square."

The plan developed in the document just quoted met with the most cordial approbation of the entire meeting.

LAMBETH AND SOUTHWARK.

A general meeting of the members of the medical profession resident in Southwark, Lambeth, and the vicinity, was held, on the 24th ult., at the lecture-room of the Southwark Literary Institution. Dr. Silvester, of Clapham, presided. There were about three hundred present, including all the leading general practitioners in the district, besides several physicians and consulting surgeons; among the former of whom we recognised three of the physicians attached to Guy's Hospital.

The Chairman, in addressing the meeting, commented on the deep interest of the subject they had met to discuss, and on its vital importance to the public. As regarded the profession, it was almost a question of its existence. It was a mistake to suppose that the bill of Sir James Graham affected only the general practitioner, the interest of every branch of the profession was, on the contrary, at stake. In the first clause of the bill various acts were repealed, and among others the Apothecaries' Act, which had done much general good, having raised up a new order of medical men, equal to the physicians in everything but name. It had been said, that Sir James Graham brought in his bill at the close of the session in order to give the profession an opportunity of discussing its merits. So far they were indebted to the Home Secretary, whom he (Dr. Silvester) believed was friendly to the profession, and would listen to the suggestions made, and adopt such modifications of his measure as were deemed advisable by those who had the best means of giving a sound opinion on the subject. (Cheers.)

Dr. Greenwood, of Horsleydown, proposed the first resolution. In doing so he took the opportunity of reviewing the struggles for medical reform which had been going on for nearly half a century: the association of the apothecaries in 1812, the passing of the Apothecaries' Act in 1815, the beneficial effects of that measure, and its influence on the production of the present highly educated class of general practitioners. An opinion, however, had gradually grown up since 1815, and had now become universal, that some general measure was required to regulate the profession generally. With the view of carrying such a measure a great deal had been done and tried, hitherto, however, without success. The failure of the bills of Messrs. Warburton and Hawes, and the heads of other measures propounded by various associations, shewed that it was useless to attempt the introduction of any general measure without interesting the government in the question. The government had at length become interested, and the result was, the measure of Sir James Graham.

Resolved,—"That this meeting, impressed with the urgent necessity for legislative interference for the better regulation of the medical profession, views with satisfaction the introduction of a measure for that purpose by Sir James Graham."

Mr. Hooper seconded the resolution. He was thankful to Sir James Graham for bringing in a bill; but here his satisfaction ended, for in this bill the general practitioner, whom it was evidently intended to degrade, was not even mentioned. He believed that Sir James Graham meant to do good, but the Home Secretary had evidently been "earwigged," as Mr. Wakley had said, by persons by no means friendly to the great body of the profession. He (Mr. Hooper) objected to the repeal of the Apothecaries' Act, unless some more efficient protection was afforded. He objected to the constitution of the Council of Health; indeed, the bill possessed so much of evil that he feared it contained little of good. (Cheers.)

Mr. Prior, of Walworth, here, amid much interruption and laughter, proceeded to make some comments on the Apothecaries' Company, and on the treatment of general practitioners by physicians and pure surgeons; after which

Mr. Dendy rose to propose the second resolution. He spoke of the difficulty of legislating for a body in such an anomalous condition as the medical profession. The bill of Sir James Graham possessed good and bad points. He (Mr. D.) considered that the present condition of the general practitioner was owing to the Apothecaries' Company, for though that body had acted with the best intentions, and raised the standard of the general practitioner by the enforcement of a curriculum of study, yet they had linked the profession with a trade. He thought much evil had been done to the profession by members of it keeping open shops. He considered it absurd to suppose that we could not do away with quackery by penal enactment; it was as absurd not to legislate for the suppression of quackery as it would be to do away with punishment for murder because murders were occasionally committed. He spoke of the necessity of unanimity, and of a meeting of delegates from all the societies in existence, shewing to the government what were the combined wishes of the profession.

Resolved,—"That while some of the provisions of the bill are excellent, it contains others which, if passed into a law, would be greatly to be deplored."

Mr. Darvill, of Walworth, seconded the resolution. Let it be recollected that "union was strength." The profession owed all its evils to its disjointed condition. This disunion encouraged the enemies of the profession to give bad advice to those high in power.

Mr. Havers, of Lambeth, in a powerful speech, proposed the third resolution, and Mr. Churchill, of Clapham-road, seconded it.

Resolved,—"That the abrogation of all laws which enforce an examination as a test of medical competency, and the removal of all restrictions on illegal and unqualified practice, would not only be destructive of the respectability of the profession, but would be highly detrimental to the interests and health of the community."

The fourth resolution was proposed by Mr. Gazeler, who entered into an elaborate review of the entire bill, and forcibly observed how in many particulars it was injurious to the interests of the general practitioner.

Resolved,—"That the ability of the general practitioners to conduct the examinations of their own class with honour to themselves and advantage to the public, has been so amply proved by the experience of the last thirty years, and so indisputably attested by all ranks of the profession, that without expressing any opinion on the propriety of allowing the Society of Apothecaries to retain such a distinguished trust, we deeply feel that any change which shall deny this privilege to the general practitioners, or which shall place them at any joint board of examiners, on an inequality with their colleagues, is needless, disparaging, and invidious."

The resolution was seconded by Mr. DOUBLEDAY, of Blackfriars-road, who eulogized the Apothecaries' Company, and stated it as his belief that the present improved condition of the general practitioner was mainly owing to the influence exerted by that body. (Cheers.)

Dr. WEBSTER, of Dulwich, proposed the fifth resolution. He alluded to the failure of the efforts of individuals and of associations to introduce a bill for medical reform with any chance of success. He, for one, would not have asked the government for a bill, had he known that it would have been of a character like the present. The question to discuss was this—Is the measure of Sir James Graham bad *in toto*, or may it be so amended as to be useful to the public and the profession? The Council of Health, if properly constituted, would be of great advantage. Six general practitioners should be added to that body. He eulogized the efforts of the Apothecaries' Company. With regard to open shops, junior medical practitioners had been compelled, from the great increase in the number of chemists, to open them in self-defence. He had reason to think that by and by officers of health to attend the poor would be appointed. So essential was union among general practitioners at the present time, that he felt inclined to add a rider to the resolution he held in his hand, shewing the necessity of incorporating the general practitioners. The bill as it now stood was virtually to regulate the colleges rather than the profession. He contended for equality and uniformity of education and examination to qualify for practice. After this qualification the practitioner might take any other degrees he pleased. There would always be classes in the profession, but let distinction be the result of superiority in knowledge. Union among all branches of the profession was most desirable. He dwelt on the importance of incorporation. If he thought this bill would not be amended, he would advise constant agitation respecting medical reform.

"That while we readily acknowledge the benefits likely to result from a properly-constituted Council of Health and Medical Education, in connexion with the government, we deem the construction of the council, as proposed in this bill, to be arbitrary and unjust to the great majority of the profession, the general practitioners, who are not adequately represented therein."

Mr. EVANS, of the Borough, seconded the resolution.

Mr. PILCHER proposed the next resolution. He objected to the constitution of the Council of Health in Sir James Graham's bill, and made some observations on the disadvantage to the medical student of beginning his studies too early.

"That a petition be prepared in accordance with the foregoing resolutions, and presented to both houses of parliament, and that a committee, composed of the following gentlemen, be appointed to prepare the same, and to wait upon the members for Surrey, Southwark, and Lambeth, urging them, not only to present the petitions, but strongly to support the prayer of it.

Mr. HOWELL, in seconding the resolution, looked upon the bill as an attempt to swamp the general practitioner. He felt surprised that Sir James Graham did not perceive this. He condemned, in strong terms, the advocacy of different plans of education for the medical attendants, for the rich and the poor. The medical attendant of the pauper should be as well educated as the medical attendant of the Sovereign. (Cheers.)

Mr. CRISP, of Walworth, proposed—

"That the thanks of this meeting be given to the medical press, for their advocacy of the cause of medical science, and to the Editor of "The Times," for his powerful assistance and valuable suggestions at the present crisis."

He believed the whole medical press was against the objectionable clauses of Sir James Graham's bill. "The Times" had earned the gratitude of the profession; and even "Punch" had shewn, in a clever article, the absurdities of the bill.

Mr. RENDLE, of the Borough, seconded the resolution. He wished to make no distinction with respect to the medical press, but he must say that one journal seemed to have a strange sympathy with the bill—a sympathy which might, perhaps, be explained by the advocacy of the absurdities of mesmerism by that journal, for a long period. (Laughter.)

Thanks having been voted to the chairman, and a parliamentary committee appointed, the meeting separated.

DOVER.

A meeting of the medical practitioners resident within the borough of Dover, was held in the Old Town Hall, on Thursday, October 3, to take into consideration the bill introduced by Sir James Graham "For the better regulation of Medical Practice," —Dr. STOLTERFOTH in the chair.

The following resolutions were unanimously adopted:—

Moved by Dr. SOULBY, and seconded by Dr. STANDES—

"That this meeting, whilst it hails with satisfaction such portions of the 'Bill for the better regulation of Medical Practice throughout the United Kingdom,' introduced to parliament by Sir James Graham, as are calculated to increase the influence of the profession and improve its character, cannot but regard with one feeling of regret and disappointment, that general principle of the bill which removes all restriction from the practice of medicine, as a measure most dangerous to the public at large and most prejudicial to the best interests of the profession."

Moved by J. C. OTTAWAY, Esq., and seconded by Dr. HUTCHINSON—

"That this meeting do resolve to present petitions to both houses of parliament, in accordance with the preceding resolution."

Moved by Dr. SOULBY, and seconded by J. COLEMAN, Esq.—

"That a committee, consisting of the following gentlemen—viz., the Chairman, Dr. Astley, Mr. Walter, Mr. Jones, Mr. Sankey, Mr. Coleman, and Dr. Soulby—be appointed, for the purpose of drawing up a petition, communicating with the borough members, and taking any other steps that may be necessary to carry out the views of the meeting."

The following draft of a petition was subsequently adopted:—

"The petition of the undersigned physicians, surgeons, and apothecaries of Dover,

"HUMBLY SHEWETH,—

"That your petitioners are legally-qualified practitioners in medicine and surgery.

"That whilst they are fully sensible of the anomalous condition of the medical profession, and heartily concur in the expediency of its revision by legislative enactment, they cannot but deeply deplore, and in the strongest manner deprecate, that principle of the bill submitted to your honourable house by Sir James Graham, 'For the better regulation of Medical Practice,' which, by removing the stigma of illegality from quackery, throws open the practice of medicine to every unqualified person, as a measure disastrous to the public welfare, and more particularly to the poor, who are utterly incapable of discriminating between the ignorant pretender and the regularly-qualified practitioner.

"That they believe some penal check upon the practice of the unqualified, which should subject them to a summary process easy of application, is essential to the efficiency of any legislative measure.

"That though they hail with satisfaction the establishment of a supreme Council of Health, as likely to produce a more perfect organization of the profession, they cannot but view the constitution of the council, as proposed in the bill, with anxiety, and as highly objectionable, inasmuch as they recognise in it no members who are sufficiently interested in protecting the interests of the general practitioner or licentiate of medicine.

"That the proposed system of registration, to be really useful and effective, in the opinion of your petitioners must be imperative.

"That your petitioners would respectfully suggest, and are decidedly of opinion, that any measure of medical reform which does not include the chemist and druggist, who has been gradually occupying the position of the apothecary, will be imperfect and inefficient; and that as pure and unadulterated medicines are absolutely necessary to the satisfactory and beneficial practice of physic, and inasmuch as immense suffering and loss of life annually occur, from the present uncontrolled sale of drugs, it is highly expedient to compel all vendors of them to give proof of their knowledge of the qualities and uses of the articles they deal in.

"Your petitioners, therefore, in the full conviction that this question is more vitally important to the public good than to their own interests, though both are intimately connected, earnestly appeal to your honourable house, with the firm belief that it will receive your serious attention and consideration.

"And your petitioners will ever pray."

WHITBY.

At a meeting of the medical profession at Whitby, which took place on the 14th of October, a petition to the House of Commons, embodying various resolutions against the objectionable points of Sir James Graham's bill, was agreed upon, to be for-

warded to the charge of Aaron Chapman, Esq. M.P. for the borough, with copies also to the members of the North Riding, respectfully requesting their support of its prayer. As the resolutions and petition of this meeting refer chiefly to the evils which would result, both to the profession and the public, by throwing open the practice of medicine and surgery to uneducated and unqualified persons, so frequently discussed elsewhere, it is unnecessary to occupy our space by a more detailed notice.

COLCHESTER.

A MEETING of the members of the medical profession resident in Colchester and the eastern part of the county of Essex, took place at the Three Cups Hotel, on Tuesday, Oct. 15, to take into consideration the provisions of Sir James Graham's Medical Reform Bill. Among those present we observed—Messrs. Partridge, Waylen, Dr. Williams, Dr. Chambers, Messrs. Philbrick, Morris, Churchill, Blair, Bewick, Johnson, Dr. Clarke, A. J. Partridge, J. Partridge, and Taylor, of Colchester; Osmond of Thorpe; Thompson, Manningtree; Rodick, Coggeshall; Daniell (2), of Nayland; Manthorp, Thorpe; Gilson, Halsted; Symmons, Bures; Meadowcroft, Bentley; Norman, Mersea; Bidwell (2), Dedham; Tomkin, Witham; Cocke, Chappel; and others.

ALDERMAN PARTRIDGE, Esq. of Colchester, was unanimously called to the chair.

Dr. WILLIAMS submitted the first resolution to the meeting,—

"That the great variation existing among the numerous bodies for licensing medical practitioners in the United Kingdom, in respect of the standard of qualification, demands legislative interference, in order to control them, and render uniform medical education. That this meeting considers 'A bill for the better regulation of Medical Practice throughout the United Kingdom,' as proposed by Sir James Graham, inadequate to the purposes proposed, and, moreover, highly objectionable, because it deprives the medical practitioner of all protection, and thereby discourages the scientific study of medicine, by placing the uneducated and incompetent pretender in direct rivalry with the educated practitioner: thus legalizing quackery, and subjecting the public to the incalculable evils of rash and dangerous empiricism.

Mr. DANIELL, of Nayland, seconded the resolution, which was carried, as were all the others, *nem. con.*

Mr. OSMOND, of Thorpe, moved, and Dr. CHAMBERS, of Colchester, seconded, the third resolution:—

"That this meeting, viewing with satisfaction the benefit already experienced, not only by the profession, but also by the public, from the extended qualification required of candidates for the apothecaries' licence; and considering that the general practitioner possesses no other protection than the Act of 1815 against the competition of the ignorant and unqualified, most strongly protests against its repeal, unless an equivalent protection be substituted, and an uniform elevated standard of professional education be enforced."

Mr. GILSON, of Halsted, moved, and Mr. BLAIR, of Colchester, seconded, the fourth resolution,—

"That the Council of Health, as constituted by this bill, is decidedly objectionable, because it places too much patronage at the disposal of a minister of the crown, without providing a guarantee for its right distribution; because of the entire exclusion of general practitioners; and because of the absence of any clause requiring its members to belong to the medical profession. That the proposed system of registration is unjust, because it takes away the protection afforded by the Apothecaries' Act, without furnishing an equitable substitute, and throws the expense of maintaining an obnoxious law upon those who will be directly injured by its enactments."

Mr. MORRIS said he had been requested to move the adoption of a petition to both houses of parliament, embodying the substance of the resolutions now passed by the meeting. Before proceeding further, he would, with the permission of the chairman and the meeting, read a copy of the petition. It was as follows:—

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in parliament assembled.

"The petition of the undersigned Physicians, Surgeons, and Apothecaries of Colchester and the surrounding districts,

SHEWETH,—

"That your petitioners are legally-qualified practitioners of medicine and surgery, resident in Colchester and its neighbourhood.

"That your petitioners consider the great difference existing among the numerous irresponsible medical corporations demands legislative interference, in order to control them and render medical education uniform.

"That your petitioners believe that the 'Bill for the better regulation of Medical Practice throughout the United Kingdom,' introduced into parliament by Sir James Graham, is inadequate to such an end, and view it with dissatisfaction and disappointment, because, while professing to protect the public health and the medical profession, they believe its tendency to be grievously destructive of both, since it offers direct encouragement to empiricism, with its enormous and incalculable evils, and tends to degrade the educated and legalized practitioner, and to retard and discourage medical science.

"That your petitioners view with satisfaction the benefit which the public and the profession have derived from the great improvement which has taken place in the qualifications of the general practitioner under the Apothecaries' Act, and consider it unjust that, by its repeal, they should be subjected to the open and unrestricted competition of the uneducated, after having submitted to the expensive and prolonged course of study required under that law.

"That your petitioners deem the Council of Health, as proposed by the bill, exceedingly defective and objectionable, because of the predominance it gives to the minister of the crown in appointing its members; because of the great proportion of non-professionals in its constitution; and because the largest body of the medical profession, the general practitioners, are not represented in it; and that they consider the proposed system of registration unjust, since it offers no equivalent commensurate with the protective clause of the Apothecaries' Act, and compels those who are injured by its operation to maintain the expense of an obnoxious enactment.

"Your petitioners therefore respectfully and earnestly pray your honourable house, that the above-mentioned bill may not pass into a law, and that your honourable house will withhold its sanction from any other bill, introduced with a like intention, which does not provide for uniformity in medical education, with protection to the profession and the public, by extinguishing empiricism, and affording an easy and summary mode for punishing unqualified practitioners.

"And your petitioners will ever pray."

Mr. BIDWELL, of Dedham, seconded the motion; and, with a verbal alteration, suggested by Mr. Churchill, the petition was unanimously adopted.

It was then moved by Mr. TOMKIN, and seconded by Mr. J. S. NORMAN,—

"That Messrs. Partridge, Waylen, Morris, Dr. Williams, and the Secretary, be appointed a deputation to wait on the members for the northern division of the county, and for the borough of Colchester, to request them to attend in parliament and support the prayer of the petition; and that every person here present pledges himself to exert any influence he may possess to obtain the opposition of members of the legislature to Sir James Graham's bill."

Mr. MANTHORP, of Thorpe, moved the following resolution:—

"That an association be formed to watch the progress of the bill, and to act as circumstances may require; that every member of the profession contributing 5*s.* be a member; that Mr. Blair be Treasurer, and Mr. Philbrick, Secretary; and that Messrs. Partridge, Waylen, Nunn, Morris, Dr. Williams, and Dr. Chambers, constitute the committee, with power to add to their numbers."

Dr. CLARKE seconded the resolution.

Mr. H. BIDWELL, of Dedham, proposed,—

"That the thanks of this meeting are due, and are hereby given, to the editors of THE LANCET, 'Provincial Medical and Surgical Journal,' 'Times Newspaper,' 'Chelmsford Chronicle,' and 'Essex Standard,' for their consistent and powerful advocacy of the cause of the medical profession, especially with reference to the proposed bill."

On the motion of Mr. WAYLEN, of Colchester, seconded by Mr. DANIELL, jun., of Nayland, the thanks of the meeting were given, by acclamation, to the Honorary Secretary, Mr. S. Philbrick, of Colchester, who returned thanks.

On the motion of Mr. RODICK, of Coggeshall, seconded by Mr. CHURCHILL, a similar compliment was passed to the Chairman, Mr. Partridge; after which the meeting broke up.

MEETING OF PHYSICIANS IN YORKSHIRE.

AT a meeting of physicians practising in York and the West Riding of Yorkshire, held at Normanton, on Thursday, the 17th of October ult., for the purpose of adopting a petition to parliament on the subject of Sir J. Graham's Medical Reform Bill,—Dr. BELCOMBE of York, the President of the Association, in the chair,—it was determined,

"That the following petition be presented to each house of parliament."

The Petition of the undersigned Physicians of York and the West Riding of Yorkshire, adopted at a special meeting, held at Normanton, on the 17th of October ult.,

HUMBLY SHEWETH,—

That your petitioners received with the liveliest satisfaction the announcement that a bill had been introduced into your honourable house, under the powerful auspices of her Majesty's government, for the better regulation of medical practice throughout the United Kingdom.

That your petitioners highly approve of those parts of the bill which recognise the preservation of the different classes of medical practitioners, and which at the same time provide uniformity of qualifications, and equality of privileges, amongst all practitioners of the same class in the three kingdoms.

They also fully admit the necessity, in any scheme of medical reform, of some central and controlling body, as the proposed "Council of Health," for the responsible government and harmonious operation of the several medical establishments.

That your petitioners concur with that principle of Sir James Graham's bill, which secures the integrity of existing medical institutions, but does not preclude such future changes in their internal government and organization as may adapt them to the increased intelligence and just requirements of the profession.

That believing that the universities of the United Kingdom are fully competent to ascertain the amount of scientific knowledge and professional acquirements of those who are candidates for medical degrees, they pray that you would withdraw that clause of the proposed bill which renders it imperative that all persons who have graduated in medicine in one of the universities of the United Kingdom, should also be examined by a college of physicians, such requirements unnecessarily complicating, without affording greater certainty to the tests of professional competence, diminishing the real value and respectability of the honours conferred by the universities, and involving an undue concession to the several colleges of physicians.

That in order to secure the advancement of the professional qualifications of that class of practitioners to which your petitioners belong, they pray that all candidates as physicians for registration, should be required to give satisfactory proof of their having applied themselves to medical studies during at least seven years, and of having attained the age of twenty-seven.

That your petitioners approve of all legislative discountenance of illegal practice, but humbly suggest that an inquiry be made into the operation of the laws now enforced against such practice in foreign countries and in the United Kingdom.

That your petitioners respectfully pray that you would introduce such other modifications in the details of the proposed measure, more especially with reference to the "Council of Health," which your deliberative wisdom may suggest, and which may realize the reasonable wishes of the practitioners of the United Kingdom, may augment the efficiency of the proposed bill, and secure from ultimate defeat a legislative effort, made with the honest desire of obviating the injurious anomalies of a profession in whose honour and ability are deeply involved the interests of every subject of these realms. And your petitioners will ever pray.

H. S. BELCOMBE, President.
BEVERLEY R. MORRIS, Secretary.

York, October 23, 1844.

*** We should like to receive some account of the practitioners who adopted this most extraordinary petition.—ED. L.

HERTFORD.

A MEETING of the medical practitioners residing in the county of Hertford, who object to Sir James Graham's Medical Reform Bill, was held in the Council-chamber of the Shire-hall, on Friday, the 18th of October, RICHARD SHILLITOE, Esq. in the chair; at which resolutions were adopted expressive of the disapprobation of those clauses in the bill which relate to the constitution of the Council of Health, and to the amount of protection afforded to the qualified practitioner; and it was agreed that a petition to both houses of parliament, founded on those resolutions, should be prepared by a committee chosen for that purpose.

GRAVESEND.

A MEETING of the legally-qualified medical practitioners of Gravesend and neighbourhood was held at the Literary Institution, Harmer-street, on the 18th, and by adjournment on the 25th ultimo.

The following gentlemen were present:—

Drs. Hawkins and Sanders, Messrs. Warren, Armstrong, Jones, Heather, Humpage, Gould, Whitcombe, and Ridge.

Apologies for absence, and approving of the objects of the meeting, were received from Messrs. Sanders and Russell.

On the motion of H. WARREN, Esq., seconded by H. HEATHER, Esq.,

Dr. HAWKINS was unanimously called to the chair.

H. WARREN, Esq. read the first resolution:—

"That this meeting approves those clauses of the Medical Reform Bill that tend to secure a better education and a more uniform scale of qualification for the profession. He cordially approved of the expressions of the resolution he had just read, and with pleasure moved its adoption by the present meeting.

J. J. RIDGE, Esq. seconded the resolution, which was carried unanimously.

J. HUMPAGE, Esq. moved the second resolution:—

"That this meeting, while it approves those parts of the Bill which seem likely to improve the position of the profession, regards with disapprobation the proposed repeal of the protective clauses of the Apothecaries' Act, as it will throw open the profession to ignorant and unqualified men."

— WHITCOMBE, Esq., begged leave cordially to second the proposition.

H. HEATHER, Esq. moved the third resolution:—

"That this meeting is fully convinced that the removal of all restrictions on quackery will introduce into the practice of medicine and surgery a number of ignorant and unskilful pretenders, to the great danger of the lives of the public, and the serious injury of the educated and registered practitioner; and that it is absolutely necessary that some penal check, of easy and inexpensive application, be provided; and that it is also the firm conviction of this meeting, that the system of inducement suggested by Sir James Graham will not prevent the practice of unqualified persons."

J. E. JONES, Esq. seconded the resolution.

Mr. W. SANDERS, Esq. moved the fourth resolution, which was seconded by Mr. J. ARMSTRONG:—

"That this meeting views with dissatisfaction the proposed appointment, as members of the Council of Health and Education, of six persons, (unconnected with the profession,) to assist in forming laws for the future regulation and guidance of the profession; and that this meeting feels deep disappointment and regret that there is no provision for the representation in the council of the interests of the numerous and important body of general practitioners."

Mr. J. J. RIDGE moved, and Mr. WHITCOMBE seconded—

"That a committee be formed to embody these resolutions in a petition to parliament, and that the members be requested to take charge of and support the same."

Moved by H. WARREN, Esq. and seconded by H. HEATHER, Esq.:—

"That a report of this meeting be forwarded to THE LANCET, and that the thanks of this meeting be and are hereby given to the Editor of THE LANCET, for his valuable assistance to the profession on this occasion."

The thanks of the meeting were then given to Dr. HAWKINS for his able and courteous conduct in the chair.

To the Editor of THE LANCET.

Gravesend, Oct. 26, 1844.

SIR,—We are requested to forward you a report of the meetings recently held here on the subject of Sir James Graham's Bill on Medical Reform, and to express a hope that you will give it a place in your valuable journal, and at the same time to tender you the sincere and warmest thanks of the meeting for your able advocacy of the interests of the profession.

We are, Sir, your obedient servants,

J. E. JONES,
J. ARMSTRONG, } Surgeons.

HULL.

A MEETING of the medical gentlemen of the town and neighbourhood was held on Tuesday, October 22nd, in the Boardroom of the Hull General Infirmary, to take into consideration Sir James Graham's bill for the regulation of the medical profession. About fifty practitioners assembled, comprising not only almost all the medical men of the town, but also members of the profession from various parts of Yorkshire and Lincolnshire. Dr. ALDERSON, F.R.S., was unanimously called to the chair. Dr. Cooper officiated as Hon. Secretary. After an able address from Dr. Alderson, the following resolutions were proposed and agreed to:—

It was moved by Dr. HORNER, and seconded by Dr. FIELDING,—

1. "Being fully convinced of the great importance of a uniform scale of qualification in the respective grades of the profession

throughout the kingdom, this meeting feels grateful for the introduction of a measure calculated to produce so desirable a result, and thankfully embraces the opportunity afforded by the Home Secretary to consider the bearings of the bill introduced by him into parliament at the close of last session."

It was moved by Mr. R. CRAVEN, and seconded by Dr. FORGE, of Driffield,—

2. "That this meeting fully approves of the system of registration, but it is of opinion that, in order to render it efficient, it ought, under some penalty, to be devised by government, to be made compulsory."

It was moved by Mr. SLEIGHT, and seconded by Mr. ANDERSON,—

3. "That this meeting can only concur in the advisability of repealing the Apothecaries' Act of 1815, provided some equivalent protecting measure be substituted; and it is of opinion, that a summary process for putting down unlicensed practitioners would be of advantage to protect a large body of the medical profession from unjust interference, and the public from imposition."

It was moved by Dr. SANDWITH, and seconded by Mr. HARDEY,—

4. "That this meeting, deeply sensible of the value of a Council of Health and Medical Education, if rightly constituted, as conferring on the profession the dignity of being virtually a department of the state, and as affording a ready medium of access to government for the expression of its wants and wishes, deprecates, nevertheless, the appointment of such a council on the principles recognised by Sir James Graham's bill, which, by excluding a *bona fide* representation of the great body of the profession, provides no adequate check on the exercise of powers susceptible of great abuse."

It was moved by Mr. DOSSOR, and seconded by Mr. SHERWIN,—

5. "That a petition, embodying the sense of the foregoing resolutions, be prepared and presented to both houses of parliament—to the Lords, by the Lord-Lieutenant of the Riding, and to the Commons, by the members for the borough of Hull."

A committee was then appointed to carry out the views of the meeting, and a subscription entered into, to defray incidental expenses.

Resolved,—"That the thanks of this meeting be given to the chairman for his able and impartial conduct in the chair."

WOLVERHAMPTON.

A GENERAL meeting of the members of the medical profession residing in Wolverhampton and its neighbourhood, was held at the Dispensary, in this town, on Tuesday, Oct. 22, for the purpose of taking into consideration Sir J. Graham's bill for amending the practice of medicine. The meeting comprised the majority of the medical gentlemen resident in the town and neighbourhood, and among whom were—Dr. Mannix, Dr. Bell, Mr. Fowke, Mr. John Fowke, Mr. Edwardes, Mr. E. F. Dehane, Mr. Coleman, Mr. Thompson, Mr. Dunn, Mr. Gatis, Mr. A. Bell, Mr. Hodgkins, (Bilston,) Mr. Cooper, Mr. Hancox, (Bilston,) Mr. Griffiths, Mr. Pope, Mr. Bunch, and Mr. Stewards. Communications also were made from Mr. Proud, and Messrs. Best and Mr. R. S. Cooper, of Bilston, expressing their concurrence in the object of the meeting. Dr. MANNIX was called to the chair.

The following resolutions were carried unanimously:—

Proposed by Mr. FOWKE, and seconded by Mr. GATES,—

"That this meeting views with much satisfaction the disposition of the legislature to amend the present anomalous state of the medical profession, as shewn by the introduction of Sir James Graham's bill, entitled 'A Bill for the better regulation of Medical Practice throughout the United Kingdom;' but while they are ready to admit that the said bill contains much that is calculated to improve the condition of the profession, they cannot refrain from deprecating certain of its enactments."

Proposed by Mr. EDWARDES, and seconded by Mr. E. F. DEHANE,—

"That this meeting fully approves of the principle of forming a council of health and medical education, to provide an efficient and uniform standard of qualification, and to afford assistance to government in all questions referring to the sanatory condition of the community, for the discharge of which duties the medical practitioner being best qualified, they beg to submit that the council should comprise a larger proportion of professional men than that which is contemplated in the present bill."

Proposed by Mr. COLEMAN, and seconded by Mr. CARTWRIGHT,—

"That appearing as it does to this meeting, to be unjust towards the qualified practitioners, and unsafe towards the public, to repeal the only act by which protection is afforded against ignorant and uneducated men, it is deemed highly expedient that a clause be introduced into the bill, rendering it penal for those who, without being duly qualified and registered, shall practise medicine or surgery, whether such practice be in private life or in public institutions."

Proposed by Mr. THOMPSON, and seconded by Mr. GRIFFITHS,—

"That a petition to the House of Commons be forthwith prepared, in accordance with the foregoing resolutions, and that a deputation be appointed to wait on the members of the county and borough, requesting them to afford it their utmost support."

Proposed by Mr. HANCOX, and seconded by Mr. COOPER,—

"That this meeting, being deeply sensible of the great public benefits which have resulted from the able administration of the Apothecaries' Act, feel that the thanks of the community are due to the Apothecaries' Company for having raised, and that chiefly by a judicious administration of the restrictive clauses in their Act, the education of the general practitioner of medicine to its present high standard."

The thanks of the meeting were then voted to Dr. MANNIX for his conduct in the chair, and a committee was formed to carry the foregoing resolutions into effect.

NEWCASTLE-UPON-TYNE.

AT a general meeting of the medical profession in the Northern Counties, convened by the Council of the North of England Association, to consider the proposed Medical Bill of Sir James Graham, and held in the Lecture Room of the Literary and Philosophical Society, Newcastle-upon-Tyne, on Wednesday, the 23rd of October, 1844, (Dr. HEADLAM in the Chair,) Dr. CHARLTON, the Secretary, read the following

REPORT.

The Council of the North of England Association having attentively considered the Bill of Sir James Graham, beg to present the following Report of those provisions which seem to them objectionable, and also of such portions of the Bill as appear worthy of the strenuous support of the profession. The provisions of which the Council approve are the following:—

1. The establishment of a General Council of Health and Medical Education, which places the whole profession under the superintendence of one presiding body, which shall control the universities and colleges, and which, *if judiciously constituted and worked*, would in every way benefit the public and the medical profession.

2. The connexion established for the first time between the Government of this country and the medical profession, by means of the above executive of health and medical education.

3. The complete education that by the Bill is provided for the general practitioner, and the uniformity of qualification to practise which it confers upon all duly-educated medical men, by abolishing all local restrictions, and yielding reciprocity of privilege throughout the kingdom.

4. The fixing a more suitable age for the admission of physicians and surgeons to practise.

5. The prohibiting of all foreign degrees attainable by purchase.

6. The releasing of the profession from its connexion with a trading company.

7. The general registration of all duly-qualified practitioners.

8. The giving to none but registered practitioners the right to recover charges for attendance.

9. The provisions against the assumption of medical titles by unregistered practitioners.

The portions of the Bill which the Council consider as defective are the following:—

1. The mode of formation of the executive council, which, as proposed, does not recognise the representative principle in the election of its members, and allows an undue preponderance in favour of the Government.

2. The registration of all qualified practitioners not being made compulsory.

3. The total absence of all protection against quackery and illegal practitioners, even to the removal of the present existing restriction, and which, in the opinion of the Council, constitutes one of the grand points in which this measure is defective.

4. The omission of any summary and inexpensive mode of enforcing penalties against those persons assuming medical titles, or falsely pretending to be upon the register.

It was unanimously Resolved,—

Moved by Dr. BROWN,-and seconded by Mr. BRUMELL,—

1. That this meeting views with pleasure the attention bestowed by Government upon the subject of medical reform, and that it regards with peculiar satisfaction the circumstance that the present Medical Bill has been introduced into Parliament by one of her Majesty's Ministers.

Moved by Sir JOHN FIFE, and seconded by Dr. KNOTT,—

2. That this meeting, having duly considered the details of the Bill, does approve of many of the principles therein contained, and regards certain of the provisions of the said Bill as worthy of the strenuous support of the profession; but it is further of opinion, that, if allowed to pass into a law without important modifications, it would on the whole be more injurious than profitable to the cause of medical legislation.

Moved by Mr. GREENHOW, and seconded by Mr. DIXON,—

3. That this meeting cordially approves of the formation of a Council of Health and Medical Education; but that it most earnestly deprecates the proposed method of forming the said executive Council, whereby two-thirds of the members would be nominated by the Government, and the representation of the interests of the profession, especially in the provinces, would be entirely neglected.

Moved by Dr. G. FIFE, and seconded by Dr. DE MEY,—

4. That this meeting is deeply convinced of the necessity of protecting the qualified from the unqualified practitioner, and that it therefore views with regret and disapprobation the proposal of Sir James Graham to remove all existing restrictions, without substituting any more efficient protection in their stead; and that this meeting does consider any measure as incomplete and unsatisfactory, which does not fully guarantee the interests of the well-educated and licensed practitioner, by restraining the inroads of illegal pretenders.

Moved by Dr. EMBLETON, and seconded by Mr. GREGORY,—

5. That this meeting strongly urges the necessity of making representations to the various members of parliament in this neighbourhood; and that for this purpose a deputation be appointed to wait upon Mr. Ord and Mr. Hodgson Hinde, the members for this town, as also upon the members for the counties of Northumberland and Durham; and that this deputation consist of Dr. Headlam, Dr. Brown, Sir John Fife, Mr. Greenhow, Dr. Fife, and the Secretary."

Moved by Dr. ELLIOT, and seconded by Mr. JEPHSON,—

6. That a Petition be drawn up against the defective portions of the Bill, and be presented to the House of Commons by the members for the town; and that the petition be signed by the members of the profession generally.

Moved by Mr. GREENHOW, and seconded by Dr. DE MEY,—

7. That the thanks of this meeting be given to C. T. Carter, Esq., of Hadley, near London, the late Secretary of the North of England Medical Association, for his able and judicious letter on the Medical Bill, addressed to Dr. Charlton, the present secretary, and printed and circulated by order of the Council.

Moved by Mr. BENNETT, and seconded by Mr. EDDOWES,—

8. That the account of the proceedings of this meeting be sent to THE LANCET, the *Medical Gazette*, the *Provincial Medical Journal*, and the *Gateshead Observer*.

9. That the thanks of the meeting be given to the President of the Medical Association for his services in the chair.

NEWCASTLE-UNDER-LYME.

ON Thursday, Oct. 24th, a numerous and influential meeting of the medical profession of North Staffordshire, was held at the Town Hall, Newcastle-under-Lyme. CHARLES FLINT, Esq. of Compton House, near Leek, was called to the chair. The meeting was ably addressed by Dr. Wilson, and Messrs. Davenport, Goddard, Davis, Booth, Garner, Seddon, Astle, Tait, and Head, and the following resolutions were agreed to:—

1st. Moved by Dr. WILSON, and seconded by Mr. DAVENPORT, of Tunstal,—

That this meeting fully admits the necessity which exists for a well-considered plan of medical reform, and while it observes with satisfaction the Bill lately introduced to Parliament by Sir James Graham, "for the better regulation of medical practice throughout the kingdom," which contains many beneficial clauses, yet in the opinion of this meeting, if the Bill in its present form be permitted to pass into a law, it cannot fail to prove detrimental to the public, and seriously injurious to the medical profession.

2nd. Moved by Mr. GODDARD, of Longton, and seconded by Mr. DAVIS, of Shelton,—

That the Apothecaries' Act of 1815, although imperfect, has proved of great service to the public, and by requiring a higher standard of professional knowledge of the medical student, previous to examination, has thereby contributed to the advancement of medical science; and the unconditional repeal of that law will not only prove injurious to the public, but injurious to the profession. That in the opinion of this meeting, the infliction of a penalty on all parties who shall practise medicine or surgery, without being on the register, would operate as a powerful check to such practice.

3rd. Moved by Mr. BOOTH, of Burslem, and seconded by Mr. GARNER, of Stoke,—

That two petitions be adopted, and the medical practitioners of North Staffordshire be requested to sign the same; that his Grace the Duke of Sutherland be requested to present the one to the House of Lords, and C. B. Adderley, Esq., M.P. for the Northern Division, be requested to present the other to the House of Commons.

4th. Moved by Mr. SEDDON, of Shelton, and seconded by Mr. ASTLE, of Newcastle,—

That a committee be appointed to watch over the progress of the measure, and to take such steps as may be judged advisable to obtain the co-operation of peers and members of parliament connected with the Northern Division of the county, in endeavouring to get the objectionable clauses of the Bill amended.

5th. Moved by Mr. TAIT, of Newcastle, and seconded by Mr. HEAD, of Hanley,—

That the following gentlemen be a committee, with power to add to their number:—C. Flint, Esq., C. Davenport, Esq., J. Goddard, Esq., D. Bate, Esq., B. Boothroyd, Esq., R. Garner, Esq., H. Davis, Esq., A. M'Bean, Esq., Dr. Wilson, J. Sparke, Esq., A. Astle, Esq., Joshua Seddon, Esq., and — Bakewell, Esq.

The business of the meeting concluded by a vote of thanks to the chairman, who, in acknowledgment, assured his professional friends of the pleasure it would always give him to assist in promoting the good of the profession.

DINNER AT GLASGOW IN HONOUR OF PROFESSOR LIEBIG,

AND

PRESENTATION TO HIM OF THE FREEDOM OF THE CITY.

A NUMBER of gentlemen belonging to Glasgow, taking advantage of the presence of PROFESSOR LIEBIG at the late meeting of the British Association at York, held a meeting, at which it was resolved to invite the distinguished stranger to a public dinner in Glasgow, as a mark of the high sense which they entertained of his eminent services in the cause of science; and the enthusiasm with which the proposal was received in that city afforded a testimony of the estimation in which he is held. The learned Professor having accepted the invitation, the dinner took place on October 13, in the Trades' Hall, when about three hundred gentlemen sat down at table. Behind the chair were displayed the armorial bearings of the Duke of Hesse-Darmstadt, the munificent patron of Liebig and of science; and at the opposite extremity of the hall were suspended the British national emblems. A profusion of green-house plants from the Botanic garden was disposed throughout the room. The tables were covered with crimson cloth; the dinner was sumptuous.

The Earl of Eglinton occupied the chair, supported by the Lord Provost, Lord Blantyre, Sir C. D. Fergusson, Sir Thomas Brisbane, Sir James Campbell, Professor Gregory, (Edinburgh University,) Professor James Thomson, (Glasgow University,) Dr. Bromville, Rev. Dr. M'Leod, the Lord Dean of Guild, Professors Thomas and William Thomson, Gordon, Hanstein, (of Giessen,) and Shier. (of Aberdeen,) William Forbes, Esq., M.P., Dr. Lyon Playfair, the translator of Liebig's Treatises on Agriculture and Animal Physiology, Drs. Drury, Pagan, Hutcheson, Macfarlane, and John Smith, Professor Peter Wilson, &c. The hall was filled by one of the most respectable and intelligent audiences ever assembled in Glasgow. On the removal of the cloth, after the usual loyal toasts,

The CHAIRMAN said, I shall propose the next toast without remark, certain that you will receive it with respect—"The Clergy of Scotland."

Dr. M'LEOD, who was received with cheers, said that all the clergy of Scotland were delighted in the advance of that science which had increased their social and domestic comforts to an unspeakable amount—the science they were honouring to-night, in honouring the great man who had directed his attention to chemistry. As Christian philanthropists, they were highly delighted in seeing the laws of nature developed in connexion with the improvement of the soil. It was impossible for any serious man

to remark the extraordinary rate at which the inhabitants of this country were increasing, without feeling anxious as to how they would be supported; but while politicians were wrangling as to the superiority of fixed duties and sliding scales for producing a sufficiency of food, the Almighty had been raising up men, like their honoured guest, who, by patient study and laborious experiments, were developing those principles by which all corn bills would be sent to the winds, and by the application of which he trusted they would have abundance of food for their population, let it increase as it might. (Applause.)

The CHAIRMAN said the next toast is, "The health of our distinguished guest, Professor Liebig." I feel that the learned professor will appreciate the motives which prompted this demonstration of respect to him, and that however much his modesty chooses to veil it, he must be more than ever aware of the well-earned reputation which he has earned for himself. (Applause.) I can assure Professor Liebig, on the part of every man of enterprise and patriotic feeling in the country, that Scotland is second to none in admiration of his talents, and gratitude for the information imparted to her, and that she will be second to none in her efforts to profit by his instructions, by acting on the mighty science which he has taught her. (Applause.) It is, indeed, impossible to conceive to what an extent of perfection the science of chemistry may be brought. The benefits which it confers—the powers with which it arms us—the fertility which it imparts to the earth—shew that it is the most wonderful science that the mind of man has devised, and rank its directing spirit in the highest place amongst the benefactors of the human race—one who, by unflinching zeal and commanding talents, has wrested from their hiding-place so many of the secrets of nature, and taught us to pursue hitherto imagined theories to successful and practical results. (Applause.) I can assure Professor Liebig that he is not more respected in Giessen itself, than by us; for although strangers to his country, we are familiar with his reputation. (Reiterated cheering. German national air, "Der Deutsche Vaterland.")

Professor LIEBIG, on rising, was greeted with the loudest plaudits. When these had subsided, he said—My lord, I thank your lordship most heartily for the manner in which you have represented my humble labours in science to this great and enlightened meeting. The hearty and kind reception which I have met with from these friends, quite overpowers me, and raises feelings of gratitude which I am altogether unable to express. From no men would I esteem such honours—so much above my deserts—more highly than from those of Scotland; for it is you who have done most to improve the science of agriculture, and among you it may be seen in its most advanced state. Glasgow, also, has been celebrated, since the time of Black, as a chemical school, and has contained, in my distinguished friends, Drs. Thomson, Graham, Gregory, and others whom I see around me, illustrious fellow-labourers in chemistry, whose friendship I have long enjoyed, and highly esteem. The benefits which science is capable of conferring on agriculture, cannot, I believe, be too highly estimated. It is true, that in an art which engages so many acute minds, great discoveries will often result from accidental observation and experiment, without the suggestion of theory—applications so important, for example, as that of bones for manure, or even lime itself. But how much more likely is experience to be successful when directed on sound principles? (Great applause.) Practical experience possesses unquestionable value; but it is like a vessel, to which, in the form of science, the compass or the pilot is wanting: it is a treasure which cannot be inherited. Science enables us to bequeath this treasure to our children, and it enables our children to increase the store. Science gives us the consciousness of our strength, and thus inspires us with courage and energy. Science teaches us to recognise the food of plants, and the sources from which it is derived. This knowledge alone makes us the true masters of the soil—the lords of our capital. We can now see where we are guilty of waste, and where we are too sparing. The great truth, that animal manures are nothing else than the ashes of the food produced from our fields, consumed or burned in the bodies of men and animals, has given the chief direction to all modern improvements in agriculture. Who would have thought it possible, a few years ago, that gas-works would yield a powerful manure? We now know on what cause the exhaustion of our soil depends—it is the most precious ingredients of the soil which we remove in the crops, and thus impoverish our fields. By analysing the ashes of plants, we learn what we must add or replace, in order to restore the original fertility of the soil. Africa and Peru supply us with the mineral elements of bread and flesh in the shape of guano; and chemical works now produce the other mineral substances which are indispensable to turnips and potatoes. (Cheers.) It is evident to all that the present age has entered upon a new path; we have now to do with the real, not with the imaginary value of the manure. (Applause.) As we have learned how to measure the value of an acid or an alkali, so we can now ascertain the true value of a manure. This, therefore, is precisely what we must expend on the soil, in order to obtain a profit: for the capital of the farmer consists of his labour and his manure. Much, certainly, remains to be done. According to the geological character of the soil, the farmer must decide on the means to be employed for its improvement. The mineral food of the plants of all countries must be ascertained by the analysis of their ashes; we must determine which substances are essential, which accidental—we must endeavour to find out in which plant one ingredient or another may be replaced, as lime by magnesia, or potash by soda. Researches, with these objects in view, I rejoice to say, have been undertaken by Professor Graham, at the request of the British Association. This information, I am glad to learn, is likely to be supplied for Scotland by the Agricultural Chemistry Association—an institution reflecting the highest honour on its projectors, and which, by employing the able agency of Professor Johnston, in diffusing through all parts of the country the requisite information, and in stimulating the agriculturists to continued experiments, promises to lead to most valuable results. (Cheers.) I trust you will permit me to regard this expression of your feelings towards myself as a frank and public acknowledgment of all that has recently been done by chemists for agriculture and physiology, and as an encouragement to all chemists to persevere in their efforts for the perfecting of those sciences. I thank you, in the name of all those whose labours in extending the boundaries of chemistry, and in diffusing scientific principles, have procured for us your approbation. (Cheers.) This is a glorious day for us all, for on it we celebrate the indissoluble union of chemistry with agriculture and physiology. (Great applause.) I beg once more to offer my heartfelt thanks for the honour which I have this day received, and which I shall regard as the highest distinction of my life; and now I beg leave to propose, as a toast which I am sure you will drink with all the honours—"The Lord Provost and Magistrates, and prosperity to the City of Glasgow."

The toast was drunk with all the honours.

The LORD PROVOST thanked their distinguished guest, on behalf of the magistracy and himself, for the kind manner in which he had mentioned their names. The benefit of his labours had already been sensibly felt in that city—and, independently of the bearing of those labours on several of the staple manufactures peculiar to that district, he (the Lord Provost) and his colleagues took a deep interest in the impulse which Professor Liebig's inquiries had given to agricultural chemistry. These inquiries ultimately tend to increase the comforts of a fast increasing population, particularly of the poorer portion, by cheapening their food. (Cheers.)

Professor WM. THOMSON said—I rely on the toast which I am about to propose being favourably received, when I assure you that such a reception of it will be most agreeable to our distinguished guest, appealing as it does to his feelings of gratitude and loyalty,—the health of the Grand Duke of Hesse-Darmstadt, (great applause,) at once the sovereign and the patron of the gentleman in honour of whom we are here assembled. It was sarcastically asked by Dr. Johnson, in his famous letter to Lord Chesterfield, whether a patron be not a person who looks coldly on while a man is struggling with the waters, and when he has reached the shore, encumbers him with assistance? Fortunately for science, it has been Professor Liebig's lot to find a patron of a different stamp. Fortunate genius, which meets with such patronage!—more fortunate patronage, which proves to have been so worthily bestowed! (Applause.) But, my lord, while, as members of the republic of science, we cannot but feel that the Grand Duke of Hesse-Darmstadt has thus been our benefactor, he possesses even more direct claims to be thus considered. The whole scientific world is aware of the admirable provision that has of late years been made, at a vast expense, in the laboratory in the University of Giessen, at once for the instruction of pupils in analytical chemistry, and for the prosecution of farther researches in that department of inquiry. It is well known, also, with how much liberality that laboratory is thrown open to persons of all nations, and how many of our own countrymen have availed, and still continue to avail themselves, of the advantages thus put within their reach. For all this we are indebted to the munificence of that enlightened prince. Oh, that both nations and princes would come to understand, that in encouraging the cultivation of the arts of peace, there is ample scope for the acquisition of true glory; that no conquests are more deserving of admiration than those which knowledge achieves over ignorance! (The toast was drunk with all the honours.)

Professor LIEBIG said—At such a distance from my native country, I experience delighted feelings when I hear the name of

my illustrious and revered sovereign mentioned with such honour in this distinguished assembly. That sovereign stands high as a patron of science, and I have personally experienced from him the most liberal support and encouragement. (Applause.) I offer my sincere acknowledgments to the distinguished speaker who proposed the toast, and to the company who so heartily responded to it. (Cheers.)

Mr. Oswald, M.P., on rising to return thanks for "The Members for the City of Glasgow," said—I have been requested by my honourable colleague to express his great regret at not being able to attend this meeting to-day; he regrets not being present to do honour to the greatest man of his age. (Cheers.) On any occasion in which we can be of the slightest use, in any shape, to promote the interests of this great city, or the country at large, we shall be always ready to do so. (Cheers.)

Professor Gregory said, in proposing "The Progress of Organic Chemistry," I may be allowed to direct your attention to its recent history, more especially in connexion with the name of our honoured guest. Before his time, the analysis of animal and vegetable bodies was a most tedious and difficult operation. By his improvements, and especially by his admirable invention of the potash apparatus for determining the proportion of carbon, he rendered organic analysis so easy, and so sure, that the chemist can now undertake, and complete in a few weeks, researches which would formerly have demanded years of labour. (Cheers.) A glance at the former and present states of organic chemistry would give the best idea of the value of Liebig's improvements; and although his methods have been now and then objected to, they are, at this day, universally employed by chemists. (Applause.) Armed with a sure and easy method of research, Liebig, in 1822, took the field in organic chemistry; and the trophies of his prowess are seen in an uninterrupted series of splendid original researches, from that date to the present time. The more important of these, in *general organic* chemistry, (for the services which Liebig has rendered to agricultural and physiological chemistry will receive attention from other speakers,) embrace, among numerous original discoveries of *new compounds*, those of hippuric, œnanthic, and amygdalmic acids; of chloral and aldehyde; of mellone, melane, and a host of *allied compounds*, including *two artificial alkalies*, melamine and ammeline; and, in connexion with his illustrious fellow-labourer, Wohler, that of the wonderful and interesting series of *compounds derived from uric acid*. In addition, however, to his actual discoveries of new compounds, Liebig has made vast contributions to our knowledge of those *previously* described. Thus, he has studied, with the most brilliant success, all the important *organic acids*, as well as the interesting class of *organic alkalies*; he has developed the *true natures of alcohol* and *ether*, and of the important process of acetification, or the *making of vinegar*; he has given us much new and valuable information on the *different kinds of sugar*; he has done more than any other chemist to extend our knowledge of the *compounds of cyanogen*; and has cleared up the theory of the very important *manufacture of prussiate of potash*, and placed that branch of industry on a much improved and secure foundation. Along with Wohler, he has, I might almost say, exhausted the extensive subject of *uric acid*; he has clearly developed the nature and relations of *the three isomeric bodies*—cyanic, fulminic, and cyanuric acids; and, by the demonstration of the existence and chemical relations of *benzoyle*, established the doctrine of *compound radicals*, the most valuable and fruitful addition yet made to the theory of organic chemistry. This may appear, to many of those whom I address, to be merely a catalogue of names, but the chemist will fully appreciate their value; there is not one of the discoveries that I have enumerated which has not exerted a beneficial influence on science, and in them is often to be found the germ of those beautiful ideas, the successful application of which to practical purposes, in agriculture and physiology, has made us feel it a duty to assemble here this day, in order to express our admiration and our gratitude. But the labours of our valued guest have led to many other practical improvements; as, for example, in the *preparation of drying-oil for the painter*; in the *manufacture of vinegar*, of *prussiate of potash*, of *soap*, of *beer*, and, what I am sure you will rejoice to hear, of *wine*; in the *preparation of lactic, malic*, and *formic acids*, with many others; not to speak here of the immense benefit which agriculture and physiology are daily deriving from the application of his views. In organic chemistry, the name of Liebig is, moreover, associated with several of the most important theoretical speculations, among which may be mentioned the now prevalent views, originally started by the sagacious genius of Humphry Davy, of *the true nature of acids and of salts*; according to which, acids, instead of being, as Lavoisier supposed, invariably compounds of oxygen, are rather compounds of *hydrogen*, the latter element being the *true acidifying principle*; while *salts* are compounds in which the *hydrogen* of the acids has been replaced by *metals*. The *doctrine of polybasic acids*—that is, of acids requiring more than one equivalent of alkali to neutralize them, and the neutralizing power of which is measured by the proportion of replaceable hydrogen they contain—owes its development entirely to Liebig; and the same may be said of his profound and beautiful views on the *processes of fermentation, putrefaction, and decay*. Were I asked to point out a good example of Liebig's researches, without particular reference to agriculture, I would select, out of many equally valuable, his *researches on aldehyde*, and on *the origin of acetic acid*. We all know that no fermented alcoholic liquor can be produced excepting from the vinous fermentation of sugar; and also that all fermented liquors, under certain circumstances, are changed into vinegar, or, in common language, undergo the acetous fermentation; in more exact terms, the alcohol they contain is converted into acetic acid. Now, if we compare the composition of acetic acid with that of alcohol, we find that the former contains less hydrogen and more oxygen than the latter. It was, therefore, necessary to study *the action of oxygen on alcohol*; and Liebig, pursuing some observations of Doebereiner, soon found that this action may be divided into two stages. In the first, oxygen removes part of the hydrogen of the alcohol, forming with it water, and leaving *aldehyde*, a pungent, volatile, neutral liquid; and in the second, an additional quantity of oxygen combines with the aldehyde, converting it into *acetic acid*. This discovery at once cleared up *the whole theory of the formation of vinegar from alcohol*, put an end to the fancy of *acetous fermentation*, the process being one simply of oxidation; and, by detecting the source of loss in the process followed abroad for obtaining *vinegar from brandy*, (which was shewn to be the escape of aldehyde unoxidized from a deficient supply of oxygen,) enabled the manufacturer to improve and economize his process. (Loud cheers.) And if I were called upon to select, out of the ideas suggested by Liebig in *agricultural chemistry*, those which do him the greatest honour, and which have added, and will add, most to our knowledge, I know not that I could do better than refer to his doctrine of *the uses of the phosphates and of the alkalies in plants and animals*. (Cheers.) What is the use of the phosphates?—of those substances which are never absent in a fertile soil; and which, accumulated in the form of dung, of bones, or of guano, we restore to it as manure? We find them in the ashes of plants, but the question is, what purpose do they serve? A few years ago, the mineral elements of plants were supposed to be accidental; but, by exact analysis of the ashes of the different parts of plants, Liebig discovered that the phosphates were invariably found in the largest proportion in *the seeds*; and, pursuing the investigation, he shewed that the phosphates are *essential* to the existence of those vegetable products which are capable of contributing to *the nutrition and growth of animals*—of albumen, fibrine, and caseine—which bodies, as is well known, are chiefly found in seeds, but are present, also, in all nutritious roots and juices. Hence he drew the conclusion that the phosphates are indispensable to the life of vegetables; not merely, as he shewed, in being essential to the formation of seeds, but also for a wise and beneficent purpose—namely, that animals should find in the vegetables they consume, (such as grass, hay, oats, and turnips,) albumen, fibrine, and caseine, the materials of which their blood—that is, their bodies—is formed. In animals, again, it is not merely the bone, but every part of their structure, that requires the continued supply of phosphates, while the phosphates not required for nutrition are discharged in the dung and urine, and in that form restored to the soil, again to contribute to vegetable life, and from plants again to pass into the bodies of animals. It is impossible to imagine a more beautiful display of the Divine wisdom and power than is thus laid open to our view. (Cheers.) Again, what is the use of *the alkalies which are always found in the ashes of plants*, generally in the form of carbonates, indicating that they have been, in the fresh plant, combined with vegetable acids? The idea of Liebig is, that the alkalies, being supplied by the soil to the young plants, act by fixing carbonic acid from the atmosphere, which, along with the elements of water, under the combined influence of the vital force of the plant, and the chemical agency of the alkali, pass first into oxalic acid, then into malic, citric, and tartaric acids, and, finally, into sugar, gum, starch, and woody fibre, which have all essentially the same composition. Having served this important purpose, the alkalies, in the shape of vegetable ashes, or of animal manure, are again restored to the soil, again to run the same unceasing course of usefulness. (Cheers.) I cannot here refrain from mentioning, in proof of the continued activity of Liebig, that he published in May last a paper *on the urine*, which, for the importance of the subject, the sagacity displayed in its investigation, and the beauty, as well as the practical value of the deductions arrived at, is, in my opinion,

entitled to the very highest place among all the modern writings on physiological or medical chemistry. I earnestly recommend this invaluable paper, which originally appeared in THE LANCET, and in which journal it may be read in English, to the careful study of my medical brethren.* The chemist will also be glad to learn that, still more recently, Liebig has published a most valuable memoir on *mellon*, confirming and extending his previous discoveries on that subject. It is not, however, only as the indefatigable investigator, the sagacious discoverer, or the profound philosopher, that Liebig has promoted the progress of organic chemistry. His systematic writings on the subject, especially his Organic Chemistry, written for the posthumous edition of "Greiger's Manual," have greatly contributed to produce the present flourishing state of this branch of science. (Hear, hear.) His *Lectures on Organic Chemistry*, now appearing in THE LANCET, are still more interesting, as embodying *his most recent views*. I need say nothing of his two works on Agricultural and Animal Chemistry. These works are at least as well known and as highly appreciated here as in Germany; in fact, it is as the author of these works that we have met to do him honour; and it is pleasing to reflect that they have been so well received in Scotland. (Cheers.) But perhaps it is as *the teacher* that Liebig has done most. Look at the scientific journals of the last fifteen years, and you will find that three-fourths of the researches on organic chemistry which they contain have issued from *the school of Giessen*. Indeed, so valuable and extensive are the additions made to science by his pupils, working under his eyes, profiting by his advice, and enjoying, as all who have been there will bear witness, the most kind, liberal, and utterly unselfish encouragement on his part, that, even if we owed to him none of his great works, and none of the fine original papers he has given us, we should still be compelled to recognise in him, as a teacher, the greatest benefactor to organic chemistry, through the many distinguished chemists he has formed, a large proportion of whom are now professors in all parts of Europe. Among the distinguished pupils of Liebig, Glasgow can claim a full share. The late Robert Campbell was a native of Glasgow, and the names of Dr. Robert D. Thomson, and of Dr. John Stenhouse, are now known throughout the scientific world. (Applause.) My lord and gentlemen—I have detained you far longer than I could have wished; but, as a pupil of Liebig—as one who has, from an early period, devoted much attention to organic chemistry—above all, as one who has experienced, in its full measure, the unwearied kindness and the true friendliness of his nature—I could not well say less than I have done. I am sure you will join me in drinking, with deep gratitude to Justus Liebig—"Success to Organic Chemistry."—The toast was drunk amidst the greatest applause.

Sheriff ALISON said he anticipated an unanimous burst of approbation when he mentioned the toast, "The health of our accomplished chairman, the Earl of Eglinton." It was impossible to over-estimate the importance of meetings such as this, at which the landed aristocracy sat side by side with commercial opulence. He hailed this meeting, as affording convincing proof that the world is becoming alive to this great truth,—that the interests of society were united; that there were no class interests. (Cheers.)

The CHAIRMAN returned appropriate thanks.

Mr. SHIER, in proposing "The memory of Sir Humphry Davy," said, that of the two great impulses agricultural chemistry had received within the present century, the first had been given by Davy, and the second by their distinguished guest. Until the time of Davy, agriculture was almost an empirical art, and they could measure no man's merits by any other standard than that of the science of the time. Davy made himself master of the vegetable physiology of the day, and, combining it with his vast chemical knowledge, made admirable use of it in explaining agricultural phenomena. He successfully demolished the old and pernicious theory that regarded those substances which, when applied to the land in small quantities, have a fertilizing effect, as playing the same part within the vegetable that stimulants and condiments do within the animal body. Davy shewed that those substances were an essential part of the food of plants, thus laying the foundation of that important doctrine—the inorganic constituents of plants—which led to such vast importance in the hands of Liebig. (Hear.) They were indebted to Davy for the first philosophical theory of fallowing—of paring and burning—of the action of lime and marl. Davy was also the first to attach the proper degree of importance to agricultural experiments, and to point out how these should be performed, observed, and recorded. The great mass of agriculturists were quite unprepared for Davy's results, and although he carried along with him many of the more intelligent, it was painful and pitiful to observe how many so-called practical writers dwelt on some two or three petty points on which they differed from him, while they were totally silent on subjects of importance. The writings of Davy, however, were read by the intelligent and by the young—for thirty years they were leavening the public mind—and to their action was to a great extent due the alacrity with which agriculturists in general entered into the recent movement. (Cheers.) Passing from this great man to the great man who had given to agricultural chemistry its present goodly development and general popularity, he (Mr. S.) well remembered the speech of Professor Gregory at the British Association, on laying before that body Liebig's first volume, when the professor expressed his belief that that volume would form a new era in the history of agriculture. He (Mr. S.) thought it a strong statement. When, however, he obtained the volume, and studied it, all doubt on the subject vanished; he had given Liebig credit for vast powers as an analyst, but he was not till then aware that Liebig was equally distinguished for splendid powers of generalization. (Cheers.) He (Mr. S.) was familiar with the state of agriculture in Scotland, and he could testify that Liebig had kindled a feeling there that, if properly fed, would speedily place agriculture among the most advanced of the arts. Mr. Shier next pointed out some of the principal agricultural discoveries of Liebig; for example, the *food of plants*, the functions of *humus*, the doctrines of *fermentation and decay*, the *inorganic constituents of plants*, the theory of *replacement*, and some others. Many gentlemen, familiar with his fame, had that day seen Liebig for the first time, and he (Mr. S.) was satisfied that one strong impression had been made on them all—the very same impression that was made on our poet Hogg, on his introduction to Wilkie—they were all surprised and delighted to find him so young a man, and it was delightful to think how much he might yet live to do for science. (Cheers.)

Mr. Sheriff BELL stated that the toast which he was about to propose was—"The University of Glasgow and Dr. Thomas Thomson." One hundred years ago, the first lectureship in chemistry was founded in Glasgow—(hear, hear)—by the celebrated Cullen, and, devoted to medical science though he was, it was curious to note his far-seeing predictions, for even then he saw what chemistry was yet destined to fulfil in agriculture. Cullen was succeeded by John Black, whose theory of latent heat opened up the most important views, and perhaps was the foundation of the great discovery of Watt itself. Black, who had been fitly termed the "Nestor of the Chemical revolution," was succeeded by Irvine, who for twenty years taught with growing reputation. To Irvine succeeded the friend of Watt,—distinguished as a chemist, as he was afterwards in the chair of Natural Philosophy at Edinburgh,—namely, Professor Robison. To Robison succeeded one of the most pleasant lecturers and successful experimental chemists which this country ever produced—Dr. Hope, who was followed by one whose name would never be spoken in Glasgow without respect, although his great mind was more devoted to medicine than to chemistry—Dr. Cleghorn. To Cleghorn succeeded one who, with a European reputation, has for thirty years filled the chair of Chemistry in Glasgow—a patriarch in chemistry—Professor Thomas Thomson. While Germany is proud of her Liebig, England of her Davy and her Farraday, and Edinburgh of her Gregory, let us be proud of our Thomson. (Applause.)

Dr. THOMSON replied in a brief speech.

Professor GORDON proposed a bumper to "The Royal Society of Edinburgh, and its President, Sir Thomas Brisbane."

Sir THOMAS BRISBANE returned thanks, and said, about two years before Sir Walter Scott went abroad for the benefit of his health, I found him very busy writing. Under these circumstances, my visit was a short one. Sir Walter accompanied me to the door, and, upon parting, I remembered that an important paper was to be read that night at the society. "Of course," I said, "you will be present?" "Oh, yes," said he, "I will be there; but I know nothing of science. I am, however, like the man in the farce, who liked the sound of Greek, although he did not understand a word of it." Now, said Sir Thomas, that is my case. (Laughter.)

Sir CHARLES D. FERGUSSON proposed "The Manufacturing and Commercial Interests of Glasgow." He might safely say, that such was the influence and enterprise of Glasgow, that nothing could mar or destroy it but the neglect of the poorer classes. He would press upon her wealthy inhabitants the consideration, that the interests of commerce and manufactures were best promoted by fostering the comforts of those humbler classes who ministered to their wealth and greatness. He would ask those who inhabited their palaces, to step aside into the miserable lanes and alleys of the city, and look upon the wretchedness which there existed side by side with wealth and luxury; and then let them come forward and remove the wants of the poor

* THE LANCET for June 1 and 8, 1844, Nos. 11 and 12 of Vol. I., enlarged series.

with that munificence which, as a distinguished judge had said, marked everything which the citizens of Glasgow did. The learned baronet concluded by proposing the toast.

The LORD PROVOST proposed "The Highland and Agricultural Society of Scotland." (Cheers.)

Mr. CAMPBELL, of Craigie, returned thanks. This city had now given the West of Scotland an opportunity of conveying to Professor Liebig the thanks which were so largely due to him for his many services in behalf of agriculture. Before his work on Agricultural Chemistry was published in this country, they were merely a set of clodhoppers stumbling in the dark, out of one thing into another, having nothing to guide them, and getting just from one mischief into another, while, if they succeeded at all, it was more a matter of accident than of intelligent design. After the publication of Professor Liebig's celebrated work, however, they had made some progress in a rational cultivation of the soil; and, with the assistance of Professor Johnston, they were now enabled to go forward rapidly in their labours. It was not merely in a pecuniary sense that he had been of benefit to the farmers of Scotland, but he had raised among them an intellectual feeling which could not fail to produce the best results. (Hear.) Every man who had paid attention to the subject had now greater pleasure in his profession than before. The hon. gentleman then described the kinds of manure now most in use in Ayrshire, with the view of shewing Professor Liebig how far he had benefited that part of the country. He then proposed "The Croupiers," one of whom, Mr. Tennant, was known to them all, as proprietor of the greatest chemical works in the world; and when they were speaking of agricultural chemistry, he would say, that there was one article with which he furnished them, for which he deserved the thanks of all who took an interest in this important subject—he alluded to the solution of bones in sulphuric acid, where they had phosphate set forth in the most beautiful condition that could be imagined, to be assimilated with plants. There was something so beautiful in the application of this substance, that he regarded it as the most interesting part—he might say, he looked upon it as the *ne plus ultra* of the science. (Cheers.)

Mr. OSWALD returned thanks for himself and Mr. Tennant.

Professor LIEBIG proposed "Professor Graham and the Chemists of England," for which Dr. Lyon Playfair returned thanks.

Mr. OSWALD proposed "The Agricultural Chemistry Association, and Mr. David Milne."

Mr. MILNE returned thanks. He never had done so with so much pleasure as in the presence of that distinguished master of agricultural chemistry, to whose discoveries that association owed its origin; for he quite agreed with Mr. Campbell that, until the translation of his writings by Mr. Playfair, neither proprietor nor farmer were aware of the vast assistance which they could obtain in fertilizing the soil. The great object of the association was to carry out in practice those principles which Liebig had made known. It was a mistake to suppose that the association merely gave the farmer an analysis of his soil, and that in language which he did not understand. The object was, that the farmer who wished to know what were the best crops for a particular kind of soil, should, besides reviewing the analysis, be really informed of the kind of crop best adapted to his grounds. Already great benefits had arisen from the laboratory of the association, and he would inform them what had occurred within these three weeks in the case of the farmers in the neighbourhood of Edinburgh. It was a matter of surprise to them that lime was of little or no value near that town, and there were various conjectures as to the cause. But the fact was, that the decomposed trap rocks in the neighbourhood of Edinburgh contained 15 per cent. of lime, and therefore its application could not be of the same value there as in other parts of the country.

Dr. ROBERT D. THOMSON proposed—"The health and prosperity of the Chemists of the Continent." Agriculture, he said, had made progress in the last century, rather by its mechanical relations than by science. The chemistry and physiology of plants, in a practical point of view, were comparatively overlooked. Carbonic acid and water, it was thought, constituted the main food of plants, while the elements of the soil occupied an inferior position in the dietary of vegetables. Theodore de Saussure was one of the first chemists who directed attention to the inorganic food of plants. He analysed various species, and examined their ashes, and finding these to be identical with the ingredients of the earth, and to vary in their proportion according to the nature of the soil, he inferred that they were derived from the soil. These constituted some of the facts which had been so ably extended by their distinguished guest, and led him to the important generalization, that although the proportions of the inorganic constituents may vary in the same plants, yet that the salinating power of the bases contained in the same species is always identical. This discovery of Professor Liebig was pregnant with the greatest importance to agriculture. It was well known that Professor Liebig had demonstrated the presence of ammonia in the atmosphere, by detecting it in rain water, and that he attributed the origin of the main supply of the nitrogen of plants to that source. This discovery received additional confirmation from a surmise of Saussure, (which had been alluded to by Professor Liebig in his work,) and also, lately, by a series of observations by Dr. M'Lelland, in the Himalaya mountains, who found the rain water in the province of Kemaon to have an alkaline re-action, thus affording farther proof that Liebig's theory was not based upon partial facts, but was a great philosophical generalization. It was necessary to mention, in connexion with agriculture, the name of Boussingault, who had worked with unceasing energy at all departments of chemistry. At an early age he visited, with his portable laboratory, the mountainous regions of South America. But in reference to agriculture, he had laboured with the eye of a farmer, and had assisted most materially in settling disputed points. His elaborate experiments, proving that the nitrogen of the air cannot supply food to plants, deserved the highest commendation; and his new work on Agriculture would no doubt constitute a valuable contribution to farmers. (Cheers.) It was not only, however, as men of science that we could speak of our continental brethren,—for what chemist of this country that had visited the European states could fail to remember, with grateful feelings, the friendship and hospitality of the chemists of the Continent. The toast was drunk amidst great applause.

Professor HANSTEIN, of Giessen, said, Although not a chemist myself, yet I am intimately connected with an institution, the aim of which is chiefly chemical. I think, therefore, I may be excused for expressing my warmest thanks to this honourable assembly for the sentiments of esteem towards the continental chemists; in particular, when I see this general acknowledgment of the merits of a man whom I am proud to call my fellow-citizen and my friend. With intense delight my country will hail this mark of honour to one of her noblest sons. I perceive in this approbation the feelings of a great people, who are anxious not only to be happy themselves but to spread prosperity to surrounding nations. I conclude with my ardent wishes, that this solemnity, together with that which a few days ago I witnessed in a neighbouring noble city, may contribute to twine faster the ties of mutual esteem which your hospitable country and mine seem inclined to maintain. (Cheers.)

Dr. LYON PLAYFAIR proposed the health of Madame Liebig and her family, and spoke of the uniform kindness which Madame Liebig had shewn to the students from this country. He hoped that his two sons would inherit the science of their father, and her two daughters live to exemplify the virtues of their mother. Next year Professor Liebig meant to bring one of his daughters to Glasgow,* to the family of a gentleman here, in order to acquire correctly the English language; and he need not say that the young lady would receive in this city every kindness to which a stranger so connected was entitled. (Drunk amid loud cheers.)

Professor LIEBIG thanked them heartily. He would convey to his lady a lively expression of their friendliness; and on his next visit to Scotland, to which he belonged by intimate connexion, as the youngest burgess of Edinburgh, he would bring her with him, to feel with her own heart the hospitable reception which Scotland gives to strangers. (Great cheering.)

Mr. LEADBETTER proposed "The Countess of Eglinton."

Dr. PENNY proposed "The Faculty of Physicians and Surgeons of Glasgow."

Mr. ALEXANDER, of Southbar, said, in introducing the next toast, if chemical skill in agriculture be necessary in this country, how much more is it as applied to our West India colonies, where there are not only farmers or growers of the cane, but also manufacturers, and that of an article in which the greatest chemical skill is required. But they have gone on there in their old jog-trot fashion, much as others nearer home have done. (Hear, and a laugh.) I am one of those unfortunate people now holding West India property—(renewed laughter)—but we must not despair. For some years I have turned my attention to the best mode of making my acres in this country more productive, from the science so beautifully developed by our respected guest, and I am perfectly satisfied as to the great benefit it has conferred on me. (Cheers.) Such being the case, I could not but try the same on my West India property; and as a preliminary step, had my soils analysed by our talented professor of Agricultural Che-

* We understand from the Professor, that he will not be enabled to revisit England in less than two years.—ED. L.

mistry, Professor Johnston, who, by able works and lectures, has done more for Scotland in this respect than any man I could name; and I am working these out to, I have no doubt, a beneficial result. There are those who doubt that chemical science can ever be applied with effect to agriculture. There are those who live in doubt all their lives, and if improvement depended on them there would not be much done. (Hear, hear.) I have come to a conclusion, and not a hasty one, that the effects of chemical action are as certain on the soil as in any manufactory in this great city. Agricultural societies, founded on science, are formed all through the West Indies, and are working wonders. I know no man who has done so much to benefit West India culture as my friend Mr. Stirling. He has been in the front rank to practise, and to recommend by his example, all the modes of improvement which this new light of science has cast on us; and I have no doubt that, through him and others, the cultivation of the West Indies will be immensely benefited—ay, even more than the agriculture of this country. I propose—"The application of chemical science in the cultivation of the West Indies, associated with the name of Mr. William Stirling."

Mr. STIRLING returned thanks in a short speech.

Dr. GREGORY proposed the health of Mr. Walter Crum. (Great cheering.) He occupied a very high rank as a chemist, and had devoted much time to a subject that had more than almost any other occupied the attention of chemists—that of indigo, his very exact analysis of which still maintained its place, though made at a time when the subject was beset with more difficulties than now. In other departments of chemistry, also, Glasgow and the country generally were deeply indebted to his researches. (Cheers.)

Mr. CRUM returned thanks, and proposed the health of a nobleman who had done much towards promoting the application of Professor Liebig's principles,—Lord Blantyre.

Lord BLANTYRE having returned thanks, the LORD PROVOST here intimated that the freedom of the city was to be conferred upon Professor Liebig on the following day. Thanks were then given to the Earl of Eglinton, and the company separated at about eleven o'clock, after having spent a most agreeable and instructive evening.

A unanimous resolution having been come to by the Town Council on the previous Thursday to present the freedom of the city of Glasgow to Professor Liebig, the ceremony took place on Saturday, in the Council Hall, at twelve o'clock, at the hands of the Lord Provost and Magistrates. Professor Liebig was accompanied by Drs. Thos. Thomson, Gregory, and R. D. Thomson, Professor Hanstein, of Giessen, and a number of other friends. The LORD PROVOST, having taken the chair, (Professor Liebig on his right hand,) assured the learned professor that the proposal had met with the unanimous concurrence of the corporation, as the representatives of a population of upwards of 300,000 persons. If proof were wanted of the existence of this feeling, he would refer Professor Liebig to the great assembly of citizens who had met on the previous evening to do him honour—an assembly which had seldom, in point of respectability and acquirement, been equalled in this city. His lordship then, presenting the freedom, expressed a hope that, on returning to his own country, his visit to Glasgow would long be cherished in his memory. —Professor LIEBIG said, that his gratitude for the kindness and attention shewn him since he came to Scotland would never be forgotten. He felt proud of the honour of being created a citizen of Glasgow. After the ceremony, the Lord Provost accompanied the Professor to the Royal Exchange.—(*Abridged from a short-hand report in the "Glasgow Argus."*)

PROFESSOR LIEBIG AND THE STUDENTS OF UNIVERSITY COLLEGE.

ON Saturday last, a numerous meeting of the students of University College was held in the Theatre of Anatomy, for the purpose of taking into consideration the best means of offering some public testimony in token of their admiration of the character and labours of Professor Liebig.

Mr. JOHN MARSHALL, a senior student, was called upon to preside; and Mr. ATCHISON consented to act as secretary.

The Chairman commenced by stating the object of the meeting, and said that it was held in pursuance of a requisition, signed, at a short notice, by thirty-five students, on the preceding evening. He remarked that certain resolutions, prepared by a provisional committee, would be immediately laid before the meeting; and although it would be his duty simply to ensure their proper reception and discussion, he could not refrain from avowing his hearty approval of the sentiments and propositions embodied in them. He regretted exceedingly that Professor Liebig's uncertain stay and numerous engagements in London had compelled the committee to act more hurriedly than could have been desired, and observed that those circumstances now rendered it necessary to proceed with the utmost promptitude and decision. He hoped that unanimity of sentiment would prevail on the occasion, and concluded by assuring those assembled, that whatever might be the result of their deliberations, he believed it would be such as to do honour to Professor Liebig and reflect credit on themselves.—(Cheers.)

Mr. R. DAWSON HARLING expressed great satisfaction at meeting his fellow-students on so interesting and important an occasion as that of rendering a tribute of respect to Professor Liebig. He always felt proud of the good and respectful feelings which they invariably manifested towards those by whom the progress of science is assisted; and he was certain that gentlemen who were conversant (as all present undoubtedly were) with the labours of that distinguished man, would be of opinion that his well-earned reputation entitled him to their unreserved admiration, and demanded some public avowal of it. The resolution which he had to propose was not calculated to excite discussion; it related to the value and merits of the professor's researches, and would, he had no doubt, be unanimously and enthusiastically confirmed.—(Loud cheers.) He moved—

"That this meeting, consisting of students of University College, London, is desirous of taking a public opportunity of shewing how deeply and sincerely it estimates the high character of Professor Liebig, and the importance of his discoveries and labours in the field of chemical science."

Dr. HALLEY, in seconding the resolution, acquiesced in the sentiments it contained, and remarked that its adoption would be worthy of the students of a great medical school.

The motion was put, and carried amidst loud applause.

Mr. T. H. WAKLEY said—I deeply lament that the duty I have to discharge has not fallen into abler hands; but in submitting the second resolution to your notice, I am only complying with the request of my fellow-students. It is a duty which some one must perform, and if all refuse and hold back, the object of our wishes could not be obtained. I am quite sure, however, that you will not allow the cause to suffer from the weakness or insufficiency of the advocate. At the present time, this country is honoured by the presence of a most celebrated philosopher, a discoverer whose brilliancy of fame radiates from Giessen to every quarter of the globe. Not only has the metropolis received a visit from him, but our own college. Yes, yesterday morning we were both honoured and gratified by the presence of Professor Liebig in the Theatre of Chemistry in this Institution, during the lecture of our respected teacher, Professor Graham.—(Cheers.) Few sights could have been more gratifying to us; and it cannot but be in the highest degree pleasing to us to know that he acknowledges as a friend, and recognises as one of the most distinguished of his fellow-labourers in Europe, the Professor of Chemistry in this college.—(Cheers.) Gentlemen, all the enlightened portions of mankind have become so well acquainted with the vast intellectual labours of Professor Liebig, that wherever science exists, he must regard that place as his home. We must feel that this marked token of attention which we have received from Professor Liebig ought to be reciprocated by us with ardour and enthusiasm; and that we ought to adopt some significant means of evincing towards him our admiration and respect. Different modes have been suggested, and it is but reasonable to expect that on such a subject variety of opinions should prevail. It ought to be our object to shew Professor Liebig how sensible we are of the value of his illustrious labours, and of the vast and inestimable services he has rendered, and still is rendering, to the cause of science throughout the universe. The profession of medicine, as you well know, is deriving immense aid from discoveries in chemistry, and the connexion is becoming more firmly established by the investigations of the most scientific chemists of the day, amongst whom Professor Liebig holds the first place in the first rank. Now, gentlemen, we can only disagree as to the mode in carrying our laudable intentions into effect. As I have before stated, various have been the suggestions for the purpose; but after duly canvassing and considering the whole of them, we come to the decision that we cannot better shew our friendship and respect for Professor Liebig, during the short time he can stay in this country, than by inviting him to a public festival; and if he should accept our invitation, I hope the enthusiasm of our cheers, our welcome, and hospitality, will induce him long to remember the humble but sincere marks of attention which he received from the students of University College, London. (Loud cheers.) Gentlemen, I have the honour to submit to you the following resolution:—

"That in order to carry out the object of the last resolution,

Professor Liebig be invited by the students of this college to a public festival, before his departure from this country."

Mr. CADGE rose and said, that this resolution had been so forcibly and ably supported by the last speaker, that he should content himself with seconding the motion.

An amendment was proposed by Mr. SUTHERIN, and seconded by Mr. TEAGUE, to the effect that the presentation of a piece of plate to Professor Liebig would be a more appropriate mark of esteem than an invitation to a public dinner.

This proposition was discussed at considerable length by Messrs. Wood, Jackson, Wiglesworth, and Wakley; and, when put to the meeting, was lost by a large majority.

The original motion was then carried, and subsequently received the support of all parties.

On a motion, proposed by Mr. Hakes, and seconded by Mr. Jackson, a committee was appointed for the purpose of preparing and forwarding an invitation to Professor Liebig, with power to make arrangements in accordance with his reply.

A resolution was also adopted, appointing Mr. T. H. Wakley the treasurer, and after the dissolution of the meeting he received the names of the following students and their guineas, who agreed to form a general committee to carry into effect the objects of the meeting:—

John Marshall, *Chairman.*

T. H. Wakley, *Treasurer.* T. Atchison, *Secretary.*

P. Arthur	J. Gabb	W. H. Paine
D. Badcock	J. Hakes	J. Parker
P. Barr	A. Halley	G. Phillips
W. Bennett	C. J. Hare	C. R. Prance
J. Black	R. D. Harling	E. S. Protheroe
F. Blake	E. C. Hawkes	W. H. Ransom
J. C. Bompas	A. Henry	W. F. Robertson
V. Brown	J. Hollingsworth	J. Rousseaux
W. Cadge	A. Jackson	T. D. Scott
W. H. Clarkson	J. Kempthorne	E. Spice
W. H. Colborne	G. H. Kirkpatrick	J. Stringfield
E. Cousins	T. Littleton	H. Sutherin
R. S. Cross	H. G. Macdougall	W. Taylor
G. N. Epps	F. W. Marshall	J. Teague
J. E. Erichsen	J. W. Meesom	J. G. Wakley
A. B. Garrod	W. H. Meadows	T. Whicher
T. F. Grimsdale	W. H. Nash	H. Wiglesworth
W. L. Grundy	J. Newton	N. Wood

On the same evening a communication was made by the committee to Professor Liebig, requesting the honour of his attendance at a dinner to be given to him by the students of the College, on an early day to be named by himself. To this invitation the following reply was received:—

"GENTLEMEN,—I am deeply impressed with gratitude for the high compliment you have been pleased to pay to me, by requesting my attendance at the dinner to be given by you in compliment to myself; and I beg to assure you that it would have afforded me the greatest pleasure to accept the honour you have been pleased to propose to me, had I not been under an *imperative* necessity to leave England to-morrow evening.

"I am, Gentlemen, with much respect,

"Your obliged and obedient servant,

"JUSTUS LIEBIG.

"London, Oct. 27th, 1841."

In consequence of this reply, a second general meeting of the students was called by the committee for Tuesday last, at which Mr. John Marshall was again unanimously appointed to the chair.

Having stated that the object of the meeting was to make public the proceedings that had taken place in committee, the chairman briefly detailed those transactions, read a copy of the invitation which had been sent to Professor Liebig, and also that gentleman's reply, which was listened to with marked attention, and was acknowledged at its conclusion with ardent demonstrations of respect. "All present," said the chairman, "would not fail to understand and share the feeling of regret experienced by the committee when it became known that their present invitation had been unavoidably declined." He was confident that all would be ready publicly to express that sentiment; and stated, that to enable them to do so, the committee had thought it right to prepare an answer to Professor Liebig's very courteous communication in the form of an address, which might be signed by the students generally, and would be forwarded as soon as possible to Giessen. The tone and terms of this address would speak sufficiently for themselves; it would be proposed to the meeting by Mr. Wakley, their treasurer, who, having been deputed to present the invitation to Professor Liebig, would relate the very interesting and gratifying conversation which took place at the interview with that distinguished man, whom they had hoped to make their guest—a conversation which undoubtedly would only tend to increase their admiration for him, their regret at being unable to do him personal honour, and their desire, on some future occasion, to realize what for a time had been unfortunately and unavoidably postponed. (Cheers.)

Mr. T. H. WAKLEY said no one could feel more than he did the disappointment that they had experienced, in hearing the letter of the learned professor read to them; but he was pleased to find the spirit in which it was expressed, and the kind feelings with which the students of University College were regarded by Professor Liebig. In his (Mr. W.'s) hand he held a memorial drawn up by the committee, to be presented to Professor Liebig, to which he should invite the signature of every pupil, not relative to a piece of plate or a dinner, but merely expressive of the general regret. He (Mr. W.) would briefly relate to the meeting the nature of the interview which had taken place between Professor Liebig and himself, as the person deputed by the committee to convey the invitation. He (Mr. W.) had the honour to call upon Professor Liebig immediately upon his return to London from Oxford, and although the interview had not the happy termination which all had anxiously anticipated, yet the kind manner in which he had spoken of this Institution cannot but be highly gratifying to every pupil of the college. It required no very great penetration to perceive that Professor Liebig was much pleased with the respect and admiration you had exhibited towards him. With a kind playfulness of manner he asked if he "might retain the letter of invitation." "Assuredly," was the reply, and "great will be our pride if you value it." (Loud cheers.) He then expressed his great sorrow that he should not be able to accept the invitation, as he had engagements to fulfil with scientific gentlemen in the several towns through which he had to pass *en route* to Giessen. Several times during our conversation, he adverted to the generous and courteous manner with which he had been received by the students when he visited the theatre of chemistry on the Friday morning previous to the first meeting; he was so impressed with it that he should remember it to the last hour of his life. It was a striking proof of the manner in which his labours and researches in the field of science were regarded by the students of University College. It proved, he said, their enthusiasm in the cause of science, and how generously they appreciated the labours of others—a mark of honour had been conferred upon him as gratifying as it was unexpected. Other places had he visited, in other countries, and with many distinguished men, had he sojourned, but never in any quarter of the globe had he witnessed such a demonstration of feeling in the cause of science, or had so much honour done to him as a man from students, as exhibited at University College. (Cheers.) Gentlemen, such was the substance of the instantaneous acknowledgment of Professor Liebig, and he concluded by observing, that by whomsoever solicited, although the most distinguished in the land might honour him with an invitation, on the occasion of his revisiting England at some not very distant period, if the students of University College again invited him, they should have his first consideration. (Loud cheers.) Gentlemen, this is an honour to be chronicled in the annals of the college—an honour never to be forgotten—an honour that no other English medical school has yet received; and it is one which, I hope and trust, we shall endeavour to deserve. Mr. Wakley concluded by observing that he hoped that all those gentlemen who had kindly contributed their money to the laudable project they had attempted, would be ready, in the event of Professor Liebig's return, to come forward in the same noble manner; and it was to be hoped that the day was not very far distant when a similar effort made by them would be crowned with complete success. (Loud cheers.) Mr. W. then proceeded to read the memorial, and stated, that if it were adopted, it would be sent to Giessen as speedily as possible; and he trusted that every student of the college would sign it:—

"TO PROFESSOR JUSTUS LIEBIG.

"SIR,—The students of University College, London, anxious as they were to have had an opportunity of publicly evincing their high regard for your scientific attainments, and desirous of the honour of your presence at a suitable entertainment, regret most sincerely that your necessary departure from this country has unfortunately prevented your acceptance of their recent invitation.

"In conveying to you their feelings of disappointment, that circumstances have thus prevented the fulfilment of their desire to have given you a warm personal reception, they cannot allow the present opportunity to escape them without offering to you their congratulations on the successful results of your past re-

searches in organic chemistry, and of expressing an united and earnest hope that you may live long and peacefully as an ornament to your profession; and that, as you continue to prosecute your laborious investigations on behalf of chemical, agricultural, and medical science, you may be permitted to witness their beneficial influence upon subjects of such great importance to humanity, to receive appropriate rewards and honours from others, and to experience within yourself the gratification of having largely contributed by your own exertions to the improvement of the social condition and general welfare of mankind."

The address was seconded by Mr. SUTHERIN, and on being put from the chair, was carried unanimously.

Mr. WIGLESWORTH rose and said, that the resolution he had been desired to move contained a request to the editor of THE LANCET, to publish an account of their proceedings in his journal. In the columns of what medical periodical could they more appropriately desire to see an account of their meetings than in THE LANCET? (cheers.) At its commencement, it had taken its position, not upon the side of the stronger party—that of the hospital physicians and surgeons, but upon the weaker—the body of medical students; and for all that Mr. Wakley had done, for all he was doing, and for all he would doubtless yet do, in their cause, was he not fully entitled to the appellation of champion of the medical students? (loud and prolonged cheers.) But with regard to the resolution itself; it is not right that an occurrence, which is unprecedented, should not go abroad to the medical and scientific world; and which, to meet with general approbation, only requires to be made sufficiently public. He moved,

"That the Editor of THE LANCET be respectfully requested to insert a notice of the proceedings on this occasion, in an early number of his journal."

The motion was seconded by Mr. EPPS. On putting it to the meeting, the chairman begged permission to state—what he thought ought to be generally known—that when the Editor of THE LANCET became acquainted with the proposed invitation to Professor Liebig, he expressed himself warmly in favour of our intention, and declared his willingness to give it all the publicity in his power.

The motion was then carried amidst loud applause.

After a vote of thanks to the chairman, for his efficient services, the treasurer refunded the subscriptions already received, and the meeting separated.

THE PUBLIC HEALTH.

BATHS AND WASH-HOUSES FOR THE POOR.

ON Wednesday, the 16th Oct., a public meeting was held in the Egyptian Hall of the civic Mansion House, for the purpose of forming an association to furnish the labouring poor with baths and wash-houses. The attendance was respectable and numerous. On the platform were observed, Lord Dudley Stuart; Mr. Byng, M.P.; Mr. Colquhoun, M.P.; Sir W. Clay, M.P.; Alderman Sir J. Pirie; Alderman W. Hunter; Alderman Sidney; Mr. Moon, (late sheriff;) Mr. Wire; Mr. D. Salomons; Mr. Cotton, (Governor of the Bank;) Mr. Seeley; Archdeacon Wilberforce, Archdeacon Hale, the Rev. Dr. Russell, and a large number of other clergymen and lay gentlemen.

The Right Hon. the LORD MAYOR presided.

The LORD MAYOR, in opening the proceedings, said, that having received a requisition most respectably and numerously signed, he had felt it his duty and pleasure to comply with it, and to call the present meeting, for the laudable purpose of carrying into effect an object—extensively, he had no doubt—of great importance and benefit to the poor, the provision of baths and wash-houses for the dense population of the metropolis. (Hear, hear.)

The Right Rev. the LORD BISHOP OF LONDON, being then called upon by the chairman, rose to propose the first resolution—

"That great advantage has been found to result to the labouring classes from the establishment of baths and wash-houses for their accommodation, whereby habits of cleanliness have been promoted, and their families have been relieved from the inconvenience of washing their clothes in their own rooms."

As this resolution was simply confined to the statement of a matter of fact, it might perhaps appear unnecessary for him to offer any remarks, beyond the mere mention of circumstances, to prove the assertion in the resolution; but he hoped that, as he had the honour of addressing the meeting at the commencement of the proceedings, he might be expected to state the reasons which had induced several benevolent individuals to come forward and propose a subscription for the attainment of the objects described in the paper, which had been widely circulated and made known by public advertisement. Those objects were, to all appearance, of a trifling character—the establishment of baths and public wash-houses for the convenience and benefit of the poor; but with reference to their probable results—he thought he might say, their certain results, if enabled, by the liberality of the public, to establish such institutions in sufficient numbers—these institutions were of the very first importance. The crowds who lined the streets of this great metropolis, and who were surrounded on all sides by the evidences of its wealth and grandeur, were little aware of the fearful masses of human misery and wretchedness masked by the splendour of those streets. (Hear, hear.) They were little aware that perhaps within a few yards of the shops filled with the richest productions of the world, and of those counting-houses belonging to men whose fortunes were to be reckoned by millions—that in that very "city whose merchants were princes," there was a vast amount of human misery and wretchedness masked by the splendid front presented by her great streets. (Hear, hear.) He lately had taken the opportunity, being in the north of England, of going some distance to that great commercial town, Liverpool, to inspect the public baths and wash-houses which had been there established two years. As many as two hundred and twenty labourers had bathed in them on one Saturday, though the baths were rather on a limited scale, there being only eighteen separate ones and a vapour bath. The superintendent overheard one labouring man say to another, after using a tepid bath, "I feel as if I could do another week's work now I have been in the bath." ("Hear," and a laugh.) Suppose that to take place on a Saturday, the results were not likely to be confined to agreeable sensations and the revival of physical strength; but the working man would be more fit, and probably more disposed, to the due observance of that holy day which immediately follows Saturday, to the health and prosperity of the soul. (Hear, hear.) By delivering the poor from habits of uncleanliness, much would be done towards the improvement of their dwellings. Those social improvements in the city, which they all rejoiced, and were proud to see, and which gave to it an outward aspect corresponding in some degree to its dignity and wealth, were the causes, in some measure, of that poverty and wretchedness by which its population was afflicted. Take, for instance, the district of St. Giles's, a place which almost spontaneously suggested itself to the mind when thinking of the wretchedness in London: great improvements had been carried on there; many thousands of persons had been displaced from their wretched hovels, which had been nests of filthiness and crime. But what was the result? Those parts which were before overcrowded, became more overcrowded. Houses which had every room occupied before by one family, now had two families in each room. Those, then, who had prospered, with the prosperity of the metropolis, should feel themselves bound to do something for those who were suffering in consequence of local improvements. Upon this ground he would urge the necessity of providing public wash-houses. When he was a clergyman in the city, and an inhabitant of a parish by no means the worst, he remembered, perfectly, one house with sixteen rooms, and sixteen families, comprising, in all, more than sixty-four individuals, all living in a comparatively small house. An eminent man at the west-end of the town, Mr. Toynbee, whose evidence was printed in the report before quoted, says, he "attends a family where the father, aged fifty; the mother, same age; a son, aged twenty, in a consumption; a daughter, seventeen, with scrofulous affection of throat; and a child, all sleep in one bed, in a room where, during the day, the father and three other men work as tailors." It was easy to conceive how much the misery, dirt, and unhealthiness of any one of these rooms must be increased when it became necessary for the mother of the family to wash the linen of the family. But when poor persons did wash—for they naturally put it off as long as possible—what kind of a washing was it? In too many cases they washed their linen in dirty water—in water already used. He knew it to be a fact that, to a large extent, as a substitute for soap, those poor persons would use articles too disgusting to be named; and, consequently, the linen when washed was more infectious than before. Mr. Toynbee, the medical gentleman quoted before, stated in the report, p. 8—"I have observed the same water, which is very filthy from having been used in washing some clothes, used again to wash others. To mothers who are debilitated, the carrying the water up-stairs, when the rooms inhabited are on the upper floor, is a great exertion. Sick children have been neglected and left dirty, from the inability to fetch the water. The vessels of dirty water retained in the rooms, are one source of dampness and smell. The towels given me to wipe my hands, although ostensibly clean, yet, having been washed in dirty water, are unfit for use. The smell of their

linen, which they tell me is clean, is often offensive. Their clothes are pressed through dirty water, to avoid the trouble of going out to fetch clean water." Amongst the objections raised to the formation of public washing establishments was this—that crowds of the wives of the poor ought not to be allowed to mix together in great numbers. He did not see that that need occasion any apprehension. What great matter if they did talk over each other's grievances? It was idle to speak of teaching them to seek the means of accomplishing these objects themselves. They might seek, but they would not find. What evil would arise from their linen being dried in one common drying-room, and why should that lead to their drinking ardent spirits any more than the washing of the same articles at home? It could not have the effect of rendering them or their husbands less domestic by making their homes more comfortable and attractive—improving their health and increasing their respectability. Here was an act of charity in its own nature the most urgent, and likewise an unmixed good; and he felt satisfied that the citizens of London would not refuse that great good to their poorer brethren, whose energies were at present crippled by the wretched condition in which they found themselves placed, and yet who wanted but little to make them useful members of society. (Hear, hear.) His lordship then moved the first resolution, as already stated.

Mr. Byng, M.P. for Middlesex, rose, amidst much applause, to second the resolution. He said that a few weeks ago, being then absent from home, he received a letter signed "W. C.," which appeared to him to have been written with so much good sense and good feeling that he ventured to take upon himself to send his answer to the Governor of the Bank of England. In the good work now brought under their consideration, he was ready to join heart and hand. It was not fitting that this great metropolis, the greatest city in the world, should be without the means of affording facilities for cleanliness to its poorer inhabitants. Every one, he was sure, would agree with him that it was the duty of the wealthier inhabitants to promote the happiness of their poorer brethren, and therefore he had great pleasure in seconding the motion of his worthy friend and neighbour. For any further advancement of the great cause of popular improvement they would always find him ready when called upon. (Hear, hear.)

The resolution was put, and agreed to.

Archdeacon Wilberforce then moved the following resolution:—

"That it is highly desirable to extend the advantages of such establishments to the labouring classes of the metropolis, especially in those crowded and populous districts where the want of such accommodation is severely felt."

The archdeacon remarked, that in a crowded city, the poor man could not redress the evils of his own position. It was quite true that the association could not, by a single effort, impart habits of cleanliness to a whole population; but they could do thus much, and they were bound to do it—they could remove those obstacles to purity which favoured uncleanliness. (Hear, hear.) Another of the objections raised to their plan was, that the poor did not feel the evils which it was the object of the society to remove; it was said, that the upper classes fancied that the poor suffered from filth, but that the fact was otherwise. To that there were two answers,—one was, that the objection had no foundation whatever in truth; it was not true that the poor man was indifferent about cleanliness. (Hear, hear.) The reason why some people were led to suppose that the poor were insensible to the comforts of purity, was, that the poor were patient. The poor, as a class, were eminently patient; they endured without complaining—they bore evils long and silently; and even when at last they raised their voice, no man could deny that they had borne their miseries with unexampled fortitude.

Lord D. Stuart said, he was happy and proud to second the resolution. He rejoiced to see such a meeting there assembled, and he hoped that the benefits of cleanliness would speedily be extended to all parts of the metropolis.

The resolution was then put and agreed to.

Archdeacon Hale moved the appointment of a committee for the purpose of carrying the objects of the society into effect. He hoped that the institution would put an end to the domestic evils of washing with imperfect means—a practice which rendered the poor man's home uncomfortable, and which frequently drove him to the public-house.

Sir G. Larpent seconded this resolution, and said, that as an old merchant of London, he felt most anxious to do anything that tended to enlist the sympathies of the rich in favour of the poor.

Mr. Colquhoun, M.P., rose to propose the next resolution—

"That the Right Hon. and Right Rev. the Lord Bishop of London be requested to accept the office of president."

The proposition was hailed with applause, and the hon. gentleman expressed himself highly delighted that it met with such hearty approbation.

Mr. Wire seconded the motion with great pleasure.

The motion was passed unanimously, and with applause.

The Bishop of London said he accepted the honour conferred upon him with a desire to do all he could, consistent with the performance of other duties, to promote the object of the association. (Cheers.)

Mr. D. Salomons moved—

"That subscription lists be opened for contributions in aid of the institution,"

and expressed himself as highly gratified in being associated with so many of the clergy of London, and even the bishop of the diocese, together with many of his fellow-citizens, in the promotion of that object.

Mr. Alderman Johnson seconded the motion, which was agreed to.

The Rev. Dr. Russell moved—

"That the Right Hon. the Lord Mayor, Samuel Jones Loyd, Abel Smith, M.P., and Anthony De Rothschild, Esqrs., be requested to accept the office of trustees of the fund."

Mr. G. F. Young, in seconding the motion, congratulated the meeting on having heard the speeches of men occupying high, honourable, and responsible positions in the country.

Dr. Russell put the motion, which was unanimously adopted.

Mr. Cotton proposed the last resolution—

"That the cordial thanks of this meeting be presented to the Right Hon. the Lord Mayor, for the use of the Egyptian Hall this day, and for the kind assistance rendered by his lordship in promoting the object of the meeting."

Mr. Moon seconded the resolution, which was carried with applause.

The Lord Mayor briefly expressed himself gratified with the compliment.

The meeting then separated.

MEDICAL SOCIETY OF LONDON.

Monday, October 28, 1844.

DR. THEOPHILUS THOMPSON, PRESIDENT.

PNEUMONIA IN CHILDREN.

Dr. Scott Alison enquired whether members had of late seen much pneumonia among children. He had found it very prevalent and severe in St. Pancras. Occasionally, blood-letting and general antiphlogistic treatment succeeded in effecting a cure. In neglected cases it was fatal.

Dr. Golding Bird had seen much less of this disease in the out-patients at Guy's than was usual at this period of the year.

REMARKABLE SMALLNESS OF THE HEART.

Dr. G. Bird related the case of a delicate married woman, about twenty-four years of age, to whom he was called in consultation a few days since. She was then suffering from what appeared to be mild continued fever, characterized by no remarkable symptom. There was a slight tenderness over the lower part of the abdomen. She was much depressed; there was diarrhœa; the evacuations containing mucus, but only on one or two occasions slightly tinged with blood. She had lived an idle life, was somewhat chlorotic, and suffered from palpitations and shortness of breath on walking up stairs. She appeared to be going on tolerably well, except that during the following day she fainted several times, and on the day following that she fainted and did not recover. After death, the only remarkable appearance in the intestines was an inflammatory condition of the glands for about an inch and a-half of the lower part of the ileum. The brain was healthy, but bloodless; the chest normal, but the heart was so small as at first to be quite overlooked. It was not larger than that of a child of eleven years of age: it was healthy in respect to its valvular apparatus, but its parietes, generally, were remarkably thin. The aorta, when cut open, measured only an inch and a half across. Death would appear to have resulted from the depression consequent upon the fever and diarrhœa,—the heart, from its remarkable smallness and thinness, being unable, during that depression, to obey the stimulus of the blood.

Mr. Linnecar had at one time attributed the shortness of breath in young girls on going up stairs to some disease of the lungs. He had lately attributed these symptoms, however, to deficient power of the system generally.

The President referred to a case, published by Dr. James Johnson, of a gentleman who died suddenly with a disease which

puzzled all his medical attendants, the only uniform symptom being a quick and feeble pulse. Nothing remarkable was observed after death, except a peculiarly small heart, which was not bigger than a pigeon's egg.

Mr. HIRD referred to the case of a lady who died suddenly, having had no symptoms of heart disease. The heart was found remarkably small and attenuated, and at one point it had given way; the blood escaped into the pericardium, and death ensued.

The PRESIDENT related the case of a young lady belonging to a delicate and consumptive family, and who herself was thought by some to be suffering from phthisis; repeated examinations, however, failed to convince him that it was so. She fainted and palpitated on the least exertion. She died suddenly, after walking up stairs to bed. There was some emphysema of the lungs, but no tubercular deposit; the intestines and muscles were very thin, and the heart was peculiarly thin and small.

Dr. ALISON related two cases of fatal syncope which occurred during, and immediately after, an attack of fever.

Mr. RISDON BENNETT detailed the case of a gentleman suffering from symptoms of slight dyspepsia, with a sensation of fainting coming on occasionally, and also an impairment of one of the senses: he had a feeble pulse, and a feeble pulsating heart. He attributed the symptoms to an unusually small size of the heart.

PREPARATIONS OF IRON.

Some conversation followed on the preparations of iron, in which various members were in favour of various preparations.

WESTMINSTER MEDICAL SOCIETY.

Saturday, October 26, 1844.

DR. REID, PRESIDENT.

THE HYDROSTATIC TEST.

Dr. REID related the following case:—He had occasion, a short time since, in the instance of a young woman with a distorted pelvis, and her first child, to apply the perforator, it being found impossible to deliver by the forceps. The brain and medulla oblongata were completely destroyed before any efforts at removal were made. Before taking this step, the heart was beating. After delivery there was not the slightest sign of respiration. The body of the child was examined fourteen hours after death. On opening the chest, the lungs were at first not visible, the cavity being occupied by the heart and thymus gland. The lungs were discovered not at all expanded. The upper lobe of the right lung was of a red, brickdust colour, and crepitated. The entire lung floated. The fringes of the other lobes were also of a brick-red colour, and floated in water, but the other portions of these lobes sank. This case would seem to shew that the hydrostatic test was by no means infallible; for, in this instance, there were no signs of putrefaction, or of emphysema. It was almost impossible that the child could have breathed, and even admitting that this was a case in which respiration took place whilst the child was in utero—as in an instance recorded by Dr. Evory Kennedy—still it was difficult to explain why portions only of the lung were of a red colour, and floated. The case before the society would rather tend to confirm the observation of Dr. Guy, that there was a peculiar condition of the membrane generating air. It was known that children might live two days, and yet that the lungs, on being placed in water, would sink.

Mr. SNOW thought the case of Dr. Reid did not militate against the hydrostatic test, for, of course, other circumstances would always be taken into consideration by the medical man in forming his opinion. If the child had fairly breathed, the evidence, he thought, was unequivocal. Thus, the chest would be expanded and the lungs would float, supporting the heart also in the water; and portions of the lungs would still continue to float, if they were cut off, and the air as completely squeezed out as possible. The size of the ductus arteriosus and the ductus venosus might also assist in our diagnosis.

PHLEGMASIA DOLENS, GONORRHŒA, AND RHEUMATISM.

Mr. HANCOCK detailed the following case:—A man came under his care at the hospital with gonorrhœa, which had existed six or eight weeks; the discharge ceased, and the man was seized with gonorrhœal inflammation of the knee-joint; this spread to the ankle, and the wrist-joint. One morning he complained of great pain in one of the legs, and on making examination, it was found to be affected with complete phlegmasia dolens, and the femoral vein was evidently hardened. On examining the penis, the veins on its dorsum were hard as a cord, and thickened. Now might not the inflammation of the veins of the penis have spread to the pelvic veins, and afterwards to the veins of the leg? Phlegmasia dolens appeared to arise from inflammation of the uterine veins, and there seemed, throughout his case, to be something analogous, for in patients dying of inflammation of the veins, pus was often found in the joints. The patient, in this case, recovered under antiphlogistic treatment. This case might, perhaps, throw some light on cases related at the last meeting of the Medical and Chirurgical Society last session, and reported, at the time, in THE LANCET. He (Mr. Hancock) had seen cases of gonorrhœa in which, when the discharge suddenly ceased, there would be pleuritis, or inflammation of the joints. He had seen one case in which peritonitis came on from this cause.

Mr. VICKERS had seen a case of virulent gonorrhœa in which the dorsal vein of the penis was thickened, hardened, and inflamed. The thickness &c. could be traced to the veins in the groin, but not beyond.

Mr. LAMBE had usually seen "gonorrhœal rheumatism" as the result of over-doses of copaiba.

Mr. LAVIES had never seen inflammation of the veins as the result of gonorrhœa. Rheumatism was occasionally observed in connexion with the latter disease.

Mr. MARSON remarked, that pus in the joints, but not rheumatism, was a common occurrence in cases of inflammation of the veins. He related a case in point.

Mr. STREETER, in cases in which the joints became affected in connexion with gonorrhœa, had always found the discharge lessened, or entirely gone, at the time of the translation of the disease to the joints. When seen early, purgatives and antimonials, with fomentations to the affected parts, usually succeeded in relieving the patient.

Dr. CHANCE had not been able to trace the rheumatism to any particular plan of treatment of gonorrhœa.

HOSPITAL REPORTS.

THE MIDDLESEX HOSPITAL.

COMPOUND FRACTURE OF BOTH LEGS — DELIRIUM TREMENS — ERYSIPELAS—CURE.

CASE 1.—G. G——, aged thirty-four, carman, admitted into the Middlesex Hospital, under Mr. Tuson's care, March 1, 1844, with compound comminuted fractures of both legs. He stated that he was sitting upon the shaft of the van, slipped off, and fell down, when both wheels went over his legs. Both the tibia and fibula of the right leg were broken in several places; the skin over the tibia was bruised and lacerated irregularly to about an inch and a quarter; the fractured portion of the tibia protruding through the wound; extension reduced the bone in a fair position, and that leg was placed in junks, resting upon the calf. The left leg was broken in two or three places, both bones being fractured, and the skin lacerated and bruised. The application of extension soon reduced the fracture, and that leg was also placed in junks upon the calf; the edges of the wounds were now brought together with small pieces of adhesive plaster. The man stated that he had been in the habit of taking seven or eight pints of beer in the course of the day.

March 2nd.—The man had passed a restless night; skin hot and dry; bowels had not acted; pulse 104; tongue white; the legs were in a very good position. Cold lotion to be applied. Thirty drops of tincture of opium, in camphor mixture, to be taken immediately, and repeated at night.

3rd.—Had passed another bad night; could not sleep; tongue white; pulse 110; wiry; skin hot and dry; bowels had not acted. Repeat the draught ordered yesterday; after a dose of house medicine had acted, which he had just taken; a pint of porter.

4th.—He had a very restless night; could get no sleep; the medicine had acted several times; skin hot and dry; pulse 115; tongue white. The legs were doing well; neither of the wounds had healed; the strapping was removed, and cold bread poultices applied with cold lotion over each leg. Repeat the tincture of opium.

5th.—Had passed another bad night; pulse 120; tongue white; skin hot and dry; delirium, with much tremor. A pint of beer was ordered, with a grain of acetate of morphia. In the evening he was much in the same state; the delirium and tremor had increased. Another pint of porter, with a grain of acetate of morphia.

6th.—Had slept for several hours; pulse 100; tongue white; skin not so hot or dry; bowels had acted; delirium and tremor subsided. Two pints of beer to-day; beef-tea. Disulphate of quinine, three grains, in a wineglass of compound infusion of roses,

three times a-day; a night draught, with thirty drops of tincture of opium.

7th.—Had passed a good night; had slept for a few hours, and felt better; pulse 98; tongue white; bowels had not acted; legs doing well. Continue the two pints of beer, beef-tea, tonic, and night draught.

8th.—Had slept well last night, and going on favourably.

12th.—Had been gaining strength; legs going on favourably.

15th.—Still improving; slept very well with the draught, but could not get any sleep without it.

18th.—Had been going on well until this morning, when he complained of some uneasiness, which he could not describe, with pain in his head; skin hot; pulse 110; tongue white; bowels open; legs going on well.

19th.—Had passed a restless night; had several times been suffering from cold shivering fits; pulse 110; tongue white; skin hot; bowels had acted. The porter to be discontinued.

20th.—Erysipelas had made its appearance in the right leg; it had spread nearly as high as the knee. Skin hot; pulse 110; tongue white. Saline draught, with ten drops of solution of tartarized antimony, three times a-day.

21st.—Erysipelas spreading; it had attacked the other leg.

22nd.—Erysipelas about the same; pulse 98, weak; skin moist; tongue brown and dry in the centre; bowels open. Wine, four ounces; porter, a pint; decoction of bark, one ounce and a half, with one drachm of compound tincture of bark, three times a-day.

23rd.—Erysipelas somewhat better; pulse 96, weak; skin moist; tongue less dry.

24th.—Erysipelas less; pulse 96, weak; skin moist; tongue dry. Wine, twelve ounces; porter, two pints; discontinue the bark; disulphate of quinine, four grains, with one ounce of infusion of mint, with sulphuric acid, three times a day.

25th.—Erysipelas less, and altogether going on favourably.

From this time he gradually gained strength. Three or four abscesses formed in the legs, which were opened; soon healed; and the bones of both legs were sufficiently united to allow him to get up on the 10th of June; he moved about the ward with crutches, and was discharged on the 26th of the month. He has since been made an out-patient, and has visited the hospital several times; he can walk without the use of crutches, has great strength in the legs, and is perfectly well in health.

Mr. Tuson remarked that it was somewhat a rare occurrence for a man with compound fracture of both legs, with so impaired a constitution, and such irregularity in his mode of living, resident in London, to recover from the effects of the injury; and that he considered this a very favourable case. There was another man under his care some time since, with a very severe injury, whose case was extremely interesting in many points, but more particularly as the greater part of the metatarsal bone of the great toe of the right foot had exfoliated, the toe being saved, nature forming a complete union.

FRACTURE OF THE TIBIA AND FIBULA OF THE LEFT LEG—COMPOUND FRACTURE AND DISLOCATION OF THE METATARSAL BONE OF RIGHT FOOT, WITH FRACTURE OF THE THIRD AND FOURTH METATARSAL BONES—EXFOLIATION OF THE GREATER PART OF THE METATARSAL BONE OF THE GREAT TOE—CURE.

CASE 2.—S. M——, aged thirty-five, was admitted under Mr. Tuson's care, Aug. 18th, 1842. The accident happened shortly before admission, a wagon having passed over the foot and legs. The first metatarsal bone of the right foot was fractured, the anterior fragment dislocated from the phalanx of the great toe, and projecting through the integuments, so that the great toe was thrust down between it and the second metatarsal bone. The third and fourth metatarsal bones were fractured, but the skin not broken over them; the left tibia and fibula were also broken; the dislocation was reduced, and the edges of the wound brought together by strapping; twenty leeches were applied to the foot; the left leg placed in junks. He took saline and purgative medicine. On the fourth day, the end of the metatarsal bone again protruded, and could not be reduced. He was freely leeched three times; suppuration took place and continued; some matter formed in the instep, and small pieces of bone came away; poultices were applied. On the 10th Sept. he was allowed meat, and on the 13th, wine and tonics. The foot remained swollen, suppuration continued, which seemed beginning to impair his health. A consultation was held, and amputation thought of, but not performed. On the 11th October, the anterior fragment of the metatarsal bone exfoliated, and was drawn away by Mr. Tuson; it consisted of more than the half of the metatarsal bone; the fractured part extended downwards and backwards. In a few days gentle pressure was made on the foot by strips of soap plaster spread on linen. From this time consolidation of the textures went on; the great toe was drawn up by the contraction of the muscles, and became firmly attached to the part above the joints; and on Jan. 3, 1843, he could stand alone and walk well with a stick. The foot was a little deformed; the great toe was somewhat shorter than that on the other foot. He was discharged cured. According to the olden rules of surgery, the toe ought to have been removed; but in the modern improvements in this art, the part was saved, and remained useful to the patient. A case occurred after this at the hospital, where a finger was saved in the same way, the loss of which, of course, would have occasioned greater deformity, being situated in a part more apparent.

THE MEDICAL REFORM BILL.

To the Editor of THE LANCET.

SIR,—A late correspondent in the "Times" newspaper, has wisely suggested that medical men should direct their opposition to Sir J. Graham's proposed bill by means of their respective influence with individual members, rather than through the worn-out route of petition, the said article being a mere drug in the parliamentary market. Petitions are doubtless necessary; but more remains to be done. The great mass of our aristocracy and gentry neither know nor care one fig about the merits of our bill. In proof of the gross ignorance which prevails on the subject, I will cite two instances occurring in my own immediate neighbourhood.

One of our county members, when talking the other day of the bill with his medical attendant, replied, to his wife's question what the bill meant, "that it was a bill to centralize the medical profession, like the poor laws!" Again: shortly after a large meeting of the profession at Leamington, I was asked by a highly respectable clergyman there, the meaning of the bill. I explained it, to his great surprise, as he said he had understood it was to put down unqualified practitioners and quackery! I fear these are too common examples of the amount of knowledge possessed by those who ought to be better informed on the matter. The bill itself is so gross, that it only requires to be understood, to be defeated; but I much fear we shall find the ignorance of our lawgivers the greatest obstacle to successful opposition. Let those among us who have influence with members of parliament and gentry, (and there is, perhaps, no body of men which possess more influence over individuals,) exert themselves—towards causing a correct understanding of the meaning and merits of the bill. It is impossible to predicate the result of ignorance; but I cannot believe many men would be found, well informed on the subject, who would vote for a measure, the avowed object of which is to let loose the whole tribe of quacks and uneducated men upon themselves and families, denying them the protection which is, singularly enough, afforded to the inmates of our gaols, our prisons, our soldiers, and sailors.

I am, sir, your very obedient servant,

AN OLD SUBSCRIBER.

Sept. 16th, 1844.

ON THE ACTION OF MERCURY IN INFLAMMATORY DISEASES.

To the Editor of THE LANCET.

SIR,—I was much gratified by the perusal of Dr. Turnbull's paper in THE LANCET for Sept. 28th; but I cannot coincide with its author, nor with M. Andral, that mercury acts, when given in inflammatory diseases, as a counter-irritant or derivative, as shewn by its specific effect upon the mouth; for I firmly believe (notwithstanding the four cases adduced by Andral to prove the contrary) that when mercury acts beneficially in inflammation, it does so by effecting a decided change in the constitution of the blood itself. Dr. Samuel Wright, in his unpublished Prize Thesis, Edin. 1840, says that "the specific action of mercury materially changes the blood, rendering it more watery, more prone to putrefaction, less charged with albumen, colouring globules, and fibrin, and loaded with a very fetid fatty matter." Dr. Wright's experiments upon the preparations of mercury were conducted, with the utmost care and labour, over a period of two years; the results were embodied in a thesis, for which a gold medal was adjudged by the medical faculty of the Edinburgh University. Is it not to be regretted, therefore, that this valuable matter has been kept from the profession so long—viz., a period of four years? Had it been published, I am satisfied that Dr. Turnbull would not have considered the four cases of M. Andral of so conclusive a character, being so diametrically opposed to the results of Dr. Wright's extended inquiries.

I remain, your obedient servant,

M. D.

Glasgow, Oct. 4, 1844.

MEDICAL REFORM AND THE CHEMISTS AND DRUGGISTS.

To the Editor of THE LANCET.

SIR,—In connexion with a letter in your last number, entitled, "A Chemist's Opinion on Medical Reform," allow me to call the attention of your readers to the editorial article of the "Pharmaceutical Journal" for the present month, which I believe to represent the feeling of the most respectable part of the chemists and druggists, who, far from being pleased with the unrestrained licence given them by the present government measure, consider it, to use the language of the journal, "no compliment or advantage to be permitted by law to act without restraint as medical practitioners;" and in another part, the opinion is expressed, that "we should gain nothing by becoming to all intents and purposes medical practitioners; on the contrary, this would divert us from our legitimate office; in proportion as we gained ground in this department, we should lose it in our own."

These extracts, and the whole tenour of the article, go to shew, that the body of which the "Pharmaceutical Journal" is the organ, are not satisfied with the proposed bill; that chemists and druggists are in favour of restrictions, even as applied to themselves, and only wish to be placed upon a proper footing in their own department.

Knowing that the medical profession generally think that this measure is received by chemists as a boon, I wish to correct such an impression, and to suggest whether it would not be to the interest of both parties to come to some understanding with each other, by which their efforts may be united to obtain a system of medical legislation, satisfactory to themselves, and of real benefit to the public.

I am, sir, yours, &c.,

A CHEMIST.

City, Oct. 16th, 1844.

THE "PURE" COUNCIL OF THE COLLEGE.

To the Editor of THE LANCET.

MR. EDITOR,—I see that a correspondent of yours, under the signature of "Detur Digniori," has cruelly gibbetted the "Council of the College," in the persons of two of its members, Messrs. Lawrence and Stanley, "arcades ambo," and has placed that singularly anomalous body of self-elected incapables upon the horns of the following most unpleasant dilemma: either that two of them have violated an agreement which they, in conjunction with the rest of the council, had come to in respect to not interfering personally at the late election of councillors, or else that two of them have deliberately asserted that which is false. It is a very pretty quarrel as it stands, and I leave Messrs. Lawrence and Stanley to settle it with your correspondent.

I am, Mr. Editor, yours, &c.,

UBI DOLOR, IBI DIGITUS,

October 14th, 1844.

THE BIRMINGHAM SCHOOL OF MEDICINE.—PROFESSOR TILLEY.

To the Editor of THE LANCET.

SIR,—If I understand right, THE LANCET advocates the cause of the provincial schools. If so, you would do well to keep a sharp eye on some of them, in order that they may not, by folly or misdeed, disgrace your advocacy.

The Birmingham School has lately sent out two printed documents, to which I would call your attention.

The one is an advertisement of a school of chemistry. The first paragraph runs as follows:—

"The great advantages of chemical knowledge are universally admitted, and the want of *all opportunities* of acquiring such knowledge in this country is *universally* felt."

With what conscience can PROFESSOR TILLEY put forth this statement in a country where Graham, Faraday, Brande, Daniell, Kane, Gregory, Apjohn, Johnson, and a host of others, equal, at least, to the Birmingham professor in reputation, are public teachers of chemistry?

Perhaps Mr. Tilley founds his belief in the superiority of the Birmingham school on the fact of there being *two* professors of chemistry in it.

The other is a printed catalogue of the museum of the Birmingham College, forty-two pages long, and thrice as many years behind the present state of science.

I am, sir, your obedient servant,

MEDICUS.

London, Oct. 18th.

THE ROYAL FREE HOSPITAL.

NOTE FROM MR. ECCLES.

To the Editor of THE LANCET.

SIR,—I beg leave to trouble you with a few remarks on some points of Dr. Costello's letter, which appeared in your last number; premising that, eschewing personality, I will confine myself as much as possible to matters of fact; and I hope I shall not have occasion to address you again on the subject.

Dr. Costello says, that "after mature deliberation," there were "entrusted to his charge such of the *hospital patients* as might be afflicted with stone." Now, this is not a correct statement; the facts of the case are these:—As a matter of courtesy and friendly feeling towards Dr. Costello, permission was given him to make use of two beds for such patients as *he* might choose to bring into the hospital; and had Dr. Costello contented himself with this arrangement, instead of assuming a position to which he had no right, he would have met with every politeness and co-operation from all connected with the institution.

In accordance with this privilege, two patients were admitted during the first week of September: these were not the legitimate patients of the hospital, but were sought after and sent in by Dr. Costello himself; and on Saturday, the 7th of September, one of them was operated on. Now this is the case and the operation to which Mr. Sherwood's note has reference, and for the confirmation of whose contents Dr. Costello refers to Dr. Weatherhead.

As I am mentioned by name in Mr. Sherwood's note, I assume the right of making, to use his own words,—"on that performance a few observations." Mr. Sherwood, in alluding to the operation, states—1. that when the crash was heard, *I* remarked on the circumstance;—2. that, on the patient expressing a wish to make water, my colleagues and I were called from *another part of the ward*, and that, *in our presence*, fragments of stone *were voided*;—3. that "Dr. Weatherhead timed the operation, which took exactly thirty seconds."

Now, without wishing for a moment to impugn Mr. Sherwood's veracity, I beg leave—1. to deny that *I* either heard the crash, or remarked on the circumstance;—2. to deny that fragments of stone were voided *in our presence*; for, when we were recalled, we were not in *another part of the ward*, but had crossed the court-yard of the hospital, on our way to *another ward*, and before we could return across the court and upstairs to the bedside of the patient, he had already voided the water which had been injected before the operation, and with it a very small portion of the detritus of a fragment; for (and this circumstance was carefully withheld in the report of the operation) the stone had been broken down *a few days before* the patient entered the hospital, while in private lodgings, and the man was slightly remonstrated with for not having brought with him the pieces of stone he had already passed;—3. to deny *that Dr. Weatherhead was present*; and therefore he could not have timed the operation. My recollection on this point is accurate, and I am borne out by the notes of the porter of the hospital, whose duty it is to put down the names of all who visit the institution, whether medical officers or others; and on the 7th of September, amongst other names in the porter's book, appear those of "Dr. Costello and *Friend*," but there is no "Dr. Weatherhead."

I am, Sir, your obedient servant,

WILLIAM ECCLES.

Old Broad-street, Oct. 28, 1844.

NOTE FROM MR. GAY.

To the Editor of THE LANCET.

SIR,—Will you kindly permit me a space in your valuable pages, for the following remarks upon Dr. Costello and his letter of last week?

Dr. Costello terms the dispute between him and myself and colleagues, "a personal squabble of great insignificance;" and yet treats this very frivolous matter with as much importance as though *something* of the utmost consequence to himself were staked upon its issue. And, Sir, *I* think in accordance with his *practical* view of the matter; because its decision may tend either very considerably to raise or lessen the value which any who feel an interest in the Doctor's professional statements may for the future place in them.

Many months since, Dr. Marsden intimated to me that Dr. Costello, who was presumed to be a member of the Royal College of Surgeons, would be permitted the use of *two beds* in a ward of the Royal Free Hospital, "*for the reception of his poor or houseless patients* afflicted with stone." These were the terms written by myself, *from Dr. Marsden's dictation*, in the presence of Mr. Eccles, within the last three weeks. Now, Sir, it remains to be seen, what use Dr. Costello made of this act of courtesy; and whether, when authorizing and making public the statements in reference

to it which follow, he was aware that they were not in accordance with the terms of his privilege, and were consequently *untrue*.

A few months elapsed, and I and my colleagues were somewhat surprised by hearing that a weekly journal contained the following announcement:—"Royal Free Hospital.—A *ward* has been liberally set apart, we have been glad to hear, in this prosperous Institution, for the treatment of calculous diseases. The service has been confided to the able management of Dr. Costello, and cannot fail to prove a boon to many an unhappy sufferer. * * * The University College Hospital refused an application for a ward to be devoted to the reception of this class of patients, although it was backed by the recommendation of Dr. Elliotson. * * * Earnestly *proposed* by Mr. Liston, *on behalf of the eminent lithotrotist whose appointment we now record, it was as earnestly opposed by Mr. Liston in committee*," &c. &c. Now, Sir, the fact that a similar puff was sent *to you, enclosing Dr. Costello's card*, is a sufficient proof that it emanated from that individual. By an extraordinary power of clairvoyance, and in consequence of this "squabble," the Doctor now recollects that it was not "a ward" which was so liberally provided for him, but "two beds;" and it appears, from his own account, which follows, that the limits of his privilege were distinctly made known at the time that it was first communicated to him; for he says—"After mature deliberation," Dr. Marsden "entrusted to my charge * * * *appointing* two beds, especially *for lithotrity* cases."

Well, Sir, this specious assertion respecting the "ward," as it was made in a contemptible periodical, claimed no farther attention until after the lapse of another month, when a paper appeared, headed—"Dr. Costello, Surgeon-Lithotrotist to the Royal Free Hospital." As a personal remonstrance with its author did not prevent the republication of this assumed title, a note was written by Messrs. Jones, Eccles, and myself, stating to the profession, through the medium of your journal, that "the minutes of the hospital contain no record whatever of any such appointment." This was also unheeded; and as if to confirm the fact of such an appointment having been made, and so to refute the contradiction just referred to, Dr. Costello appended to an account of an operation at the hospital, at which I was accidentally present, the following sentence:—"My colleagues, Dr. H. Weatherhead, Mr. Greville Jones, Mr. Eccles, and Mr. Gay, honoured this my first performance with their presence."

Now, Sir, I will confront these statements with Dr. Costello's defence. His accomplice, the editor of the journal already referred to, says—"Announcing, first, that the notice of Dr. Costello, as Surgeon-Lithotrotist to the Royal Free Hospital, *was our work, and not his*," &c. If this be true, I ask, was the announcement of myself, Messrs. Eccles and Jones, as Dr. C.'s colleagues, in the middle of a paper published many weeks afterwards, the work of this accomplice also? If the first statement was known to be true, what necessity was there that the responsibility of having made it should be so zealously eschewed by some anonymous and contemptible "scribbler?" And if known to be untrue, what amount of audacity, after so much warning, induced Dr. Costello to repeat it, in substance, in a still more offensive form? But it will further appear, from Dr. Costello's own confession, that he made the statement with a full knowledge that such an appointment had never been made, and that, consequently, the assumption of the disputed title was fraudulent. Dr. C. says, in his defence, "It is because *this de facto appointment has not yet had its formal ratification on the minutes of the hospital*, that Messrs. Eccles, Gay, and Jones, in their moderate estimate of the worth of a professional man's repute, have felt themselves justified in dragging me before the public, *to get it believed that I have no connexion with the hospital, and have it inferred that I have been guilty of all sorts of falsehoods and dishonourable acts in allowing it to be supposed that I had.*" This is the climax; this is all I want—viz., the truth. And here it is, shining from a dark quarter.

And now, as Dr. Costello has sought for refuge behind Dr Marsden, let me ask him, whether his memory will serve to recollect the fact, that Dr. Marsden forbade him the use of the title referred to soon after its first publication? Whether Dr. M. did not obtain a promise that it should be no longer used? and whether this promise was kept? And let me tell Dr. C., that the following note was dictated by Dr. Marsden, and would have been sent for publication by the secretary, *officially*, had that gentleman been in town at the time, "To the Editor of ———. Sir,—Perceiving, by your publication of last week, a report from Dr. Costello, in which he states himself to be 'Surgeon-Lithotrotist to the Royal Free Hospital,' I beg leave to state, for your information and that of your readers, that there is no such officer attached to this hospital. I am, Sir, &c."

I think now, Sir, it is tolerably apparent that the charges of Dr. Costello's having made statements which were inconsistent with truth, have been corroborated by his own defence to those charges; and it was only when I found that he used the privilege granted him for the purpose of making dishonest reports and ungenerous insinuations, that I felt it to be due to the profession at large, and to myself, as an hospital surgeon of many years' standing, to make a full disclosure of the truth. Dr. Costello will probably pardon my transferring the following passage from the Essays of Bacon:—"It will be acknowledged even by those that practise it not, that clear and round dealing is the honour of man's nature; and that mixture of falsehood is like alloy in coin [of gold and silver, which may make the metal work the better; *but it embaseth it.*"

I am, Sir, most obediently yours,

JOHN GAY, F.R.C.S.E.,

Surgeon to the Royal Free Hospital, &c.

12, Pavement, Oct. 30, 1844.

P.S.—It is not true that I commenced a conversation with Dr. Costello's friend Waldron, or that I used the term "humbugging him." The poor fellow certainly complained to me that he had come into the hospital under Dr. C.'s care with a stone in his bladder, and was likely to carry it out with him. The terms above are not unlikely, under these circumstances, to have been a figment of his own brain.

NEWS OF THE WEEK.

ROYAL COLLEGE OF SURGEONS IN EDINBURGH.—At a meeting of the Royal College of Surgeons, held on Wednesday, the 16th inst., the following office-bearers for the ensuing year were chosen:—James Simson, M.D., President; Alexander Monro Macaulay, M.D., Treasurer; Robert Omond, M.D., Secretary; Henry Goodsir, M.D., Conservator of Museum.

COLLEGE OF PHYSICIANS OF LONDON.—A meeting of the Fellows of the College was held a few days since for the purpose of discussing the bill of Sir James Graham. A considerable difference of opinion prevailed respecting the effect which that measure was likely to exert on the medical profession. After considerable discussion, it was determined to refer the subject to a select committee, which was instructed to meet and requested to report to a general meeting.

The new bill of Sir James Graham, it is said, already appears to have had an injurious effect on the medical schools. The number of students has very much diminished. It is said that there is not a school in London, with one exception, which has not fewer students this session than at the commencement of any previous medical year. Guy's, we hear, has a wretched a number of students; and Bartholomew's, with its "collegiate advantages," is miserably off. Of course, the provincial schools may have taken away some pupils, but this cause is not sufficient to explain the general and remarkable falling off.

The Westminster Hospital board have advertised for a dentist to the institution. Hitherto, we believe, no member of the college has started as a candidate. Should such a qualified person enter the field he would probably be the successful competitor.

We have heard that the council of the Medical Society of London intend to petition against the objectionable clauses of Sir James Graham's bill.

It is a remarkable fact, that the cities of London and Westminster are almost the only places of consequence in England in which as yet no meetings against Sir James Graham's bill have been held. We know that the practitioners of both localities are strenuously opposed to some of the clauses of the measure, and many are anxious to express their opinion publicly of the matter. Why do they not follow the example which has been set them?

The celebrated Professor of Anatomy and Physiology, Dr. Ritter von Scherer, died at Vienna, on the 10th ult. He was vice-director of the Imperial (Joseph's) Academy, in the Austrian capital, and from his extensive learning and professional acquirements, was considered one of the most eminent men of his age in Germany.

Professor Liebig, after a lengthened sojourn in this country, left on Thursday week for Germany. The learned professor delayed his departure in order to be present at the royal entertainment on Monday last, on the occasion of the opening of the Royal Exchange. It was in contemplation to have given a public entertainment to that eminent savant, but from being necessitated to officiate at the Giessen University, the lectures at which foundation commenced a week ago, he was obliged to decline the pressing invitations he had received from several scientific bodies.

The following gentlemen have been appointed to form the standing committee of Liverpool, relative to Sir James Graham's

bill:—Dr. Jeffreys; Dr. Formby; Sir Arnold Knight, M.D.; Dr. Freckleton; John P. Halton, Esq.; Dr. Sutherland; James Long, Esq.; Dr. Dickinson; Samuel M'Culloch, Esq.; Edward Batty, Esq.; William H. Bainbrigge, Esq.; John L. Minshull, Esq.; and King Ellison, Esq. Very courteous and satisfactory answers have been received, and read to the committee, from Sir James Graham, the four members for the county, and the two members for the borough.

A half-yearly general court of the members of the Society for Relief of Widows and Orphans of Medical Men in London and its vicinity, was held last Wednesday evening, at the Gray's Inn Coffee-house, Holborn, and was very numerously attended. Dr. Mann Burrows, V.P., in the chair. After the minutes of the last general court and of the subsequent courts of directors had been read and confirmed, a ballot took place for the election of officers. Sir Charles Mansfield Clarke, Bart., the senior vice-president, was unanimously elected president, in the room of the late Sir Henry Halford; Dr. Latham was elected a vice-president, in his place; and Mr. John Hunter, of Mincing-lane, acting-treasurer, in place of Mr. Bacot, who resigned. The other vice-presidents, treasurers, and directors, were re-elected. In place of the six senior directors, who retired in rotation, the following gentlemen were chosen as directors:—Drs. S. W. Merriman and Alex. Sutherland, Messrs. Bacot, Walne, Miles, and Headland. Much regret was expressed at the widows and orphans lately relieved having received smaller annual grants than those previously on the list; but it was shewn that after giving the subject the very fullest consideration, the court of directors did not feel warranted by the state of the funds in making larger grants at present, for although the capital continues to increase every year, the number of applicants increases still more rapidly. The capital invested with the commissioners for the reduction of the national debt amounts to 42,000*l.*, and yields an annual income of 1550*l.* 33 widows and 23 children now receive relief; the former 35*l.* or the latter 12*l.* or 8*l.* per annum. It is earnestly to be hoped that this society may receive such universal support from members of the profession, that it may continue to confer on the widows and orphans of the less affluent those benefits which for the present it has so efficiently afforded.

UNION AT SYDNEY, N.S.W.—A meeting of the medical practitioners of this city, was held lately, at the Dispensary, for the purpose of forming an association for mutual protection and aid on all subjects connected with the profession. On the motion of Dr. M'Kellar, the meeting constituted itself "The Australian Medico-chirurgical Association of Australia." Dr. Bland was elected president; Drs. Nicholson and Wallace, vice-presidents; and Mr. George Bennett, Esq., secretary and treasurer.

MORTALITY TABLE.

The deaths in the metropolis for the week ending October 26th, 935. The weekly average of the last five years is 946, of the last five winters, 990.

Zymotic (or epidemic, endemic, and contagious) diseases....	248
SPORADIC DISEASES—	
Dropsy, cancer, and other diseases of uncertain or variable seat	95
Diseases of the brain, spinal marrow, nerves, and senses..	141
Diseases of the lungs, and of the other organs of respiration	267
Diseases of the heart and blood-vessels	35
Diseases of the stomach, liver, and other organs of digestion	57
Diseases of the kidneys, &c.	2
Childbirth, diseases of the uterus, &c.	8
Rheumatism, diseases of the bones, joints, &c.	6
Diseases of the skin, cellular tissue, &c.	2
Old Age	52
Violence, privation, cold, and intemperance	19
Unspecified cause	3
Total	935

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Gentlemen admitted members:—Friday, October 25, 1844.—T. Dobson; C. Jewison; H. Brook; J. Brown; W. Bayes; F. A. Crisp; W. Bowden; C. Ede; J. W. Harrison; B. Cawthorne.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who have obtained certificates of qualification to practise as Apothecaries:—Thursday, October 24, 1844.—Alfred William Gabb, Abergavenny; Henry Hiller, Sheffield; William Fenton; James Seymour Leeson.

CORRESPONDENTS.

We have been requested by Mr. John Green Crosse, of Norwich, whose name we published in our list of Fellows of the College of Surgeons, to state that he has not been made a fellow of the college.

We find that Mr. Edward Ward Walter Raleigh, Calcutta, whose name does not appear in the list we published, is a fellow of the late creation.

A Looker-on (Manchester).—No, to the first question. The facts in the second have not been clearly stated. On what day was the "consultation" held, and when was the operation performed?

A Surgeon.—The reporters for the Public press were excluded from the Medical Meeting held at Hereford. The "resolutions," we understand, were not sufficiently strong against the Bill to satisfy the practitioners of the county generally.

An Edinburgh Graduate of 1827.—Such a qualification, if the party were duly registered, would enable him to practise in any part of the kingdom.

A Subscriber of 14 *years.*—In the Tariff of 1842.

T. D. J.—There is no clause in Sir J. Graham's Bill which would prevent a licentiate of the College of Physicians from practising as a general practitioner, and dispensing his own medicines. At the same time, by thus dispensing, a licentiate would be acting in direct opposition to the laws of his college.

The letter of *Mr. J. W. Workman* shall be published, we hope, next week.

Z. A. asks the following questions:—

Can a medical witness object to make a post mortem examination, alleging, as an excuse, that he might by accident wound and endanger himself?—A. He cannot lawfully refuse.

Can the same witness safely state, without a post mortem examination, that a new-born infant found floating in a pond, carefully sewn up in a wrapper, well formed, healthy looking, and at the full period of gestation, and supposed to have been thus placed there about five days previous, was still born?—A. Certainly not.

Was the coroner justified in allowing the inquiry to terminate without such examination?—A. Not being acquainted with *all* the facts of the case, we cannot answer this question.

Had the coroner power to compel an unmarried female to submit to the necessary examination by a professional man for the purpose of ascertaining whether she had been recently delivered of a child, as was alleged against her, the suspicions being of the strongest kind?—A. He had.

If this said female (since the termination of the inquest) admits having delivered herself of a child, and placed it in a situation where it cannot be found, can she now be punished for the act of concealment?—A. Such a confession is not sufficient evidence to convict her.

The "remonstrance" sent to us last week by *Mr. Edwin Lee*, having been sent to, and printed in, a trumpery publication, we cannot admit it into our columns.

A Lover of the Fine Arts, who states that—"having seen in an advertisement that the portrait of DR. FORBES WINSLOW had been painted, and being anxious to possess a picture of my Tom-cat, I wish to learn the name of the artist," had better apply to the Doctor himself. The censure so liberally bestowed upon our publisher, for inserting the advertisement, is assuredly undeserved.

A.B., M.R.C.S., and *L.A.C.*—The employer; but there is no generosity in such a practice.

A Petition.—We should like to see the gentleman who addressed a private note to us from "————, Westminster," on the subject mentioned in his communication.

A Subscriber, (Guildford-street.)—Not yet, we believe. It *is* an "extraordinary arrangement," and strongly invites discussion. There is but one remedy.

A Poor Man, (Somers Town.)—On receiving a private address, the question shall be answered.

Richard Scratch, who has made such strange discoveries in Air-Street, Paddington, should authenticate his statement by sending to us his real name and address confidentially.

B. H. Allnatt, M.D.—The note relative to the inquests shall be published.

Aliquis, (Leigh, near Manchester.)—The warrant ought not to have been addressed to *C. D.* The case altogether belonged to *A. B.*, who unquestionably, according to every acknowledged rule of professional etiquette, is entitled to the fee. The *Statute Law*, however, does not award it to him.

H. B. T. (Louth.)—We fear that the communication which was sent to us in August was not acknowledged. We have received such a prodigious number of "heads" and "suggestions" for a bill, that we could not publish a twentieth part of them. The "*brief outline*, consisting of forty-four heads," has been duly considered.

We are not acquainted with any analysis of ivory tusks of the wild boar-hippopotamus.

The paper of Mr. J. Thompson, of Aberfeldy, Perthshire, shall be inserted in an early number.

There are many cases on record in the annals of medical science in which the circumstance alluded to by Beta has occurred.

We are really unable to give Mr. J. M. Lewis any advice about the course to be adopted by his protegée. The profession is acquainted with numerous caustics which would in all probability be as beneficial in the case related as the one applied. We question the value of the remedy in the cases alluded to.

The letter of Mr. James Teague shall be inserted next week.

Gorse-bush.—He can obtain the licence, without any difficulty, on applying to the Inspector of Anatomy. The charge is two guineas.

We have looked over the books and pamphlets yet unreviewed, but in vain, for the work on Quacks and Quackery from our Leeds correspondent. As it has not been announced among the books, we conclude that it has not been received.

If *F. W. P.* would address a short note to the parties to whom he has made a reference, we will publish it in the LANCET, when probably he will obtain the information he requires.

Communications have been received from Mr. Augustus Eves, Justus et Tenax, Mr. D. Ens, Mr. Gossett, Mr. J. G. Crosse, (Norwich), Mr. J. Prichard, Dr. Wansbrook, Mr. R. Ripley, Mr. Samuel Brydges, Mr. James Gates, One who gives value for a Shilling, J. O., Mr. Henry Oliver, (Stilton,) M.D. (Bath), Anon, An adjoining Surgeon, A Subscriber of Fourteen Years, Dr. Southby, (Dover,) Mr. Henry Gervis, (Hackney,) A. B. W., (Thornton,) Mr. A. W. Burmester.

ERRATA.—In Mr. Gutteridge's letter on the prussic acid case at Birmingham, printed in our last Number, page 146, in the third paragraph, for "*little more than one and three quarters*," read "*little more than one and a half.*" Again, in the eighth paragraph, for "*convulsive effects of prussic acid*," read "*cumulative effects of prussic acid.*"

In the list of gentlemen who took out the licence of the Apothecaries' Society, published in our last Number, the name *Robert James* is printed instead of *Robert Barnes*.

to it which follow, he was aware that they were not in accordance with the terms of his privilege, and were consequently *untrue*.

A few months elapsed, and I and my colleagues were somewhat surprised by hearing that a weekly journal contained the following announcement:—"Royal Free Hospital.—A *ward* has been liberally set apart, we have been glad to hear, in this prosperous Institution, for the treatment of calculous diseases. The service has been confided to the able management of Dr. Costello, and cannot fail to prove a boon to many an unhappy sufferer. * * * The University College Hospital refused an application for a ward to be devoted to the reception of this class of patients, although it was backed by the recommendation of Dr. Elliotson. * * * Earnestly *proposed* by Mr. Liston, *on behalf of the eminent lithotrotist whose appointment we now record, it was as earnestly opposed by Mr. Liston in committee*," &c. &c. Now, Sir, the fact that a similar puff was sent *to you, enclosing Dr. Costello's card*, is a sufficient proof that it emanated from that individual. By an extraordinary power of clairvoyance, and in consequence of this "squabble," the Doctor now recollects that it was not "a ward" which was so liberally provided for him, but "two beds;" and it appears, from his own account, which follows, that the limits of his privilege were distinctly made known at the time that it was first communicated to him; for he says—"After mature deliberation," Dr. Marsden "entrusted to my charge * * * *appointing* two beds, especially *for lithotrity* cases."

Well, Sir, this specious assertion respecting the "ward," as it was made in a contemptible periodical, claimed no further attention until after the lapse of another month, when a paper appeared, headed—"Dr. Costello, Surgeon-Lithotrotist to the Royal Free Hospital." As a personal remonstrance with its author did not prevent the republication of this assumed title, a note was written by Messrs. Jones, Eccles, and myself, stating to the profession, through the medium of your journal, that "the minutes of the hospital contain no record whatever of any such appointment." This was also unheeded; and as if to confirm the fact of such an appointment having been made, and so to refute the contradiction just referred to, Dr. Costello appended to an account of an operation at the hospital, at which I was accidentally present, the following sentence:—"My colleagues, Dr. H. Weatherhead, Mr. Greville Jones, Mr. Eccles, and Mr. Gay, honoured this my first performance with their presence."

Now, Sir, I will confront these statements with Dr. Costello's defence. His accomplice, the editor of the journal already referred to, says—"Announcing, first, that the notice of Dr. Costello, as Surgeon-Lithotrotist to the Royal Free Hospital, *was our work, and not his*," &c. If this be true, I ask, was the announcement of myself, Messrs. Eccles and Jones, as Dr. C.'s colleagues, in the middle of a paper published many weeks afterwards, the work of this accomplice also? If the first statement was known to be true, what necessity was there that the responsibility of having made it should be so zealously eschewed by some anonymous and contemptible "scribbler?" And if known to be untrue, what amount of audacity, after so much warning, induced Dr. Costello to repeat it, in substance, in a still more offensive form? But it will further appear, from Dr. Costello's own confession, that he made the statement with a full knowledge that such an appointment had never been made, and that, consequently, the assumption of the disputed title was fraudulent. Dr. C. says, in his defence, "It is because *this de facto appointment has not yet had its formal ratification on the minutes of the hospital*, that Messrs. Eccles, Gay, and Jones, in their moderate estimate of the worth of a professional man's repute, have felt themselves justified in dragging me before the public, *to get it believed that I have no connexion with the hospital, and have it inferred that I have been guilty of all sorts of falsehoods and dishonourable acts in allowing it to be supposed that I had.*" This is the climax; this is all I want—viz., the truth. And here it is, shining from a dark quarter.

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NEWS OF THE WEEK.

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CORRESPONDENTS.

We have been requested by Mr. John Green Crosse, of Norwich, whose name we published in our list of Fellows of the College of Surgeons, to state that he has not been made a fellow of the college.

We find that Mr. Edward Ward Walter Raleigh, Calcutta, whose name does not appear in the list we published, is a fellow of the late creation.

A Looker-on (Manchester).—No, to the first question. The facts in the second have not been clearly stated. On what day was the "consultation" held, and when was the operation performed?

A Surgeon.—The reporters for the Public press *were* excluded from the Medical Meeting held at Hereford. The "resolutions," we understand, were not sufficiently strong against the Bill to satisfy the practitioners of the county generally.

An Edinburgh Graduate of 1827.—Such a qualification, if the party were duly registered, would enable him to practise in any part of the kingdom.

A Subscriber of 14 *years.*—In the Tariff of 1842.

T. D. J.—There is no clause in Sir J. Graham's Bill which would prevent a licentiate of the College of Physicians from practising as a general practitioner, and dispensing his own medicines. At the same time, by thus dispensing, a licentiate would be acting in direct opposition to the laws of his college.

The letter of *Mr. J. W. Workman* shall be published, we hope, next week.

Z. A. asks the following questions:—

Can a medical witness object to make a post mortem examination, alleging, as an excuse, that he might by accident wound and endanger himself?—A. He cannot lawfully refuse.

Can the same witness safely state, without a post mortem examination, that a new-born infant found floating in a pond, carefully sewn up in a wrapper, well formed, healthy looking, and at the full period of gestation, and supposed to have been thus placed there about five days previous, was still born?—A. Certainly not.

Was the coroner justified in allowing the inquiry to terminate without such examination?—A. Not being acquainted with *all* the facts of the case, we cannot answer this question.

Had the coroner power to compel an unmarried female to submit to the necessary examination by a professional man for the purpose of ascertaining whether she had been recently delivered of a child, as was alleged against her, the suspicions being of the strongest kind?—A. He had.

If this said female (since the termination of the inquest) admits having delivered herself of a child, and placed it in a situation where it cannot be found, can she now be punished for the act of concealment?—A. Such a confession is not sufficient evidence to convict her.

The "remonstrance" sent to us last week by *Mr. Edwin Lee*, having been sent to, and printed in, a trumpery publication, we cannot admit it into our columns.

A Lover of the Fine Arts, who states that—"having seen in an advertisement that the portrait of Dr. Forbes Winslow had been painted, and being anxious to possess a picture of my Tom-cat, I wish to learn the name of the artist," had better apply to the Doctor himself. The censure so liberally bestowed upon our publisher, for inserting the advertisement, is assuredly undeserved.

A.B., M.R.C.S., and *L.A.C.*—The employer; but there is no generosity in such a practice.

A Petition.—We should like to see the gentleman who addressed a private note to us from "————, Westminster," on the subject mentioned in his communication.

A Subscriber, (Guildford-street.)—Not yet, we believe. It *is* an "extraordinary arrangement," and strongly invites discussion. There is but one remedy.

A Poor Man, (Somers Town.)—On receiving a private address, the question shall be answered.

Richard Scratch, who has made such strange discoveries in Air-Street, Paddington, should authenticate his statement by sending to us his real name and address confidentially.

B. H. Allnatt, M.D.—The note relative to the inquests shall be published.

Aliquis, (Leigh, near Manchester.)—The warrant ought not to have been addressed to *C. D.* The case altogether belonged to *A. B.*, who unquestionably, according to every acknowledged rule of professional etiquette, is entitled to the fee. The *Statute Law*, however, does not award it to him.

H. B. T. (Louth.)—We fear that the communication which was sent to us in August was not acknowledged. We have received such a prodigious number of "heads" and "suggestions" for a bill, that we could not publish a twentieth part of them. The "*brief outline*, consisting of forty-four heads," has been duly considered.

We are not acquainted with any analysis of ivory tusks of the wild boar-hippopotamus.

The paper of Mr. J. Thompson, of Aberfeldy, Perthshire, shall be inserted in an early number.

There are many cases on record in the annals of medical science in which the circumstance alluded to by Beta has occurred.

We are really unable to give Mr. J. M. Lewis any advice about the course to be adopted by his protegée. The profession is acquainted with numerous caustics which would in all probability be as beneficial in the case related as the one applied. We question the value of the remedy in the cases alluded to.

The letter of Mr. James Teague shall be inserted next week.

Gorse-bush.—He can obtain the licence, without any difficulty, on applying to the Inspector of Anatomy. The charge is two guineas.

We have looked over the books and pamphlets yet unreviewed, but in vain, for the work on Quacks and Quackery from our Leeds correspondent. As it has not been announced among the books, we conclude that it has not been received.

If *F. W. P.* would address a short note to the parties to whom he has made a reference, we will publish it in the Lancet, when probably he will obtain the information he requires.

Communications have been received from Mr. Augustus Eves, Justus et Tenax, Mr. D. Ens, Mr. Gossett, Mr. J. G. Crosse, (Norwich), Mr. J. Prichard, Dr. Wansbrook, Mr. R. Ripley, Mr. Samuel Brydges, Mr. James Gates, One who gives value for a Shilling, J. O., Mr. Henry Oliver, (Stilton,) M.D. (Bath), Anon, An adjoining Surgeon, A Subscriber of Fourteen Years, Dr. Southby, (Dover,) Mr. Henry Gervis, (Hackney,) A. B. W., (Thornton,) Mr. A. W. Burmester.

Errata.—In Mr. Gutteridge's letter on the prussic acid case at Birmingham, printed in our last Number, page 146, in the third paragraph, for "*little more than one and three quarters,*" read "*little more than one and a half.*" Again, in the eighth paragraph, for "*convulsive effects of prussic acid,*" read "*cumulative effects of prussic acid.*"

In the list of gentlemen who took out the licence of the Apothecaries' Society, published in our last Number, the name *Robert James* is printed instead of *Robert Barnes*.

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Of Saturday last, October 26, contains

The Misunderstanding of the London and Birmingham and Grand Junction Railways—Lease of the Sheffield and Manchester by the Midland—On the Policy of Established Railway Companies—French Police and the Locomotives.

REPORTS OF MEETINGS.—Sheffield and Manchester—Whitby and Pickering—Rotherham and Lincoln—Canterbury and Whitstable—Official Report of the Provisional Committee of the Kilkenny Junction—Lord Howick's Circular on the Northumberland Railway.

PROJECTED LINES.—Cambridge and Lincoln—Lynn and Dereham—Potteries—Eastern Union—Wells and Thetford—Oxford, Worcester, and Wolverhampton—London and Norwich—London and Portsmouth—Richmond and West-End Junction—Windsor Atmospheric—North Devon—Newton and Torquay—Cornwall Central—Dublin and Drogheda Extension—Dublin, Cashel, and Kilkenny—Ulster Extension—Wicklow and Wexford—Waterford and Limerick—Kilkenny and Waterford.

VALUE OF SHARES.—Returns from London, Liverpool, Manchester, Leeds, York, Hull, with comments on the respective Markets, and latest Prices.

PARIS WEEKLY LETTER, with Prices of the Share Market there.

FOREIGN RAILWAYS.—Ostend to Ghent, (with an Index Map of the Railways of Belgium,) and Statistics of the Belgian Lines.

MECHANICAL IMPROVEMENTS.—System of M. Arnoux.

BRITISH ASSOCIATION REPORT.—On the Causes of the Versailles Accident, (with an Engraving,) by Mr. Gray—On the Resistance of Railway Trains, by Mr. Scott Russell.

CORRESPONDENCE. — Mr. Bidder's Resignation — Birmingham and Gloucester Management—Carriers' Exactions—London and Dover—London and York—Great Grimsby and Sheffield—Newark and Sheffield—Central Railway of France.

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AND

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Alexandra imperatricis.
Alum, as manure.
Ammonia fixed by gypsum.
Auriculas, robbery of.
Barbacenia Alexandrinæ.
Bignonia grandiflora, to prune.
British Association, meeting of.
Calceolaria viscosissima, to strike.
Calendar of Operations for Hothouse and Conservatory, Flower Garden and Shrubberies, Pineries and Vineries, Fruit and Kitchen Gardens.
Calycophyllum Stanleyanum.
Cardiff Farmers' Club.
Cattle, to harness.
Charcoal, to make.
Cheese, Dutch, flavour of.
Crops, Barley, to secure.
Cuttings, action of light, and moisture on.
Diseases of plants.
Draining, Deanston system of.
Draining, thorough, at Castle Shane, Monaghan, by F. Filgate, Esq.
Draining, tile, remarks on.
East Lothian Husbandry, by Mr. Sullivan.
Farming, Scotch and English.
Forest trees, to prune.
Forest trees, at Nerquis.
Game, cost of keeping.
Gloucestershire Geo-agricultural notes on.
Goats, trespassing, law of.
Grass killed by pork brine.
Guano, action of, on growth of plants, &c., by Mr. J. E. Teschemacher.
Gypsum, to fix ammonia, by the Rev. J. B. Reade, Stone, Aylesbury.
Heating, system of, at Polmaise.
Horse-labour, expenses of.
Implements, agricultural, to preserve.
Land, utility of stones on.
Land, to lime.
Lightia lemniscata.
Limestone mountain, agricultural character of.
Limestones, analysis of, by Mr. Phillips.
Magnesia, effect of, on Sorrel.
Manures, alum as.
Melons, to grow under Vines.
Melon seed, Cabul.
Mice, to destroy.
Miltonia Spectabilis, on the cultivation of, by Mr. Drummond, Bothwell Castle.
North Devon, Hort. Soc.
Oats, culture of, in East Lothian.
Oats, smut in.
Parhelia, &c., seen by E. J. Lowe, Highfield House, Lenton.
Pears, Glout Morceau and Beurre d'Aremberg, (with two Engravings.
Petzholdt's Lectures on Agricultural Chemistry, revd.
Pine-apples, to plant in tan.
Plants, diseases of, by the Rev. M. J. Berkeley, (with three Engravings.)
Plants, inorganic constituents of.
Plants for a stove, list of.
Polmaise, heating, remarks on, by Mr. Glendinning.
Pork brine, Grass killed by.
Potato, productiveness of, by Mr. Henry Dixon, Witham.
Potato crop, failure of.
Raspberry Beehive, by Mr. Spencer.
Regent's Park Gardeners' Soc.
Rose Catalogue, Mr. Francis's, noticed.
Sand hills, to plant.
Sheep, scab in, to cure.
Smut in Oats.
Snake Nut.
Sorrel, effect of magnesia on.
Stall-feeding, remarks on.
Stones, use of, on land.
Tulips, culture of, by Mr. H. B. Mason, Brewood, Wolverhampton.
Vine border, to make.
Vine border, Mr. Hoare's remarks on, by Mr. Spencer.
Whitney's Composition, calico rendered brittle by.
Wistaria sinensis, to prune.

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The Dark Falcon, a Tale of the Attruck, by J. B. Fraser.

Foreign Correspondence.—Letter from Munich, (changes there in the last three years.)

Our Weekly Gossip.—Dr. Wolff—Hetherington's Blind Charity—History and the Newspapers of the Day—Death of Mrs. Siddons—Earthquake in the West India Islands—Milan Scientific Meeting—German Booksellers *v.* Leipsic—Dresden Congress of Orientalists—Stockholm Exhibition of National Manufactures—Musical Talk in Paris and Italy, &c. &c.

Societies.—COMPLETION OF THE BRITISH ASSOCIATION REPORT: Section A, Wednesday; Section C, Tuesday and Wednesday; Section D, Tuesday and Wednesday; Sub-Section D, (Ethnology,) Friday, Saturday, Monday, and Tuesday; Section E, Tuesday; Section F, (Statistics,) Tuesday and Wednesday; and Section G, Wednesday.

Miscellanea.—Paris Academy of Sciences—Pneumatic Marine Preserver—An Iron Life Boat.

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The Last Lines of Tasso.
Lines to a Sleeping Infant.
Some Points for a New "People's Charter." By John Saunders. (Illustrated by Kenny Meadows.)
Widow Allen. By James Smith. (Illustrated by H. G. Hine.)
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By ROBERT LISTON, Esq., F.R.S.

Senior Surgeon to the University College Hospital, and Professor of Clinical Surgery in the College.

LECTURE XI.

Other diseases of the jaws.—Removal of sequestrum.—Inflammation of the meatus auditorius.—Deafness from various causes.—Treatment.—Diseases of the neck.—Abscess.—Tumour.—Bronchocele.

I HAVE described to you the mode of performing the operations about the upper and the lower jaw. You may meet with cases where the tumours have attained an enormous bulk, yet the patient can, by a bold yet perfectly safe operation, be entirely and permanently freed from disease. In this instance, [*presenting a specimen,*] the tumour was of enormous size; it pushed up and nearly concealed the nose, and the mouth was quite filled. The disease had affected the cheek-bone on one side, one superior maxillary bone, and a portion of the other. The velum palati was completely hidden. It is a curious fact, that in many of the very desperate-looking cases of this kind in which I have had occasion to operate, attempts had been previously made to remove the disease by incisions, and portions of the tumour, of greater or less bulk, had been taken away. Here are drawings of persons after the operation had been effectually performed, but the worst scars were on the face before I saw the patients. If, as I have endeavoured to shew you, the incisions are well planned, the deformity will be trifling indeed.

I have advised you to guard, as far as possible, against breaking through the ramus of the lower jaw, in your attempts to disarticulate this bone. I once had occasion to cut out the ramus of the jaw alone, and I do not know that I ever encountered a more difficult proceeding. It was a case in which I had, about a year before, removed a firm cartilaginous tumour, extending from the lateral incisor on one side, to near the corresponding angle of the bone. I did not see any occasion for taking out the ramus at the time. The bone, where it was cut, was quite sound, but the semina morbi, it is to be presumed, existed in that portion of the ramus which was left. There was no appreciable change of structure, but some few months afterwards the patient applied, for a swelling in the ramus. This went on increasing; it caused a great deal of pain; and I was under the necessity of removing the part. There was nothing to lay hold of so as to enable one to manage the disarticulation; nothing had opposed the action of the temporal muscle, and the tumour consequently was firmly impacted under the zygomatic arch; and it was no easy task, I can assure you, to dislodge it.

I need not say anything respecting the removal of a sequestrum from the jaws. This operation must be managed according to the circumstances of the case. In some instances, you can at once, and without difficulty, take away the dead portion of bone; but, in others, there are several openings under the jaws, discharging matter; you find that there is a great deposit of new bone, and you are under the necessity of making an incision along the jaws, dividing the substitute bone to some extent, and then pulling the sequestrum out of the case in which it has been confined. You may thus be obliged to take away a large portion of the jaw; but generally your object may be effected by making an incision inside the mouth, seizing hold of the bone with good strong forceps, and withdrawing it: perhaps a number of teeth may be attached to it. Here is a bottle containing some dozens of sequestra, from the jaws, of various sizes, many of them from individuals who have been "saturated" with mercury.

With regard to the ear, I have already spoken of foreign bodies in the meatus, and I stated that they were to be removed in much the same way that you would extract foreign bodies from the nostril. You must not attempt their removal by forceps, but put a fine bent probe, or a scoop, behind them, and, with a slight motion of the wrist, you turn them out of their place. Before you make the attempt, you must be very sure that there is a foreign body in the ear. This you can ascertain by using a speculum, which enables you to see perfectly into the bottom of the external meatus. The patient must be placed in a proper light, or the part may be illuminated by a good lamp. The rays of light may be brought to a point, and thrown into the bottom of the tube, as ingeniously devised by my friend, Dr. Warden, through the medium of a small prism, adapted to the speculum.

You meet with cases of inflammation of the meatus from various causes—cold &c. These inflammatory affections often end in abscess; you endeavour to prevent it by the application of leeches to the part; but when matter is formed, its escape is to be favoured, and for that purpose fomentations should be applied. You may meet with cases where the abscess is apparent, and then you can puncture it. These abscesses are always attended with very great suffering: the parts are highly sensible when in a state of health, but still more so when diseased; the abscesses, however, generally burst spontaneously in the course of a very short time, and then the patient is relieved.

Deafness, of course, will arise from the presence of foreign bodies, or from the swelling of the meatus or parts around it. It frequently takes place in consequence of the accumulation of cerumen, and, indeed, this is the most common cause of deafness, and nearly the only one that you can with any certainty count upon removing. Old people are often relieved from deafness of long standing, by having foreign matters washed out from the external meatus. There has been a discussion as to what is the best solution to employ for dissolving the accumulated secretion. You will, in one of the volumes of the "Edinburgh Medical Essays," find a very good paper on the subject, in which are detailed trials with various alkaline and other solutions, and the conclusion arrived at is, that tepid water will answer as well as anything else. You use for the purpose a tolerably large and well-valved syringe, with a properly-fashioned nozzle; now and then you use a scoop, and pull out portions that would not otherwise come away. You often find large plugs of cerumen mixed with cotton and wool, which patients have put into their ears, to prevent cold air getting in, as they say. It is also said, that deafness arises from there being too little wax, from the ear being dry, and in these cases all sorts of stimulating oils have been dropped into the ear, with, I believe, but little advantage. Then you find deafness arising from obtuseness or paralysis of the nerve, and that is thought sometimes to be remediable. You may endeavour to rouse the sensibility of the parts by blistering over the mastoid process, and sprinkling the raw surface with strychnine in minute quantities.

Deafness also occurs, to a greater or less extent, (and this is irremediable,) where suppuration has taken place in the internal ear, and where the bones of the tympanum have been destroyed. You cannot restore these parts, and you cannot expect the functions to be restored, for there is a great change of the structure of the organ. Patients often continue to have a discharge from the ear for a long period; there has been an attack of inflammation and suppuration during some inflammatory affection or fever of childhood, as scarlatina; it goes on for a long time, and parents desire to have it dried up; but beyond having the part kept clean, I advise you not to interfere. If you employ a strong injection, you may give rise to disease in deeper seated parts, and endanger life.

There are discharges from the external ear now and then connected with abscess situated deep in the temporal bone. I have seen two or three cases where the matter which had formed within the cranium was discharged by the ear. There may be abscess of the brain, or abscess between the dura mater and the anterior aspect of the temporal bone; and this certainly cannot be remedied by any external application. I have seen the discharge checked by long exposure to cold and wet, fever has ensued, and the patient has speedily perished.

The functions of the ear are sometimes interrupted in consequence of affections of the throat. Common people know that when the "almonds of the ears," as they say, come down, they are deaf. If the tonsils remain enlarged and swollen, the hearing is obtuse. The same thing occurs from polypi and other tumours of the throat. In cases in which I have removed them, the patient had been deaf for years. I have mentioned in one of my books the case of an old gentleman who had been deaf for very many years; he went regularly to church, for form and example sake, it would appear; for after a great many polypous tumours had been extracted, he declared that he never, till then, heard one word of the service. The tonsils have been removed now and then with great advantage in cases of deafness, but though relief has been thus afforded, I would not by any means advise you to resort to it in all cases. You are not warranted in cutting away the tonsils or uvula under the assumption that they are the cause of the deafness, more especially when there is but little, if any, abnormal change in them.

After all, there is not a great deal to be done for the cure of

deafness. There are many cases easily remedied, but a great many others are quite irremediable. The deafness which ensues in consequence of the deficiency or destruction of parts cannot be remedied; in many cases where the nerve is affected, no relief can be afforded, but where it arises in consequence of obstruction of the Eustachian tube, or the presence of tumours, the surgeon may sometimes afford considerable relief. It has been said that deafness arises from the Eustachian tube being closed up by mucus, and in order to remove it, all sorts of quacks have been in the habit of injecting air and fluids into this passage; but the only effect of this process, so far as I can see, would be, to drive the vitiated secretions further into the passages, and impact them there.

In some cases of permanent obstruction of the Eustachian tube, in cases of thickening and induration of the membrane of the tympanum, and in collections of blood in the cavity, the drum of the ear has been perforated. This is an operation not attended with difficulty. The only trouble is in keeping the opening from closing again. The operation may require repetition unless it is performed in such a way that a portion of the membrane is wholly removed. This may be accomplished by means of a sort of punch dextrously applied. The instrument must be so guided as to avoid the attachment of the handle of the malleus. I have, in a few instances, seen patients thus slightly benefited, but great success cannot be anticipated from the proceeding.

The side of the face and neck is very often the seat of disease requiring surgical proceedings.

You meet with inflammation by the side of the neck, which is very often followed by abscess. I do not mean the common, trifling swelling of the glands in delicate children, followed by abscess, and often ending in destruction of the skin, though even there some little attention is required on the part of the surgeon to prevent puckering and deformity. It is a sad thing, more especially for a young woman, to have her neck scarred all over in consequence of the giving way of abscesses. These "cruels," (ecrouelles) as they are called in the North, these swellings of the glands, very often depend on local irritation; and by removing this, paying some attention to the general health, and using local applications, they can be got rid of, and prevented from suppurating. These glandular swellings very often arise from an eruption behind the ear, from chapped lips, from cracks about the nose, from irritation in the mouth, all again dependent on disorder of the digestive organs, and on removing them, the swellings will frequently subside. You very often see in young persons a considerable swelling of the glands, dependent on the decay of the first set of teeth. In many of the cases here alluded to, the digestive organs are to be freed from any source of irritation—worms, or sordes, and the treatment is often very advantageously commenced by the exhibition of a few largish doses of the balsam of copaiba.

If afterwards there be any chaps or ulcerations about the face, you will endeavour to improve the health by sarsaparilla, and some preparation of iodine. You are often enabled to cause the dispersion of the glandular swellings by local applications, by rubbing them over with iodine, or painting the surface over with a strong solution of iodine in alcohol. You put that on from time to time, and exceedingly beneficial effects arise from it. You may have seen at the Hospital, lately, many cases of large swellings of the neck that have been dispersed in this way. If an abscess should form, you must watch it, and let the matter out before the skin threatens to ulcerate. You foment the part, wait to see if it disperses; but if there is any danger of the skin giving way, the surgeon should make an opening. The matter will escape spontaneously, but then the integument will be destroyed, and there will be a puckered or depressed scar. You may avoid this by making a small opening in the proper direction. There is an exception here to the general rule of making the incision in the direction of the fibres; you cut them across. There are wrinkles in the neck, not such as occur in old people's faces, but little wrinkles, white transverse lines, and it is in these that you make the puncture, in the direction of the fold, and of sufficient size to allow the matter to escape.

But you find in the neck much more serious abscesses—abscesses formed in deeper-seated glands, or in the cellular tissue. These sometimes give rise to very unpleasant consequences; they form under the cutaneous muscle, and the fascia, and do not come to the surface for some time. The abscess may be of a chronic nature; it extends under the strong sheaths, and passes away down by the side of the windpipe to the top of the chest. These abscesses must be looked to very carefully, for if they are not, the matter may burrow and open some of the canals, into the œsophagus, for instance. I have seen cases in which, through the openings of abscess in the neck, tea taken by the mouth, and even portions of food have come out. This is rather an awkward circumstance, for notwithstanding all the means you adopt, you cannot easily get the fistulous opening connected with the œsophagus to heal up. If you trust solely to nature for a cure, in some of these very deep-seated collections, the matter may get into the windpipe, or into the anterior mediastinum, and on the patient inspiring and expiring, the air rushes in and out through the sinuses. That is to be avoided by early attention to the case. Various bloodvessels may be involved, the veins may be opened, and you will find in some books, and even in the "Medico-Chirurgical Transactions," cases related, where, from pressure of an abscess, the large veins of the neck, even the internal jugular, have been perforated, and a great quantity of blood has been lost. A case of this kind has been furnished by Mr. Bloxam, and a very interesting one by Mr. Crowfoot, of Beccles, where the pulmonary artery was thus opened. There are various cases on record where an abscess of the throat has made its way into the internal maxillary, and others, where the lingual artery has been opened. There are cases related where the large branches of the carotid, the internal carotid, have thus been affected. There is a case given by Breschet, and one published by myself, in which ulceration took place through the parietes of the arterial trunk. There was a large swelling bulging behind the ear, which had been coming on gradually, but in the course of a few days it increased very rapidly. There was some pulsation in the vessel, and also in the course of the tumour. The swelling was opened behind the sterno-mastoid muscle, and a quantity of blood escaped. The patient unfortunately died, not from hæmorrhage arising from the puncture which had been made, but in consequence of ulceration of the carotid, where it was secured near its origin; and this would have happened though no puncture had been made. A very minute dissection of the parts was made by Mr. Matthew, my late house-surgeon, and Mr. Marshall, both excellent anatomists; and it was found that there had been, not a perforation of the internal coat from within and a separation from the external, but that the whole of the three coats were perforated, and it could be traced to this abscess. Bleeding to an alarming extent has even occurred from the cavities of abscesses which have been opened for a long period, where the opening has not been so contrived as to allow of the perfect evacuation of the contents, and where from time to time accumulations have taken place in the cavity.

These unpleasant consequences—perforation of the larynx, the œsophagus, the veins, and the arteries, would lead one to look with anxiety upon deep-seated abscesses of the neck, and induce us to open them at a sufficiently early period to prevent these bad consequences.

In the neck you meet with tumours of all varieties, some benign, some malignant; but even the former require attention on the part of the surgeon. You must recollect that there are important parts situated in the neck,—bloodvessels, and the nerves accompanying them,—the division of which may ultimately be attended with serious consequences, though they may not be shewn at the time. You may remove enlargements of original tissue by deobstruents and attention to health; but new formations, morbid growths, heterologous formations, as they have been called, cannot be made thus to disappear. After a tumour, properly so called, has been formed, it will go on increasing in spite of all the applications you can make, and even harm is done by attempting to disperse tumours of this kind. Fatty tumours may be made to form such connexions, that it is with the utmost difficulty they can be removed. I think I have mentioned the case of a fatty tumour which I examined on the back of the neck of an old gentleman many years ago. It was loosely connected, was on the increase, and I advised its removal without much delay. He declined submitting to the operation, and I lost sight of him for some time. On meeting him one day, four or five months afterwards, in the street, he expressed his anxiety to be freed of his annoyance at once. He stated that he could not have it done at home, that his family would get alarmed, and would, probably, not allow it, but that he would walk home with me. It was a tumour about the size of one's hand, and I should not, from what I had seen of it before, have had the least hesitation in removing it alone, but I met, fortunately, a medical friend, and he accompanied us. When he had undressed himself sufficiently, and sat down, I observed that the features of the tumour were entirely changed, and that there was a large and deep scar on its surface. On inquiring the cause, he said that he had applied to some one, who had used sulphuric acid, with a view of dispersing the swelling. It had, consequently, become firmly fixed, not only to the integuments, but to the parts below. He was determined to have it out at all hazards, and I cut down upon it; but the dissection was a difficult one. It was attached to the periosteum covering the occipital bone, and part of the occipital artery was removed with the tumour. He had an attack of erysipelas, and at one time his life was in danger. This would all have possibly been avoided if he had had the operation performed before this stupid practice had been adopted. It is well, when you see a tumour of this kind, to advise in a decided manner that no application should be made to it; the patient need not trouble himself, and run the risk of injuring

his health by taking internal medicine, with the view of getting it dispersed; but when it attains an inconvenient size, and the patient wishes it, you may take it out easily. Very often there is no necessity for hurrying the proceeding.

The tumours of this region occur in different aspects and corners of it; you meet with them at the upper part of the neck, at the angle of the jaws. They sometimes arise from degeneration of the salivary gland, but that is not a common occurrence. I doubt if these glands are often diseased in this way, but new formations take place there, or the lymphatic glands are affected, and are bound down by the fascia, and the platysma-myoides. They are thus not allowed to bulge out. The tumour dips deeply down into the fossa, between the ramus of the jaw and the mastoid process, and displaces the salivary gland; it may even pass down by the lobe of the ear, and the pterygoid process. These tumours are sometimes firmly fixed, and they are met with of all sizes, projecting over the face, and occupying the lateral part of the neck. Sometimes they are very firmly fixed, but after all, they come out easily enough. Some of them are of stony hardness, and so fixed, that nobody would attempt to take them out. There are, however, a great many of them that may be removed, but this is to be done with some degree of caution. You have, first of all, to consider how the incisions are to be made, so that the appearance of the patient —improved by the removal of the growth—may be as little injured as possible by the scars and seams of your incisions. You will cut down upon the tumour; and it is always advisable to make your incisions so that you can expose it thoroughly. You may be obliged to make a cross-cut away behind the lobe of the ear: this is always necessary when the tumour is of considerable size. Well, then you make a long, straight incision, down the face, of greater or less length, according to the size of the tumour, and, as I have already said, you ought to make it of sufficient length to expose the disease thoroughly, so that you may not be hampered at all in the after dissection. Having made the cross-cut, also, you dissect back the flaps; have them held aside, and then begin to dissect the tumour from below, taking hold of it and raising it up. Care must be taken, in these deep dissections, not to direct the point or edge of the knife away from the swelling; you, on the contrary, dissect always upon it. You must endeavour, if possible, to avoid the nerves, and the branches of the portio dura. Then you come to the deeper part—the tube of the ear, the pterygoid process, and there you must avoid the common trunk of the internal maxillary, and the still deeper internal carotid. You endeavour all in your power to avoid the nerves, but in some cases, you find the tumour dip so deeply that you cannot help endangering them. If a portion of the tumour be left, however small, it will, as you know, be reproduced, and you have the choice between partially paralyzing the face and having the tumour grow again. It is, however, only in very desperate cases that these risks are run. You then secure the vessels, and lay down the flaps.

The following case occurred, the other day, in the hospital:—

M. K——, aged 28, admitted under Mr. Liston, May 31, 1844; married, and has generally enjoyed good health; dates the origin of the tumour eight years back; attributes it to a strain in endeavouring to lift a heavy weight, when she experienced a sudden and sharp pain close under the lobe of the left ear; pain and stiffness followed, and were relieved by embrocations. It recurred at intervals, till, some months after, it grew to the size of a walnut, in the same situation, being painful, and moveable under the fingers. The case was treated by the late Mr. Tyrrel, of St. Thomas's Hospital; was leeched, and, at intervals, three times opened with the knife; poultices being applied, but little or no matter evacuated. The black wash, and other unguents, were topically used, and mercurials internally exhibited, to salivation, but without any relief to the patient.

From that day to the present time, the tumour has been allowed to increase in size gradually, and the patient's health appears to have suffered from it. The shape of the tumour is irregular and lobulated, about five inches long to three in depth. The anterior part seated under the lobe of the ear, which is pushed up, and overlaps the tumour. Forwards, it extends an inch and a half beyond the posterior margin of the jaw, and backwards, about eight inches and a half. The integument is natural over a greater part of it, though, posteriorly, it is rather reddish, and enlarged bloodvessels run over its surface. To the sensation of touch, anteriorly, it is firm, as if fibrous; posteriorly, and where it projects, elastic, as if it contained fluid. It is moveable over the subjacent textures, and the skin is loose, except posteriorly, and around the cicatrix in front, the remains of former incisions. It does not give the patient much pain, except it is injudiciously handled, but the pain remains for some time, when it has once set in. It causes a great deal of disfigurement, from its bulk and position on the face.

Mr. Liston considered it benign, taking all things into consideration, and, with the patient in good health, he deemed it advisable to remove the tumour. On the 5th June, an incision was made across the transverse diameter of the tumour from below upwards, extending from a little below the posterior border to about one inch above and anterior to the tragus of the ear; a second elliptical incision, extending from the middle of the first, and passing backwards beyond the posterior border of the tumour, so as to include the adherent and discoloured skin, was next made, and the flaps were dissected back, laying bare the tumour, which was grasped in the hand, lifted from its bed, and quickly removed by a few strokes of the scalpel. The hæmorrhage from the divided vessels was restrained by the fingers of the assistant during the operation, and after the removal of the tumour, three vessels were secured by ligature. The wound was dressed with lint steeped in cold water, and, five hours after, the flaps were brought together with isinglass plaster, aided by two interrupted sutures, and an anodyne administered.

June 6th.—Patient slept well; some slight fever is present. Ordered saline effervescing draughts every six hours.

7th.—Patient passed a good night. The sutures and first isinglass dressings removed, and the wound to be dressed with the water dressing. The anterior incision seems to have united, by the first intention, in nearly the whole of its extent; not so the posterior, from which there is more discharge, the wound not having been so well brought together, on account of the greater portion of skin there removed with the tumour.

13.—Patient doing exceedingly well; has discontinued the use of salines. The anterior incision united well.

21.—Water dressing to be left off; the wound to be dressed with the red wash, and a compress and bandage applied. The anterior incision is now a healthy cicatrix, the posterior granulating in a healthy manner.

29.—There is some tenderness, with a little swelling and redness just behind the anterior incision, as if matter were forming. The wound is still dressed with the red wash.

July 1st.—Matter has formed, and it was evacuated this morning, but to no considerable amount. Water dressing applied.

7th.—The opening made for the exit of the matter entirely healed; the granulating wound behind has now contracted. Patient's health is much improved. Permitted to leave the hospital, and to return and shew herself in a week.

15th.—Patient looking well; posterior wound not yet quite healed; she dresses it with the red wash, as usual.

24th.—Wound now contracted: there is no apparent disfiguration. Patient discontinued treatment, being now restored.

You meet with tumours low down, lying under the platysma-myoides, or the sterno-mastoideus muscles, and it requires no small amount of anatomical knowledge, and no small dexterity, to remove them. They are met with of all sorts; but it is only with the more simple, as tumours of slow growth, and tolerably moveable, such as fibrous tumours, that you would interfere. I have taken out a great many tumours under the jaws, in the situation of the submaxillary gland. Here is a representation of a very large one. During the same season, I took out another tumour from the same place, of a similar character. This tumour is deep-seated, but still it is unconnected with the bones; it is always covered with the facial vein. You may be obliged to cut it

through and compress this vessel or even secure it by a ligature, but you may sometimes avoid it. Having overcome this difficulty, you are frequently able to turn the tumour out of its place with very little annoyance, and with but little hæmorrhage.

I have had to deal with some cystic tumours in this situation—congenital tumours, which dip among the muscles and vessels, and I have had to perform some difficult dissections for their removal. I took out a tumour of this kind two years ago from a child; there was a great deal of bleeding: luckily, the tumour was got entirely out, but there was a long syncope, from which the child recovered with difficulty.

You meet now and then with encysted tumours at the side of the neck, lying superficially; they are common atheromatous tumours, and are easily got rid of; but here you require to cut down upon the cyst, and dissect it clean out.

Occasionally we see watery tumours of the neck, what have been called hydroceles of the neck; they sometimes lie in the middle of the region, and may depend on an enlargement of the bursa, between the thyroid cartilage and the os hyoides. Acute inflammation of this bursa occasionally takes place. An old fellow pupil, Mr. Mackenzie, the demonstrator of anatomy in the Edinburgh University, used to suffer from this affection, and very troublesome it was to him now and then. It was he who pointed out to me this synovial pouch. These tumours sometimes increase slowly, and bulge out on the lower part of the neck. There is a very good specimen of this disease in the museum of the College of Surgeons; there is a large sac attached to the hyoid bone.

Adventitious formations are sometimes met with on the side of the neck; large swellings, causing no pain, but from their size giving rise to deformity. These tumours fluctuate distinctly, and you may ascertain their contents by inserting a small trocar. You will, perhaps, draw off from six to ten ounces of a serous or of a more limpid and colourless fluid. The patient may be relieved for a time by this practice; but if he wishes for a permanent cure, you may be under the necessity of passing a seton through the cyst; for that purpose you employ Pott's needle for hydrocele—a long canula with a stilette. You introduce it in the most dependent part of the tumour, withdraw the stilette, and allow the fluid to escape. You then pass in the canula to the upper part of the cavity, carry the stilette onwards, perforate the skin, and draw through a small skein of silk. This may remain till suppuration has taken place inside. You provide for the free escape of the matter by the enlargement of the lower aperture, and gradually withdraw the seton as the cavity contracts.

Sometimes malignant tumours take place in the neck, tumours of the glands, arising from previous disease of the neighbouring parts or not. These tumours increase gradually and very rapidly, and involve all the neighbouring tissues; at last they perhaps break and throw out a fungus, furnish a fœtid discharge, and often bleed profusely; but they frequently prove fatal long before the skin gives way. They interrupt breathing and swallowing; are productive of great pain and suffering, and the patient dies very miserably. Here is a sketch of one of very rapid growth, not preceded by any malignant disease of the lips, tongue, or parts in the mouth.

Tumours occur, though rarely, in the back of the neck. Here is a sketch of a very formidable one; yet a surgeon, at one time connected with a metropolitan hospital, proposed to cut it out. The young woman, a very interesting and lady-like person, came to shew me the swelling, which was then of a large size: she had, when living on the other side of the water, been under the care of Mr. Callaway, who had punctured it with a small trocar, and drawn off a quantity of fluid. It was plainly of a malignant character, and in this Mr. Callaway and I had fully agreed. She came to me repeatedly, during a series of months, the tumour gaining ground with great rapidity. I think I also drew off some fluid from one part of it, with slight relief. She had everything done to palliate her sufferings. She came at last to me to ask my concurrence in the proposed removal of the disease by operation. To this I gave a most decided negative, and used all the arguments I could to dissuade her from submitting to so monstrous a proposal. I afterwards admitted the poor girl into the

hospital for a short time, and there are several wax casts in the collection, of the disease in different stages, and of the appearances presented on dissection. I shew you here the disease in the condition it was when the operation was proposed. She suffered much in the hospital, the tumour increased rapidly in size, the skin at last gave way, a large fungus was thrown out, and in some months she perished. In the earlier stage of disease, as here represented, the whole of the back of the neck was occupied, and there was every reason to believe that all the muscles, the cervical vertebræ, and the occipital bone, were involved; yet it was proposed to remove the swelling!—to dissect it out! Had the poor girl died at this time, I am convinced that the morbid structure of the soft parts could not have been removed but by the long maceration of the bones of the head and neck. This case shews the sort of rage which some people now and then exhibit for performing what they would perhaps call surgical operations.

There is a tumour that occurs in the neck from enlargement of the thyroid body. It prevails very much in some districts of this country, and also in Switzerland. It is there frequently accompanied by dementia; the patients are idiotic, and the head is of curious formation; but, in some districts, these symptoms are absent, and the patients enjoy perfect health, both of body and of mind. It occurs principally in mountainous districts—in Cumberland and Derbyshire; but it also sometimes takes place in the plains in the country, and you will meet with this enlargement in individuals who have never been out of London. It attacks all ranks of life, and comes on gradually on one side of the neck, in the middle, or on both sides, simultaneously. It enlarges outwardly, and is the source of great deformity, but at the same time, when the lobes only are affected, and they are enormously hypertrophied and enlarged, it seldom interferes with the functions of the parts. The patient can breathe with ease, and swallow perfectly well; sometimes, however, the tumour burrows deeply; it gets under the sterno-mastoideus muscle; the parts then become displaced; the larynx may be pushed on one side, and there is considerable interruption to the breathing. The tumour sometimes forms in the middle of the neck, and when it attains the size perhaps of a hen's egg it often becomes exceedingly inconvenient; the patient will be unable to take violent exertion, to ascend an acclivity with comfort, and then you may be under the necessity of interfering actively.

These tumours are not all of the same character; some are simple enlargements of the thyroid body; others again are cellu-

lar, and some consist of several cysts, containing glairy fluid, while others contain a bloody fluid. You will now and then meet with cases of this kind—a tumour resembling the common bronchocele—and on examining it, you find that, instead of being a solid mass, it fluctuates. On introducing a trocar, the whole disappears; it vanishes immediately. This is by no means an uncommon occurrence. Here, from the books of the hospital, is a case in point.

"CYSTIC ENLARGEMENT OF THE THYROID BODY.

"S. B——, admitted under Mr. Liston, July 29th, 1844.—Stout, healthy, and of florid complexion, of a mixed sanguineous and lymphatic temperament. Has resided at Penrith, Cumberland, around the Ulleswater district, where bronchocele is not uncommon. Can trace no hereditary predisposition to the complaint, without it be on her mother's side, whose sister is affected with it. Never had any severe illness; but at the age of fourteen, perceived a small tumour exactly in the middle line of her neck, opposite the thyroid body, of part of which it was doubtless an enlargement. This lump was about the size of a hazel-nut, and she described it as moving up and down when she swallowed.

"Iodine was given her, and the lump disappeared. When twenty years of age, the swelling re-appeared in the same situation as her first one, but it was softer and grew faster, soon getting as large as a goose's egg. She again had recourse to iodine, which she took internally, and applied over the tumour in the form of ointment.

"This only partially reduced the tumour, and the iodine was discontinued, as her health seemed to suffer from its continued exhibition. At this time the tumour was smaller, but denser, about the size of a hen's egg, and it remained stationary and of this character for some months. It again enlarged, and extended to both sides of the neck, becoming softer to the touch; but it gave no pain, though, as it increased in size, it became inconvenient, by interfering with respiration.

"When about the magnitude of a cocoa-nut, it was punctured by a surgeon in Birmingham, and half-a-pint of fluid resembling coffee grounds was drawn off, but the puncture being made at the left side, the swelling of that side only was reduced. The right side, however, in time, gradually sank to the median line.

"Three years have elapsed, and the right half of the swelling has been gradually increasing—the left portion has now re-filled, and the present aspect of the tumour maintains large dimensions, being tense, and in a degree moveable, fluctuation being felt.

"Mr. Liston, on his visit, passed his long narrow bistoury from below, upwards, through the tumour, and having drawn off a considerable quantity of dark and extremely offensive matter with a canula, drew a seton through the tumour, which was now much reduced in size.

"The tumour has decreased in size, and much matter continues to drain off.

"The patient has now been in the hospital some weeks, continuing gradually to improve in appearance from the decrease of the tumour. She has, however, been troubled with rather a sharp attack of rheumatism, that has thrown her back. Suitable remedies were administered. Patient convalescent, tumour nearly disappeared. The seton has been withdrawn.

"A few days since, the patient shewed herself to Mr. Liston, having left the hospital some weeks ago; swelling entirely disappeared."

Sometimes one portion of the tumour fluctuates; you attack that portion; a great quantity of fluid is evacuated; the walls of the cyst come together, but the tumour is frequently reproduced. You can do no permanent good in cases of this kind by the palliative operation.

Now the solid tumours cannot be interfered with, but with great care and precaution. All sorts of plans have been proposed, with a view of causing a diminution of the swelling. It was at one time thought that the tumour could be dispersed under the use of burnt sponge; and I have seen many cases in which great benefit occurred from its exhibition. Since the discovery of iodine, that medicine has been more trusted to, as it was believed that the virtues of the "spongia usta" of the old pharmacopœias depended upon the iodine supposed to exist in it. Sometimes the preparation of iodine has been given with advantage; but I believe the success of the former medicine was as great, if not more so, than the latter, and, indeed, some practitioners still prefer it. Iodine may be given in considerable doses, two, three, or four times a day, and may also be used locally; but sometimes the tumours resist its action. Surgical operations have been proposed, and some people have been so bold as to cut down and tie the thyroid arteries, one after another; but this is a hazardous proceeding. It has not been beneficial; the tumours have not been diminished, as might have been expected. It was proposed a good many years ago, by Dr. Quadri, of Naples, to pass a seton through the solid tumours, and the plan has been adopted a few times in this country. I tried it once, but I should be almost afraid to do it again, although the swelling was thereby diminished. I drew a thick cord through it, and every time it was moved there was a gush of blood; it was only stopped by drawing in a thicker and a thicker seton. At last, free suppuration took place, and the swelling wasted away considerably; but the proceeding was not unattended by danger. It has been proposed, again, to cut these tumours out, and some surgeons have ventured upon that, but the result has not been at all satisfactory. You could not cut the thyroid gland out of the living body in its sound condition without risking the death of the patient from hæmorrhage; and when the body has become hypertrophied to an immense extent, and all the veins and arteries are enormously enlarged, you can easily understand what dangers may arise from any attempt of the kind. Look at this sketch, and think of the dangers that must encompass you on all

sides, and you will pause before undertaking such a task as the extirpation of the thyroid body. It is a proceeding by no means to be thought of. I think the operation was long ago performed by Mr. Gooch, of Norwich, and by others, but the patients have generally died under it—died on the table, some of them. I have heard of such cases even since I began to attend to the study of surgery. The tumour, however, can sometimes be taken away, partially or wholly, and with great relief to the patient. You are not to interfere rashly with tumours of the thyroid body; but if there is great difficulty of breathing, and that is increasing, you may be warranted in taking away an enlarged portion of the gland, and you may do it with safety by exposing the tumour, dissecting off the integument, and then passing strong needles with ligatures and tying them. I have done this over and over again. I had recourse to this plan in the case of an old rat-catcher, who came to the Edinburgh Hospital, suffering dreadfully with a swelling in the middle of the neck—the isthmus of the gland; it was as large as his fist. He had always difficulty of breathing, but rather less in expiration than in inspiration; it was increasing, and he was daily and hourly threatened with suffocation. He was afraid to go to sleep at night, and when he did so, he started up, under great apprehension of being suffocated. Under the circumstances, I thought it well to make an attempt to relieve him. I knew what I had to encounter. I turned the integument back on each side freely; the veins were large, but these were studiously avoided. The ligatures were passed close to the windpipe perpendicularly and across, and they were separated and tied under the swelling. There was still venous bleeding to a considerable and alarming extent; a long strip of lint was wrapped tightly round the root of the tumour, and it came away entirely after some six or eight days. I afterwards fell in with the man by chance, some hundred miles in the North, and he was in perfect health, breathing freely under all circumstances, and without the least appearance of any return of the tumour. I have had occasion to repeat this operation a few times with success, with much relief to the patients. It is only in this way that you can, with safety, attempt the removal of any portion of the thyroid body, and it should only be resorted to in very extreme cases.

I have stated, that in those cases of even very great enlargement of the lobes of the thyroid body, the breathing is almost quite unaffected; but that if the tumour bulges much laterally,

and gets under one of the sterno-mastoid muscles, that then the trachea becomes bent and displaced, and from this cause difficulty of breathing ensues. In such cases, I have more than once divided the sterno-mastoid muscle by subcutaneous incision, with temporary benefit, and without any risk of unpleasant consequences.

LECTURES
ON
ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE

University of Giessen.

BY JUSTUS LIEBIG, M.D., PH. D., F.R.S., M.R.I.A.,
Professor of Chemistry in the University of Giessen.

OXALATE OF AMMONIA.

GENTLEMEN,—Having discussed the nature and properties of oxalic acid, we now propose to treat of certain of its most important salts. Amongst these, oxalate of ammonia, or oxalate of the oxide of ammonium, is distinguished by the very characteristic behaviour which it exhibits when submitted to dry distillation, which recals to our mind the deportment of ammonia with acids in general, shewing that there exists no difference between the inorganic oxides and those organic compounds which we have reason to consider as oxides. If you add together the elements of the so-called

Hydrated oxalic acid = $\left\{\begin{matrix} C_2\ O_3 \\ O \end{matrix}\right.$ H
and the elements of ammonia $H_3\ N$

there results the formula $C_2\ O_4 + H_4\ N$

= two equivalents of carbonic acid and one equivalent of ammonium, which latter substance may be considered to replace the hydrogen of the so-called hydrated oxalic acid.

Upon submitting the common crystallized oxalate of ammonia to dry distillation, we obtain two remarkable compounds; the first of these is denominated *oxamide*, — it was first discovered by Dumas, who, judging from its composition, was the first chemist who enunciated and developed, in his theory of the amides, the idea that ammonia is a compound of hydrogen with a compound radical, denominated amidogen. If from the elements of

Oxalate of ammonia..... $C_2\ O_4\ N\ H_4$
we subtract ..... $O_2\ H_4$ = two atoms of water,

there remains *oxamide* = $C_2\ O_2 + N\ H_2$ (amidogen.)

You see that this substance has been formed by the separation of oxygen from the oxalic acid, and of hydrogen from the ammonium; two atoms of the oxygen of the radical— of oxalic acid— have combined with two atoms of the hydrogen of the ammonium, and there remains, on the one hand, a compound in which we have a radical quite different from that in oxalic acid, and, on the other hand, instead of ammonium we have amidogen.

Oxamide is a snowy-white powder, insoluble in water. No ammonia is evolved upon bringing oxamide into contact with lime, potass, &c. &c., at a low temperature; nor does oxamide undergo decomposition when brought into contact with acids under the same circumstances; oxamide deports itself, at a low temperature, with acids and alkalies, like a neutral body; but if it is exposed to heat, in contact with acids or with potass, an alteration takes place in its constitution; the oxamide is re-converted into oxalate of ammonia. Thus, oxamide dissolved in potass, evolves ammonia when exposed to heat, and the elements of water combine with the oxamide; thus,

$C_2\ O_2 + N\ H_2$ oxamide
$O + H$ water
Potass,

and oxalic acid is formed, which combines with the potass, whilst the hydrogen of the decomposed water combines with the amidogen forming ammonia.

Exactly the same process takes place upon boiling oxamide with acids—with hydrochloric acid, for instance: water is decomposed and ammonia formed, which in this case combines with the hydrochloric acid, (instead of being expelled as gas, as happens when oxamide is exposed to the action of heat, in contact with alkalies,) whilst the oxalic acid formed remains free in the fluid. I have already mentioned, on a former occasion, that this is a characteristic property of all amides: when decomposed by acids and alkalies, the amidogen of the amide combines with the hydrogen of the water, (which invariably participates in the decomposition,) forming ammonia.

If oxamide be brought into contact with water—in a glass tube, for instance, closed by fusion—and exposed to a temperature of 200°, (392° Fahrenheit,) it becomes converted into neutral oxalate of ammonia by combining with the elements of water.

Besides oxamide, the oxalate of ammonia yields several other products upon distillation—viz., carbonic oxide gas, carbonic acid, and hydrocyanic acid: this I will not further discuss here; but I must mention another remarkable product which remains when the decomposition of oxalate of ammonia is carried on in a retort, confining the application of heat to the point at which the residuary contents of the retort have assumed a yellow or honey colour, (if the application of heat be carried further than to that point, nothing will remain in the retort, all the elements of oxalate of ammonia being volatile.) The residue which thus remains consists of an acid, denominated oxamic acid, slightly mixed with oxamide, from which it may be readily separated by dissolving the residue in hot water, since the oxamic acid dissolves in *hot* water, whilst the oxamide, as already stated, is insoluble in water. This acid contains nitrogen, and you see it has been formed from an ammoniacal salt—i. e., a substance in which nitrogen exists in the form of a base or of a metal. The residue (oxamic acid) contains no longer any oxalic acid nor any ammonia, and yields, upon saturation with caustic lime or barytes, a very fine crystalline salt, which dissolves in water; it may be re-crystallized, and admits of decoloration by charcoal. You know that the salt which oxalic acid forms with lime is insoluble; but here you obtain a soluble salt, in which the substance that has entered into combination with the metallic oxide is composed according to the following formula—

$C_4\ O_3\ N\ H_2$

At a subsequent period I shall have to shew you that this substance is isomeric with alloxan—i. e., with a body of altogether different properties. The formation of oxamic acid may easily be explained; it contains the elements of oxamide and anhydrous oxalic acid—

$C_2\ O_2\ N\ H_2$ = Oxamide
$C_2\ O_3$ = Oxalic acid

$C_4\ O_5\ N\ H_2$ = Anhydrous oxamic acid,

and is undoubtedly formed from acid oxalate of ammonia, from which the elements of two atoms of water have separated, exactly as happens upon the formation of oxamide from the neutral salt.

Oxamic acid forms with oxide of silver and with ammonia soluble and crystallizable salts. It may be precipitated, in the shape of a white powder, from the solution of its ammoniacal salt, by the addition of acids. Treated with alkalies, at a high temperature, it decomposes into ammonia and oxalic acid.

With regard to the formation of oxalic acid in plants, there is no doubt but that the carbon of the oxalic acid formed previously a constituent of the atmosphere, being contained in the latter in the form of carbonic acid. Oxalic acid is, as already mentioned, one of those organic acids which are most extensively and copiously diffused through the vegetable world.

If we compare the composition of carbonic acid with that of dry oxalic acid—i. e., of oxalic acid freed from its water of crystallization—it is at once apparent that both contain an equal amount of carbon and oxygen—

Carbonic acid.	Oxalic acid.
$C_2\ O_4$	$C_2\ O_4 + H$

and that oxalic acid differs from carbonic acid only inasmuch as it contains, besides the oxygen, one equivalent of hydrogen. This explains the formation of oxalic acid from carbonic acid. You know that plants absorb the carbonic acid of the atmosphere, yielding at the same time, with the co-operation of light, free oxygen again to the atmosphere. You see that nothing else is requisite here but the addition of one equivalent of hydrogen to the elements of the carbonic acid, and this hydrogen can only proceed from the decomposition of water; when, upon the absorption of carbonic acid by the leaves of plants, the water becomes decomposed, and one equivalent of hydrogen combines with the elements of the carbonic acid, whilst the oxygen of the decomposed water separates in a gaseous state.

If you imagine carbonic acid to exist in plants not in a free state, but (and this is far more probable) combined with a base—potass or soda, for instance, the bicarbonate of these bases—of potass, for instance—

$C_2\ O_4 + KO + aq.$

must become converted into neutral oxalate of potass, by the simple separation of one equivalent of oxygen from the carbonic acid—

$C_2\ O_3 + KO + aq.$

The whole difference between bicarbonate of potass and neutral oxalate of potass consists, as you see, in the latter containing one atom of oxygen less than the former.

We now come to another organic acid, similar to oxalic acid in constitution, and especially in the deportment of its ammoniacal salt. This is

MELLITIC ACID.

This acid was discovered by Klaproth, in a mineral denominated *mellite* or honeystone. This mineral is very rare, nay, I feel inclined to think that it does no longer occur at present; but there was a time when it was found to a considerable amount in a mine of brown coal in Saxony, in regular octahedral crystals, of the colour of honey, adhering to the surface of the coal.

Mellite is mellitate of alumina. This mineral contains a large amount of water, almost to the extent of half its weight. Mellitic acid may be easily procured by treating mellite with carbonate of ammonia; mellitate of ammonia is formed, and there remains hydrated alumina. From the mellitate of ammonia we may readily produce mellitate of lead, which is but scantily soluble in water; and, finally, the mellitic acid may be obtained by decomposing the mellitate of lead by means of sulphuretted hydrogen.

Professor Wöhler has shewn that pure mellitic acid is crystallizable, and its crystals, dried at the common or at a higher temperature, have the following composition:—

$$C_4\ O_4\ H$$

You see that mellitic acid and oxalic acid contain the same quantities of oxygen and hydrogen, but differ in their relative amount of carbon, mellitic acid containing double the amount of carbon present in oxalic acid.

By substituting one equivalent of any metallic oxide for the hydrogen, you have the formula for all mellitates.

Mellitic acid.	Mellitate of silver.	Mellitate of lead.
$C_4\ O_4\ H$	$C_4\ O_4\ Ag\ O$	$C_4\ O_4\ Pb\ O$

Mellitic acid forms, with potass, an acid salt, which again forms a double compound with nitrate of potass. I mention this, because double salts, with nitrates, are of very rare occurrence. There is, however, one, which nitrate of silver forms with cyanide of silver, and another which the double sulphuret of tungsten and potassium—a combination of proto-sulphuret of potassium with tersulphuret of tungsten = $K\ S, W\ S_3$—forms with nitrate of potass. The double compound of bimellitate of potass with nitrate of potass is obtained in distinct crystals by precipitating neutral mellitate of potass by means of nitric acid. Designating mellitic acid by $\overline{M}$, the composition of this double salt is as follows:—

$$4\ (\overline{M}\ H\ O + \overline{M}\ K\ O) + N\ O_5\ K\ O$$

= 4 atoms of bimellitate of potass + 1 atom of nitrate of potass. The fact that mellitate of ammonia, (a salt which crystallizes in two geometrically incompatible forms,) upon being exposed to heat, in its dry state, yields distinctly green and yellow coloured products, has been known for some time. This remarkable decomposition of mellitate of ammonia has been lately investigated by Professor Wöhler.

Upon adding to the elements of crystallized mellitic acid, the elements of ammonia, we obtain the formula for mellitate of ammonia—

$$\begin{array}{r} C_4\ O_4\ H \\ H_3\ N \\ \hline C_4\ O_4\ H_4\ N \end{array}$$

If we expose this salt to a temperature of from 302° to 320° Fahrenheit, it loses ammonia and water, and there remains a yellowish white residue, which, in contact with water, decomposes into two substances, one of which is soluble, whilst the other, which looks like a yellow, turgescent clay, is insoluble. These are two new products formed from mellitate of ammonia, by the separation of the elements of water—viz., of oxygen from the acid, and of hydrogen from the oxide of ammonia, just as similar decompositions occur with inorganic oxides. The soluble substance is the ammoniacal compound of a body possessing the characteristics of an acid. Wöhler has assigned the name *euchronic acid* to it, and has given the name of *paramide* to the insoluble substance. The formation of these two bodies is very easily explained. Paramide is formed from bimellitate of ammonia, by the separation of the elements of four atoms of water. The formula of bimellitate of ammonia is—

$$\begin{array}{r} C_8\ O_8\ H_8\ N \\ \text{Subtract from this the elements of four atoms of water. .....} \quad O_4\ H_4 \\ \hline \text{And you have paramide} \quad C_8\ O_4\ H\ N \end{array}$$

Paramide is not soluble in water; it dissolves in concentrated sulphuric acid, without decomposition, and is precipitated from this solution by water. The most remarkable circumstance connected with this substance is its reconversion into bimellitate of ammonia, upon protracted boiling with water; in this it shews the characteristic deportment of an amide, and thence its name. This conversion of paramide into bimellitate of ammonia is effected simply by combining with the elements of four equivalents of water.

The residuary mass, remaining upon heating mellitate of ammonia to 302°, decomposes, as already stated, in contact with water, into paramide and euchronate of ammonia; this latter substance, upon evaporation, is deposited in indistinct crystalline flakes. Euchronic acid may be separated from a saturated, boiling hot, aqueous solution of euchronate of ammonia, by the addition of nitric or hydrochloric acid; the euchronic acid, upon cooling, separates in the form of a white, crystalline powder, consisting of small rhomboidal prisms.

Euchronic acid forms, with silver, a sulphur-yellow, insoluble salt. The lead salt of this acid is likewise yellow. The formula for euchronic acid dried at 392° (Fahrenheit) is—

$$C_{12}\ N\ O_6 + 2\ aq.$$

In euchronate of silver, the two atoms of water are replaced by two atoms of oxide of silver; in euchronate of lead, only one atom of water is replaced by one atom of oxide of lead—

Silver salt $C_{12}\ N\ O_6 + 2\ Ag\ O$
Lead salt $C_{12}\ N\ O_6 + aq\ Pb\ O$

If from the elements of three atoms of mellitate of ammonia—

$$3\ (C_4\ O_4\ N\ H_4\ O) = C_{12}\ O_{12}\ N_3\ H_{12}$$

we subtract the elements of six atoms of water, and two atoms of ammonia ..... $= O_6\ N_2\ H_{12}$

There remains ..... $C_{12}\ O_6\ N$ = anhydrous euchronic acid.

According to this, we may assume that the action of heat upon seven atoms of mellitate of ammonia gives rise to the formation of the following products:—

2 atoms of paramide	=	$C_{16}\ H_8$	N_2	O_8
1 atom of euchronic acid	=	C_{12}	N	O_6
4 atoms of ammonia	...		$H_{12}\ N_4$	
14 atoms of water	...		H_{14}	O_{14}
7 atoms of mellitate of ammonia	=	$C_{28}\ H_{28}$	N_7	O_{28}

I have told you that euchronic acid does not remain in the residue obtained upon heating mellitate of ammonia, as a free and anhydrous acid, but in combination with ammonia. If euchronic acid is kept boiling with water, it gradually dissolves in this menstruum: in this solution, however, the euchronic acid is converted into acid mellitate of ammonia. One atom of euchronic acid and six atoms of water contain the elements of three atoms of crystallized mellitic acid and one atom of ammonia.

1 atom of euchronic acid	=	$C_{12}\ O_6$	N	with
6 atoms of water ...	=	O_6	H_6	added
		$C_{12}\ O_{12}$	$N\ H_6$	
Yields 3 atoms of crystallized mellitic acid = 3 $(C_4\ O_4\ H)$	=	$C_{12}\ O_{12}$	, H_3	
And one atom of ammonia	=		$N\ H_3$	
		$C_{12}\ O_{12}$	$N\ H_6$	

Euchronic acid is distinguished from all other organic acids by the highly remarkable and characteristic way in which it comports itself with metallic zinc. If a clean zinc plate, or slip of zinc, is dipped into a solution of euchronic acid, its surface assumes immediately a magnificent blue colour, owing to the formation of a blue substance, which precipitates upon its surface from the solution of the acid. If the zinc, after having been allowed to remain in contact with the euchronic acid solution until a considerable incrustation of this blue substance has been formed upon its surface, is dipped into hydrochloric acid, this incrustation is washed off in the form of a blue powder; this powder, washed and dried, loses its blue colour, and forms a black mass, which contains no zinc. When slightly heated, even upon paper, its colour changes immediately into white, and it is re-converted into euchronic acid.

Euchronic acid thus comports itself exactly like indigo, only with this difference, that the blue indigo becomes white by reduction, whilst the white euchronic acid assumes a blue tint upon being subjected to the same process.

Both these substances contain nitrogen; euchronic acid contains evidently a nitrogenous radical, the nitrogen of which is furnished by the ammonia of the mellitate of ammonia; and the blue substance is an inferior oxide of the same radical. This blue substance—i. e., euchronic oxide—dissolves in a solution of ammonia and in solution of potass, imparting a magnificent purple tint to these solutions.

Its formation from mellitic acid and its whole deportment render

euchronic acid one of the most interesting substances which chemistry presents. The circumstance, that we are nearly altogether in the dark as to the origin and formation of mellitic acid in mellite, tends to increase the interest which attaches to its products and compounds. I may just observe, in conclusion, that mellitic acid contains the same number of atoms of carbon and oxygen as succinic acid, and that these acids differ in composition, only inasmuch as succinic acid

$$C_4 H_2 O_3$$

contains one atom of hydrogen more and one atom of oxygen less than mellitic acid.

ON THE

TRUE CHARACTER OF ACUTE RHEUMATISM

IN REFERENCE TO

ITS TREATMENT BY MEDICINE.

By James Arthur Wilson, M.D., Physician to St. George's Hospital.

In the business of medicine, there is nothing more mischievous than a name with a false analogy; for to the unreflecting practitioner, in the name of a case is the rule for its treatment. Under the common phrase of "nervous disorder," what an incongruous array of prescriptions is at once summoned into action for the relief of symptoms in character the most opposite! How careless, how fatal, in their simplicity, the means which, word for word, we oppose by rule to "inflammation!" In the angry names of laryngitis and pharyngitis, an authority is found for venesection and other antiphlogistic measures in the cure of sore throat depending on insufficiency of material and defective power of nutrition; and, by an identity of Greek termination, puerperal fever is subjected to a rule of treatment, violent and indiscriminating as that of pleurisy. Yet, between inflammation of the peritoneum, even in its least complicated form, and inflammation of the pleura, how wide, how vital, is the difference! In the face-ache, lumbago, and partial muscular stiffness, induced by common cold, there is surely but little of the distinction that attaches to severe constitutional disorder; yet, even among medical men, these weather-pains, that come and go, are classed with the most violent of our English continued fevers, under the common name of "rheumatism." A very limited view of acute rheumatism has of late years been presented in the pathology, by which all disease is localized in particular structures, and all local action is identified with inflammation. Under the futile distinctions of fibrous and synovial, acute rheumatism is taught in many schools as a mere affair of the joints, or of the surrounding articular structures, with scarcely a reference to the wide constitutional character of the influences from which it originates, or of the effects that follow on its development. The disorder known as acute rheumatism is, in truth, a well-marked idiopathic fever, always tending, like other fevers of this kind, to limit itself by its own actions within a given period of time, and running, for the most part, a safe and regular course. Its average range of duration, when not complicated with organic lesion, or thwarted by undue medication, is from fifteen to twenty days. Weakness with stiffness, from long disuse of the affected muscles, rheumatic pains, and achings in the track of their lately inflamed tendons, will, in many cases, remain for weeks and months after the cessation of the constitutional symptoms; but the excessive heat, the high rapid pulse, the loaded tongue, the profuse acid sweats, that distinguish this fever, are rarely continued beyond the term of three weeks from its commencement. Even when, after an early intermission, the fever has returned by what is called a relapse, the sum of its several periods will be found in most cases to be confined within the term of twenty days, the longest to which any of our British continued fevers, of whatever type, are known, on an average calculation, to extend.

Relapses in rheumatic fever are, for the most part, but the completion of the train of actions necessary for the relief and permanent security of the system, after interruption by accident, or, as in many instances, by undue energy of treatment.

As the scarlet fever localizes itself especially in the throat, the measles in the mucous lining membrane of the lungs, the epidemic typhus in the cæcum and lower ilium, and the erysipelas fever in the integuments of the head and face, so is the rheumatic fever determined by special effects of inflammation to the larger joints of the body, and the surrounding articular structures. But the heat, redness, and swelling thus induced, are no more the cause of the constitutional disturbance in acute rheumatism, than the scarlet rash or the small-pox pustule of the fevers that bear their respective names. They are but the partial expression, by impaired nutrition, of a disorder that is general in the system.

There may be cases of rheumatic fever which are not recognised as such for days together, from the absence of local rheumatic inflammation. The articular symptoms, like those of gout, may be delayed, suppressed, will not "come fairly out," so that the case, though not by name, is one, in fact, of "rheumatic fever."

Here is a designation for this great constitutional disorder, the best, under circumstances, that we can use. Known and received as a fever, it is regarded in its workings through the system, rather than in its partial occupation of tendinous fibre or synovial membrane.

Rheumatic fever in its origin obeys the same laws that regulate the development of the other sporadic and epidemic fevers. Like them, it is generated under certain influences of soil and atmosphere, from over feeding as from bad living, from anxiety of mind, in sequel of luxurious indulgences, from excess of any kind, and especially, it would seem, from any sudden disturbance in the great common function of animal temperature. Like the bilious, nervous, or typhus fevers, it frequently supervenes in exhausted frames on cachectic states of the general health, or is suddenly developed in young and vigorous habits. Late in the autumn of 1835, I was summoned ten miles out of town by Mr. Frogley, of Hounslow, to a gentleman, dying, as it proved, of low continued fever. He was a speculator, of broken fortunes, and his losses had weighed heavily on his spirits. About ten days before my visit, he had been attacked by pains, with redness, heat, and swelling in the larger joints. When I saw him, late in the evening of October 24, the arthritic symptoms had entirely subsided. He was then lying low in bed, on his back, much excited in manner, and at times delirious, with a dry brown tongue and frequent pulse, but free from pain, excepting round his shoulders, and acknowledging no complaint. He had no cough, and drew a full breath without difficulty. His bowels had been very much purged on the preceding day. Calomel and colchicum had been freely administered, in combination with opium, but with no apparent benefit. Subsequently to our consultation, the case was treated by salines, with moderate doses of the sedative solution of opium. It ended fatally by exhaustion, on October 26, having commenced, after great moral depression, as an autumnal rheumatic fever, and finally passed into the worst form of typhus.

In the sequel of the puerperal crisis, after hasty weaning, or irregular and protracted lactation, rheumatic fever has been often known to supervene. Between the joints, the uterus, and the mammæ, as generally between all organs that discharge a glandular function, there is a marked occasional relation by vicarious activity or disorder of their several excretions. And this mutual dependence of gland upon gland is most developed under circumstances by which the general powers of nutrition, as in the process of child-bearing, are exhausted or impaired. In an instance of milk-rheumatic fever that fell under my observation during the last week of August, 1833, the arthritic symptoms, which had been most severe, having suddenly and entirely subsided, the patient, a young married woman, was attacked by furious delirium, and in this state expired. She had weaned her baby a short time before. Immediately that the pains left her joints, she desired to see her friends, "as she felt *sure* that she should die." On examination after death, on August 31, there was no effusion of any kind, either in or on the brain, which was apparently sound throughout. One small patch of recent lymph was resting on the outer surface of the heart. Of the treatment pursued in this case, which was not under my own care, I cannot speak with certainty, but I have reason to believe, that it was one of routine, by purging, bleeding, and large doses of calomel with opium.

Like the other continued fevers, sporadic or epidemic, rheumatic fever does not always prevail with the same degree of severity, and on an average of one season with another, admits of a certain variety in its type. It is modified by circumstances of time and locality, and thus is determined with special energy, at the several periods of its recurrence, to the heart, skin, or articular structures. From recent experiments by Dr. Bence Jones, it appears that since October, 1842, he has frequently succeeded in obtaining crystals of oxalate of lime from the urine of persons ill with rheumatic fever. It will be matter of very interesting inquiry to determine whether this renal excretion be essential to the disease, or merely a casualty of the present season. A general oxalic acid diathesis, similar to that which prevailed in the cholera year of 1832, has been recognised by Dr. Prout among the inhabitants of the London district for a considerable time past.

In the urine of a well-marked case of rheumatic fever admitted under my care into St. George's Hospital on July 6th, 1844, Dr. Bence Jones observed no traces of oxalate of lime, but satisfied himself of the presence of a large quantity of hippuric acid.

Like the other fevers, this disorder is modified in its character by previous habits and individual temperament. In a very

severe case of the disease to which I was summoned by Mr. Sharp, of Grosvenor-street West, on June 18th, 1843, the patient, a stout man of middle age, lay without sleep, talking incessantly, and occupied with incoherent, yet not distressing fancies. He drank freely of beer and spirits, by habit, when in health. Thus, in the fever of acute rheumatism, a state of delirium tremens had supervened, and from this additional cause of exhaustion, it went hard with the patient. The sweat and urine were exceedingly acid, and the blood much buffed. In ten or twelve days from their commencement, the rheumatic symptoms lapsed rather suddenly into those of severe bronchitis, and after a profuse choking excretion of mucus, the case did well.

Rheumatic fever follows other fevers, as they follow it. I have many times observed it in this double relation with the scarlet, erysipelas, and common typhoid fevers. And thus, on every view of the disease, we are the more impressed with evidence of its wide constitutional character. It takes its turn, under a common disturbing influence, with numerous other disorders of the system. There is indeed no fever which, by previous history, is in more frequent relation with other forms of illness. Though determined by special causes to certain structures, it is never less than a disorder of the entire blood, and works its end by waste, through a series of violent actions, to the ultimate benefit of the patient, leaving him on recovery, in most cases, better than he had been before. It is the crisis of a prejudice great and general to the animal functions, which may have been immediate or of long duration.

I have known rheumatic fever thus to culminate on a long disjointed series of anomalous complaints,—on neuralgia in all its forms, associated with or followed by swellings of the joints and bursæ,—on urticaria, headaches, and various renal disorders,—on gleet and leucorrhœa,—on quinsy and gout, alternating with orchitis. In many such cases, as thunder clears the air of long collected vapours, (is not the agency of all fever in part electrical?) I have recognised in the onset of acute rheumatism the close of chronic illness.

A middle-aged woman, who was admitted under my care into St. George's Hospital with acute rheumatism, in the year 1830, had suffered, some time previously, from diseased bone in the leg. After a sudden interruption of the discharge incidental to this complaint, the patient, having slept in a newly-painted house, was attacked by diarrhœa, on which vicarious action of waste the rheumatic fever had directly supervened. To the system, already cachectic and deranged, a further prejudice by poison was introduced, and the result was the fever in question. Our mineral house-paint is not an unfrequent cause of the rheumatic, as of the erysipelas, and other varieties of continued fever, in persons who, from previous bad habit of body, or under influences of atmosphere and locality, are waiting for the crisis of severe constitutional disorder. Of periodical English illness, a good deal has its source in our national domestic economy of house and chamber, which, continually opposed by climate, seeks its annual protection in paint. Here, in the unhealthy months of spring and autumn, is a special in-doors malaria, which must be breathed, when all is fast at night.

A gentleman, aged thirty, whom I saw, at the request of Mr. Holmes, of Fulham, on November 26th, 1837, was suffering from a frequent and rapid alternation of acute rheumatic symptoms, with gout, quinsy, and ischuria renalis. His pulse at the time of my visit was irregular, intermitting, and not more than sixty.

In the case of Michael Roberts, under my care in St. George's Hospital, in March, 1830, the disorder, which was severe, immediately preceded distinct attacks of quinsy and erysipelas fever.

In December of the same year, Thomas Turner was treated by me for severe rheumatic fever, which had supervened on gonorrhœa, and was succeeded by quinsy. Another hospital patient, Abraham Clements, in November, 1835, fell ill with rheumatism, having recovered first from ague, and more recently from profuse hæmoptysis.

The articular character by which the rheumatic fever is distinguished from other fevers arising with it from causes that are common to them all, is a result of individual temperament. Under a given cause of cold, damp, or exhaustion, acting on a given number of persons, one man sickens with typhus, another with bilious or erysipelas fever, and a third is attacked by pneumonia, pleurisy, or peritonitis, according to their previous condition of health, or the circumstances by which they are for the time surrounded; but for the development of rheumatic fever there is the further necessity of a rheumatic diathesis, congenital, or acquired, in the particular subject of the case. It is not every one who can have a rheumatic fever. No inflammation of a joint, or of any number of joints, no coincidence of arthritis with pericarditis or endocarditis, would of itself constitute a rheumatic fever. For this end, there must have been a previous and peculiar state of the system, with an affinity recipient of the occasional cause, and ready for it to work upon. By those who, refusing the wide analogy of acute rheumatism with continued fever, assign a mere structural origin to this disorder, it has been said to depend exclusively on effects of cold. There is no great constitutional disorder, no inflammation of a vital organ, that is not occasionally induced by the agency of cold. Cold is a frequent cause of rheumatic fever, for the rheumatic diathesis prevails especially in the young and active, who by their habits of labour and exercise are most exposed to a low and shifting temperature. The cold, in these instances, produces its effect on the joints, by interference with the general business of nutrition, not by local influences directly prejudicial to their structure. These organs are indeed never more carefully protected from cold than during the great heats and sweats of the rheumatic fever; yet one large joint after another becomes inflamed in sequel of the constitutional disorder, during a period of time extending, it may be, over weeks, from the invasion of the joint first attacked to that of the last.

Certainly, it is not necessary for the production of rheumatic fever, that the patient should have been exposed to cold and wet. It is not only when the "moon, the governess of floods, pale with her anger, washes all the air," but after and during the first great heats of summer, and in the dry tempests of early spring, when all other fevers are rife, that "rheumatic diseases do abound." I have always found in my hospital practice, when there has been most of the common typhoid fever, of erysipelas, and of scarlet fever, that cases of rheumatic fever have then been most frequent.

In a very severe case of this disorder which fell under my care in the spring of 1839, the patient, a young lady, had suffered much from eruptive ulceration of the throat, boils on the extremities, and general constitutional disorder, for nearly a month previous to the local rheumatic inflammation. On May 27, after exposure to cold from sitting in a draught from an open window, the large joints became painful, and began to swell, and on June 12, all symptoms, both local and general, had subsided. This case, in its range of six weeks, displayed the full character of rheumatic fever. There was a long getting ready by shifting anomalous symptoms, with a crisis of fever, special and well defined, after a sufficient immediate cause. Yet on this cause, and in sequel of the early symptoms, erysipelas, pneumonia, continued fever, or any other great constitutional disorder, might, with equal likelihood, have supervened. The case was determined in its variety, nearly a month after it in truth began, by heat, redness, and swelling in the articular structures. To the young lady who was the subject of this case, the strong sour odour from the perspiration was matter of continual surprise and annoyance. The treatment consisted of little else than diaphoretic salines, with an excess of the alkaline salt, and small occasional doses of the Dover's powder. On the eighth day from the invasion of the fever, and for some days subsequently, there was pain on the left side of the chest, with dyspnœa and a sense of oppression; but these urgent "heart-symptoms" subsided under the general treatment, without calomel, bleeding, or any special means of relief. It may not be unworthy of remark, that the father of this young lady died five years afterwards, in my arms, after an illness of two hours, from most extensive valvular disease of the heart.

It would be idle to multiply examples of the uniformity in character and regularity of period, that, in right of its own nature, we claim for the disease in question. It is a long, regular, continued fever, and has thus been taught in my clinical practice for many years past to the students of St. George's Hospital. Indeed, since I first entered the wards of that institution, it has been matter of regret to me that a disorder, which never does less than inflame the general blood, which frequently thwarts its current within the heart itself, and sometimes kills by suffocation, should be designated, even among medical men, by the vague, trivial name of rheumatism. The attention, thus pre-occupied by local effects of the fever in membrane and ligamentous fibre, is of necessity withdrawn from the evidences of its operation through the system; yet these are always of the widest and most varying interest; so that to the physician there is, in truth, nothing more worthy of remark than the fever of acute rheumatism. It most resembles the exanthematous fevers, for, like them, it is distinguished by a series of rapid continuous actions, violent as inflammation, yet harmless, for the most part, in their result. Of this eruptive character there is abundant illustration in the heat of surface, the profuse acid sweats, the erythema, and varied miliary rash, by which the rheumatic fever is specially distinguished. Its action is not more determined to the joints than to the skin. I have often traced its shifting locality by patches of superficial inflammation, vivid and circumscribed, as those of measles, or scarlet fever, and, like them, evanescent, without pain, on gentle pressure. I have occasionally seen this disease asso-

ciated with purpura, and in three or four instances have observed the large bullæ of pemphigus coincident with the development of the fever.

A boy, aged ten, spotted all over with purpura, died in St. George's Hospital, after repeated attacks of rheumatic fever, in April, 1842. The heart was greatly enlarged, and the inner surface of the left auricle was coated in parts with a plastic lymph.

In the case of my own patient, Amelia Swift, aged twenty, who died rather suddenly on Feb. 8th, 1842, in sequel of rheumatic fever of three years before, there was much sprinkled ecchymosis of the nose and inner surface of both nostrils; similar spots were observed, after death, on the outer surface of the heart, which was greatly enlarged by dilatation of its cavities; the pericardium was adherent, and the inner surface of the left auricle had been rendered rough by an extensive deposit of opaque yellow lymph; the mitral valves were slightly thickened, without further evidence of disease; the lungs, heart, and large vessels, were gorged with blood of a dark colour and loose consistence.

In the case of Mary Foster, an overworked, cachectic, servant-girl, aged nineteen, who died in St. George's Hospital in sequel of acute rheumatism, on June, 24th, 1837, a clustered herpetic eruption appeared on the left leg, six days after the fever began. The skin subsequently ulcerated beneath the ruptured vesicles, and the patient died exhausted by diarrhœa, with sloughing of the back and hips. The local inflammatory symptoms in this case of extreme constitutional debility were most severe, and the pericardium was found, after death, universally adherent.

In a fact recorded by Schönlein, in a clinical lecture, published in THE LANCET of April 27th, 1844, there is a striking illustration of the activity of the excretory functions in this disorder. The surface of a large open sore in the leg of a patient ill with rheumatic fever, was covered in the course of one night by a crystalline earthy crust, which, by the analysis of M. Simon, consisted principally of lithate of soda and ammonia.

In a fatal, ill-developed case of rheumatic fever to which I was summoned during the present autumn, an extensive raised erythema of the metacarpal tendons was reported to me as "erysipelas of the hand," by the medical friend first in attendance. There could be no better illustration of the eruptive character of acute rheumatism than this misnomer, from an inference of redness and swelling, by a well-practised eye. Death, in this sad case, seemed to follow from the exhaustion of incessant, raving, sleepless delirium. Much undue excitement, there was reason to believe, had been in operation for some time before the fever began.

The cases of acute rheumatism that are specially distinguished in their context by rash or vesicular eruption, are not, for the most part, of a favourable kind.

For the full and safe development of this fever to its close, a profuse and peculiar excretion from the surface of the body is always required; and this function of relief is, of necessity, ill discharged by the skin when partially inflamed, and failing, for the time, in the process of its own nutrition.

There is, in such cases, a further prejudice to the system, to the extent by which the acid rheumatic sweats are superseded by the special eruptive action on the surface.

During the present summer of 1844, two lads, aged fifteen, fell under my care in St. George's Hospital, in both of whom a red patchy eruption was associated with the arthritic symptoms of an ill-developed rheumatic fever. In both cases, the heart, its contents, and membranes, for a time, were dangerously involved. The blood drawn in either instance was cupped and buffed.

In his lately-published lectures, the Berlin professor, Schönlein, expresses a special dread of the miliary rash in rheumatic fever, as indicating by its presence a serious and complicated form of the disease. Of the various eruptive actions incidental to this disorder, there is no one in the experience of my London practice that augurs less of harm to the patient.

It may here be remembered that the skin, in respect of its gelatinous texture, is identified with the white mechanical structures of ligament, tendon, cartilage, and their sheathing membrane, on which the action of this disease is principally expended. And here is the great peculiarity of rheumatic fever, that, affecting, like other fevers, the entire mass of the blood, and through it the general business of nutrition, its action is determined specially, and for the most part, to structures which in function and composition can best be spared.

The inflamed blood is assuredly in a very different relation with structures which refuse a passage to its coloured particles, and afford no proteine in their decomposition, from that which it maintains in the body generally with the great organized masses of fibrin, albumen, and hæmatosine.

(To be continued.)

ON THE TREATMENT OF HÆMORRHAGE FROM LEECH-BITES.

By W. W. SAXTON, Esq. Market Drayton.

IN THE LANCET of this day I find some remarks, extracted from the "Journal de Chirurgie," respecting the treatment of hæmorrhage from leech-bites, by Dr. Bordes. In corroboration of its success, I beg to say that a case occurred in my practice, about ten years since, in which I adopted the twisted suture with great advantage—in fact, to the saving of life. I had ordered leeches to the abdomen of a child, which were applied. One of them filled very quickly, and came off. The bleeding from the bite was very great; however, the parents allowed it to go on, till they perceived the child rapidly sinking, and after ineffectually trying to stop the bleeding, sent for me in great haste. I found the child lying on its back, greatly exhausted. On removing the clothes, a fine stream of arterial blood shot upwards, to the height of twelve or fourteen inches, (the leech had penetrated a superficial arterial branch.) Finding a compress and plaster, and also nitrate of silver, ineffectual, I passed a fine sewing needle through the skin, involving the bite, and twisted some silk: thus the hæmorrhage immediately stopped; the needle remained two days, and the case did well. This plan is particularly eligible in situations (as the abdomen and neck) where pressure is inadmissible, and by the use of it I consider death from the hæmorrhage from external leech-bites impossible.

With regard to the opinion of Professor Romberg, that incontinence of urine during sleep arises from morbidly acute sensitiveness of the mucous membrane of the bladder, especially of that near the openings of the ureters, I can mention a fact which tends to the belief that want of sensitiveness is probably the cause of that affection—viz., I have been in the habit of administering the tinct. of cantharides to the extent of producing slight irritation in the bladder with permanent benefit, in the proportion of at least three out of four of such cases, and never with injury, which must inevitably have been the case had there been already over-irritation. This treatment was adopted by a gentleman with whom I was an assistant, and who had gained a degree of notoriety for curing incontinence of urine (in children) during sleep.

In regard to the improved mode of managing blisters on paper, by Dr. Robertson, I have to say, that having had extensive union and club practice, (where it is necessary to economize, as far as may be consistent with gaining the point we have in view,) I have long used brown paper for the purpose of spreading the cantharides plaster on, and have frequently remarked that blisters so made act better than those spread on leather.

October 5, 1844.

ON A SIMPLE AND AN EFFECTUAL METHOD OF STOPPING BLEEDING FROM LEECH-BITES.

By MONTAGUE GOSSET, Esq. Surgeon, London.

IN THE LANCET of Saturday, October 5th, is given an account (copied from the "Journal de Chirurgie") of Dr. Bordes' method of arresting hæmorrhage from leech-bites, by transfixing the skin with a needle, after the plan used by farriers in bleeding horses. Now I do not know whether this suggestion is considered as new in its application to the human subject; in principle, of course, it cannot be; but I think it only justice to my friend, Mr. Frederick Toulmin, of Clapton, to inform you that it is neither new in principle nor practice, as he stated to me, some years since, that he had long been in the habit of using the same means where any difficulty in stopping the bleeding from leech-bites occurred. The chief object, however, of this communication is to acquaint you with a plan which I adopted many years ago, and have continued to the present time, and that with the most complete success—a plan as simple as it is efficacious, and withal, I am induced to think, as new as anything under the sun. After wiping away the blood, apply quickly, before any fresh oozing takes place, a piece of card, about the size of a silver penny, and cut into a circular form—a visiting card answers perfectly well, the glazed side being applied to the wound. This must be pressed firmly on the bite, and held there about a minute, taking care not to disturb it in removing the finger, it will then become firmly glued to the surface, and effectually restrain all further hæmorrhage. In this way I have always hitherto succeeded in the numerous cases to which I have been called during the last twenty years, oftentimes after every other means in common use, such as the application of lint, cobweb, the felt of a hat, caustic, acetic acid, &c. &c., had failed. I only recollect one instance in which I had recourse to any other application, and that was in a child who had had leeches applied to the abdomen for peritonitis complicated with fever, and had been bleeding for more than forty-eight hours, the child being, when I was called to it, almost in articulo In this instance I had

recourse to the actual cautery, which at once stopped all further bleeding; the child, however, was so much reduced that it sank in a few hours. This is the only case in which I have used the actual cautery, but it succeeded so well, and gave so little pain, that, all other means failing, I should not hesitate again to use it. I heated a slender piece of wire to a white heat, and introduced it quickly into the leech-hole.

I shall perhaps be condemned for not having communicated my method of checking bleeding from leech-bites sooner to the public; if so, I must plead guilty to the charge, the simplicity of the means being the only defence I can offer for my neglect, which, I fear, will not be considered a very valid reason for withholding it.

Modus agendi: It would seem that the albumen of the blood glues the card to the surface of the skin, and thereby exercises sufficient pressure to close the orifices and repress the bleeding.

40, Broad-street Buildings, October, 1844.

FACTS & OBSERVATIONS ILLUSTRATIVE OF THE NATURE & TREATMENT OF THE DISEASES OF WOMEN, WITH REMARKS ON SOME SUBJECTS CONNECTED WITH MIDWIFERY.

By G. Oakley Heming, M.D., F.L.S., Physician-Accoucheur to St. Pancras Infirmary, and to the Western Dispensary.

(Continued from p. 673, vol. i. 1844.)

DISEASES OF THE CERVIX UTERI.

A correct diagnosis, in cases of ulceration of the cervix uteri, is absolutely necessary, not only as regards the treatment, but also in relation to the prognosis, of such affections.

Five kinds of ulceration have come under my notice; two unconnected with any specific cause; syphilitic ulceration; and two of a malignant character, carcinoma, and corroding ulcer.

The uterus, like any other part, becomes the seat of ulceration from common causes; cavities, lined with mucous membranes, are especially obnoxious to superficial ulcerations; various parts of the mouth become frequently the seat of small and painful, though superficial, ulcers, which will often get well in twenty-four hours by the application of nitrate of silver, and sometimes, too, the mouth is the seat of deeply excavated ulcers, penetrating the mucous membrane, and affecting the subjacent tissue, obstinate to heal, but yet not of a specific nature.

Ulceration may take place in any part of the mucous membrane of the uterus, but it most frequently occurs about that portion of the cervix which projects into the vagina; sometimes the ulceration is so superficial that it is scarcely to be distinguished by the finger, and then it becomes necessary to use the speculum uteri in order to discover it. Ulceration affecting this part occasionally penetrates deeper than the mucous membrane, forming a deeply excavated ulcer, but which will often heal by attention to any constitutional disorder which may be present, and removing any source of local irritation. Ulceration penetrating deeper than the mucous membrane of the cervix uteri is generally accompanied by chronic inflammation and congestion of this part, and is very slow in healing.

At one time I thought that this might be dependent on the proportionate small quantity of cellular tissue entering into the texture of the uterus, but I now have no doubt that the difficulty in the healing of the ulcer is dependent on the combination of chronic inflammation producing induration and enlargement of the cervix, and the ulceration will not usually heal till the hardness and enlargement are removed. The healing of deeply excavated ulcers, complicated with chronic inflammation, is attended with much difficulty. This observation is not only applicable to ulcers of the cervix uteri; surgeons are daily in the habit of seeing this fact illustrated in cases of ulcers of the leg. When the limb is swollen, and indurated by infiltration into its texture, it is not uncommon to see a large, deeply excavated ulcer, which has remained stationary for years, without any appearance of healing, but which will fill up and get well upon removing the swollen and indurated state of the limb by pressure or other means. Nitrate of silver, applied, not only to the sore, but over the whole limb, is an exceedingly useful remedy in these cases, and especially where ulceration affects parts to which pressure cannot be applied.

M. Recamier has applied pressure to the uterus by a peculiar method of his own, and he thought by this he had succeeded in some instances in curing cancer. I believe that these were not cases of cancer, but of ulceration, connected with chronic inflammation and congestion of the uterus.

We may often succeed in curing deeply excavated ulcers of the cervix uteri by an extensive application of the nitrate of silver, not to the sore only, but over the whole surface of the enlarged cervix.

Superficial ulceration, unaccompanied by chronic inflammation or congestion, is attended by little or no pain in the part itself; sometimes, but not always, there is a slight pain in the hypogastric region, and occasionally there is leucorrhœa. Dr. H. Bennet has observed, in a most interesting account of ulceration and congestion of the cervix uteri, which he published in 1843, that "ulcerations of this kind are important, as they may give rise to sterility." "There is no doubt that many women recently married are sterile from the above cause; some few experience slight hypogastric pains, the greater number experience no abnormal sensation." When the ulcer is deeper, extending through the mucous membrane, and affecting the proper tissue of the cervix, the symptoms are much more severe; the cervix uteri is tender; there are pains in the loins, a sensation of weight in the anus, often heat in the abdomen, with distention, frequent flushing in the face, and leucorrhœa.

In cases of superficial ulceration of the cervix uteri, without inflammation and congestion, the treatment should consist in observing the reclined position; an injection of warm water thrown into the vagina two or three times a-day; the warm hip-bath, with saline aperients, or castor-oil, should be taken occasionally, to regulate the bowels. When this plan of treatment has been continued for three or four days, an injection of nitrate of silver may be employed, or the nitrate of silver may be employed in the solid form with advantage. (Case 1, from which the accompanying engraving was taken.)

Where the ulceration has entered deeply into the parenchyma of the cervix uteri, and there is inflammation and congestion of this part, the reclined position is absolutely necessary; cupping-glasses should be applied to the sacrum, and leeches to the cervix uteri; a warm hip-bath must be used, and warm water injected into the vagina two or three times a day. When the pain and tenderness have considerably abated, the application of nitrate of silver, in the solid form, will be found beneficial; it should be applied, not only over the sore, but to the whole of that part of the cervix uteri which projects into the vagina. When this application has failed, and the more active form of the disease has been subdued, I have seen the ulcer heal under the application of the *liquor potassæ arsenitis:* all those measures which are likely to benefit the general health should be likewise resorted to. (Cases 2 and 3.)

SYPHILITIC ULCERATION OF THE CERVIX UTERI.

The late Mr. Pearson, than the opinion of whom upon this subject a better cannot be quoted, observes—"Women who are exposed to the contagion of venereal matter have sometimes the uterus the first and only part contaminated. When this is the case, the primary symptoms produced by the virus are, a sense of heat, and darting, pungent pains about the uterus; but they are not always accompanied with a puriform discharge, nor is the fluor albus necessarily increased by this affection. The patient generally discovers the nature of her complaint by having communicated the disease, she herself being free from any external characters of venereal taint: they can only acquire a knowledge of their own condition from the injury they do to the other sex. They also complain of suffering very acute pain at the superior part of the vagina *in congressu:* this is likewise attended with a discharge of fluid tinged with blood, and sometimes pure blood is evacuated. When men are infected by women in this peculiar condition, a chancre is commonly the first symptom of the disease: the local disease, in this situation, may continue many months without pro-

ducing secondary symptoms."—Pearson's "Principles of Surgery," p. 120.

It is extremely important to distinguish a syphilitic affection of the uterus from cancer. Mr. Travers speaks of a case in which a large ulcer on the cervix uteri, considered cancerous, healed, and the woman recovered speedily under a course of mercury—the supposed cancer being a venereal ulcer.—Med. Chirurg. Trans., vol. xvi. p. 349.

The affection for which such cases as the one related by Mr. Travers is most likely to be mistaken is, the malignant or corroding ulcer of the os uteri.

Large and deep syphilitic ulcerations of the os uteri are of rare occurrence. I have notes of a few cases only, which came under my care some years since. Dr. Henry Bennet, in his very interesting publication, to which I have before alluded, observes, "Ulcerations of the os uteri, presenting the well-marked characters of venereal ulceration, are rare, even in establishments specially devoted to that disease. Thus, at St. Lazare, (where hundreds of syphilitic females are yearly admitted,) only three or four have been received this year. I have myself only seen a few instances, during the two years that I have passed at the Hospital St. Louis, although many syphilitic affections are there treated." "A rather singular fact, which I have been able to ascertain at the Hospital St. Louis, is the frequency of ulceration of the os uteri in women affected with cutaneous syphilitic eruptions. I have found ulcerations in nearly all the patients whom I have examined, previous to their undergoing a mercurial treatment. The engorgement of the os uteri, slight in women who have had no children, has always appeared to me greater in those who have borne children. The precise nature of the ulcerations which I have found coinciding with the presence of syphilides on the skin, and sometimes with ulceration of the fauces, does not appear to me very evident. I cannot say whether they should be considered ulcers modified by time, similar to the ulcers of the throat, or as the result of the more or less intense vaginitis which usually accompanies them."—p. 12.

The most important point for consideration, as regards the diagnosis, is the history of the case: a person becomes affected without the female having any visible signs of syphilis, (case 4;) the female may have bubo, without any other symptom of venereal disease, or with it only a slight purulent discharge, (case 5;) or she may have only a purulent discharge, the husband at the time having chancre. (Case 6.)

In syphilitic ulceration of the cervix uteri, the uterus is often slightly enlarged, but continues pendulous and unattached; there is a sensation of heat at the upper part of the vagina; pressure produces considerable uneasiness, and the sore, and the part of the cervix adjacent to it, is tender to the touch.

There is no alteration in the os uteri, nor is there any morbid change in the structure of the vagina, and the pain is not acute nor constant. The health of the patient soon begins to suffer, and hectic supervenes, unless proper measures be adopted.

I need scarcely state that a mercurial treatment in these cases is absolutely necessary, and the only one to be depended upon.

ON THE TORTURES AND TRAGEDIES CAUSED FROM THE UNQUALIFIED PRACTICE OF MEDICINE.

By Samuel Byles, Esq. Surgeon, Mile-End, London.

Amongst the numerous meetings of medical men in opposition to Sir James Graham's bill, that of the legally-qualified practitioners of the Tower Hamlets was not the least important, attended and sanctioned as it was by about 130 gentlemen, a majority of whom have been many years established in practice, and whose *personal* interests, therefore, are not likely to be materially influenced by this baneful measure, should it receive the sanction of the legislature; yet a morning journal stigmatizes the proceedings of this meeting as presumptuous, and a medical periodical sums up its notice of it in words to this effect—that the chairman and various speakers merely repeated the parrot-note of protection, protection, protection. It would be affectation to deny that a deep anxiety was expressed that the present position and legal rights of the profession should be maintained and extended; but whilst the bill was denounced as a fresh specimen of the too general principle of all modern legislation, which appears to involve the destruction of everything venerable and time-honoured, it was more emphatically condemned for its evident tendency to degrade and deteriorate the future race of general practitioners, and above and beyond all, for its prejudicial bearings upon the profession—it was condemned on account of its inevitably disastrous consequences to the community at large, especially in poor and thickly-populated districts.

Having endeavoured at the meeting to establish this last proposition by facts drawn from my own observation or knowledge, and finding, from current numbers of The Lancet, that you are strengthening your own most valuable arguments by practical narratives of facts from individuals, I venture to trouble you with a repetition of those facts, as sad cases of mal-practice on the part of druggists and other unqualified practitioners.

I have seen the tongue of a young child the seat of a most horrible slough, produced by placing a large dose of dry calomel thereon during the last stage of malignant scarlatina.

I have known a case of low typhus in an enfeebled constitution, and in a small, ill-ventilated room, mistaken for rheumatism, and treated by doses of colchicum so large as to produce fatally the poisonous effects of that plant.

I have known a fracture of the ulna extending into the wrist-joint entirely overlooked, and treated as a sprain, for several weeks, with embrocations.

I have very recently been made acquainted with a case of severe injury of the elbow-joint subjected to similar treatment, ulceration has followed, and amputation, or at least ankylosis, must be the result.

I have lately seen a case of abortion succeeded by fatal inflammation of the womb and peritoneum, immediately following the use of medicines procured at a druggist's. I have known, in a case of retention of urine from retroversio uteri in the early months of pregnancy, the catheter passed in utero, instead of into the bladder, and abortion produced. Finally, I have known a druggist-accoucheur sit by the bedside of a woman with *placental presentation*, and allow the stream of life to ebb away without a single well-directed effort to preserve the patient—"Ignavus expectat dum difluat amnis."

This last case leads me to remark that whatever evils may result from the ignorance of female midwives, the druggist-accoucheur is a far greater curse. The midwife has a sort of instinct of her sex, which informs her when the assistance of a surgeon-accoucheur is required, and such assistance she can always command; but the druggist-accoucheur, if he has discrimination to know when he requires aid, conscious that he is considered an interloper, does not know where to procure it.

Yet these are the men, who, wise in their generation, have lately armed themselves with the factitious and unmeaning diploma of the Pharmaceutical Society, which, considering how universally the humbler classes of our fellow-countrymen and countrywomen worship the

"Omne ignotum pro magnifico,"

will prove to them a tower of strength, should Sir James Graham's bill ever become the law of the land; these are the men who are now venturing to write up "surgeon-accoucheur," in addition to such announcements as the following:—"The diseases of women and children particularly attended to"—"Especial attention given to the diseases of poor pregnant women," &c.

I do not include all druggists in this censure; many of them have served medical apprenticeships, and acquired, in various ways, competent medical knowledge for ordinary practice; but, somewhat strange to say, these are the men who can and do discriminate between the slight ephemeral complaints—which must ever be the subjects of *counter practice*—and those more serious ailments which require surgical or medical care; and such men, in general, devoutly eschew obstetrics; whilst, on the other hand, the most audacious pretenders to medical and surgical skill are invariably the most ignorant.

If, Mr. Editor, you will insert the foregoing cases, with or without the accompanying remarks, in your valuable journal, and if surgeons in town and country will furnish you, from week to week, with similar instances of mal-practice, (which may be done *ad infinitum*,) a mass of evidence will be collected, that must crush the new bill by its weight, and redeem the general practitioners of England from the stigma of selfishness—a stigma which, as a body, they of all men least deserve.

London, Oct. 1844.

THE TORTURES AND TRAGEDIES OF MIDWIVES' MIDWIFERY,

DEMONSTRATED IN THE TWO FOLLOWING CASES, COMMUNICATED

By Henry Oliver, Esq., Surgeon, Stilton.

I am induced to send the two following cases for insertion in The Lancet, in the hope that their publicity may assist in convincing the advocates of Sir James Graham's Medical Bill of the fatal results which must inevitably arise from it should it pass into a law:—

RUPTURE OF THE VAGINA, AND DEATH OF MOTHER AND CHILD.

On the 26th of March, 1843, at one A.M., I was summoned to attend Frances Crane, of Yaxley, who was taken in labour about one the previous morning. She sent for the midwife about seven,

who stated she then complained of pain at pit of stomach and right hip; water broke at eleven o'clock, through the midwife's interference; pains returned at regular intervals, but, according to her account, were shorter and less strong than usual until ten o'clock in the evening, when she became sick, and had not afterwards a single labour-pain, but complained of her chest and stomach, and soon became much exhausted. The midwife saying all was right, I did not receive sufficient notice to enable me to arrive until four hours afterwards. I found her with an extremely rapid and barely perceptible pulse; whole surface cold and clammy; countenance pale, sunken, and anxious; voice scarcely audible. She seemed in articulo mortis; all she complained of was the pain in her chest and epigastrium. On applying my hand to the abdomen, the nature of the case was evident; the child could be plainly felt external to the uterus. On examining per vaginam, I discovered a laceration extending quite across the anterior part of it and just through the cervix uteri, which was nearly closed. The rent was so large that I could have passed both hands through it. I gave her some brandy and water, and having explained the nature of the case to the poor woman and her husband, (who, for some hours before, had expressed a particular wish that I should be sent for, but were checked in doing so by the midwife persisting in saying "that all was right,") I proceeded at once to deliver her, not with the expectation of saving her life, but, knowing it was her only chance, I deemed it right she should receive the benefit of it. The child was *alive* at the time, as I could find out by its fingers grasping one of mine, "feebly, 'tis true," but so it did. It was high up in the abdomen, so high, that to bring down the feet I had to pass my hand to the upper part of it. After some difficulty, owing to the somewhat contracted state of the pelvis, I effected the delivery of the child, which was then dead. The poor woman bore the operation much better than could have been expected, and said she felt much relieved. I continued giving her brandy and water, with small doses of tinct. opii, and remained with her until seven. She had rallied a little, and, although she was quite resigned, thought she should recover. I saw her again in the evening; she was becoming warm, and felt comfortable; pulse better. The next day she was so comfortable that my partner, Mr. Nicholson, observed, had he not known what had occurred, he should have said she was going on as well as any woman, under ordinary circumstances, usually does. The next morning, however, I found inflammation had come on; bleeding afforded her great relief. The usual remedies were tried, but without effect; she died rather suddenly 78 hours after delivery, up to which time she had been perfectly sensible, and even cheerful.

Leave having been obtained, a post-mortem examination was made by my partner, Mr. Nicholson. The abdomen was exceedingly tumid; urethra and rectum entire. On opening the abdomen, large coagula of blood were found, principally at the lower part, and the peritoneum adhering generally to the surfaces of the omentum and bowels, which were agglutinated, particularly in front; a small quantity of a bloody serous fluid floating amongst the bowels; uterus much enlarged, measuring thirteen inches from fundus to cervix, and thirteen inches in circumference. On drawing the uterus forward in the cul-de-sac formed between it and the rectum, the peritoneum was lacerated in several parts, in one of which a marble might be inserted. On separating the uterus from the pubes, the hands could be easily passed out at the vagina, owing to the laceration, which extended quite across the anterior and upper part of the vagina upwards through the right side of os uteri, just into the substance of the uterus. The anterior surface of the uterus was covered with lymph; there was none on the posterior. I attended her in her first two confinements. In the first I sent for my late father, who, (the head being firmly impacted,) after my ineffectually using the forceps, effected the delivery of the child by opening it; since which time she has been confined five times; the second, third, and fourth, are living.

DEATH OF THE UNDELIVERED MOTHER AND CHILD.

About ten months after the above unfortunate and lamentable occurrence, I was requested to inspect the body of a woman who had died undelivered at the village of Farcet, two miles from Peterborough. She had been under the care of the same midwife who attended in the previous case; the labour, I was told, was lingering and severe. In this case the woman placed confidence in the midwife, and did not express a wish for a medical man to be called in; but the midwife, as in the former case, persisted in there being *no danger*—went home to Yaxley, a distance of two miles, meaning (I believe) to return soon, but during her absence her patient died. The appearances, on examination of the body, sufficiently proved that the poor woman's life might have been saved had she received timely and proper assistance. A fine, full-grown child, naturally situated, was found, but the head, being of large size, was impacted between the bones of the pelvis, so much so, that it had apparently (even after death) retained its position, and some force was required to withdraw it into the abdomen. An inquest was held on the body by Glenton Atkinson, Esq. Peterborough, which terminated by the midwife receiving a severe reprimand from that gentleman, accompanied with warnings for the future.

I have in other instances been witness to the gross ignorance and brutal obstinacy of midwives, but having no notes of the cases, am unable to give particulars. Are not these cases sufficient to shew some of the evils likely to follow the passing of such a bill as that proposed by the Secretary of State?

Stilton, October, 1844.

ON THE NATURE AND TREATMENT OF INCONTINENCE OF URINE IN CHILDREN.

By A. Browne Steele, Esq., Birkenhead.

In The Lancet for the 12th October, appeared Professor Romberg's suggestion for the cure of incontinence of urine during sleep in children; and in that journal of to-day, Mr. Maclure claims for Sir C. Bell the priority of the recommendation. The editorial note on Professor Romberg's direction for the treatment of this affection—viz., "that it would probably be as easy to make the child hold his water as to lie on his belly, and that the means of effecting the object should have been pointed out," appears to me just as applicable to your correspondent's quotation from Sir C. Bell, especially in cases where the child is too young "to accustom *himself* to sleep on his face or side." On referring to my rough notes of a lecture on this subject delivered by Sir B. Brodie, at St. George's Hospital, I find the following practical observations:—"In children, it is not true incontinence, but the result of habit, which should be checked early. In some cases, it occurs every night; in some, only occasionally; in others, on alternate nights, or at a particular hour. A small blister on the sacrum is often useful, and acts by preventing the patient from lying on his back, the position in which it has been observed to occur most frequently; or a machine may be constructed, with the same object. If it occurs at a particular hour of the night, the nurse should wake the child just before; or if it be an older person, an alarum clock should be placed over his head, and set to strike just before the hour. It sometimes appears to be connected with a bad state of health, and then tonics are of service; in some periodical cases, quinine is useful."

These notes are not verbatim, but I believe they contain the substance of the original remarks.

Birkenhead, Cheshire, Oct. 1844.

ON THE PHYSIOLOGY OF THE SALIVA.

By Dr. Wright, Birmingham.

The review of Blondlot, "Traité Analytique de la Digestion," in "The British and Foreign Medical Review," for this present October, 1844, p. 529, contains the following passage:—"He (Dr. Blondlot) maintains that the salivary fluid has no influence in accelerating the process of digestion—a position which is probably far too exclusive. We can as little accord with the conclusions of Dr. Wright, who (in a series of papers communicated to The Lancet not long since) maintains that the saliva is *the essential* agent in the digestive process. We believe that the truth, as usual, lies between the two extremes; and that the peculiar matter of the saliva acts as an incipient *ferment*, especially upon the farinaceous part of the food."

I should have felt the personal compliment to be greater if the reviewer had given proof that he did not know such experiments as mine on saliva were in existence, or knowing thus much, had quoted the deductions from those experiments with rather more fidelity. In justice to myself, and, what is of greater consequence, *in justice to recorded facts*, I beg to furnish him with a little information.

I never in my life either thought, or said, or wrote, that saliva is *the essential* agent in digestion. I have laboured to prove, that in animals possessed of salivary glands, their secretion is *an agent* of digestion, but nothing more. In The Lancet of May 21, 1842, p. 263, I took occasion to say—"Saliva has the power of modifying, and, *to a certain extent, of digesting*, vegetable and animal substances," &c. And further on, "Without the presence of saliva in due quantity, and of a healthy kind, the stomach would *imperfectly* perform its functions." And in summing up the services performed by saliva in the animal economy, I said that one of those services was, "to *aid* the digestion of food by a specific action upon the food itself." But I never said that food could be digested (properly so called) by saliva, or that the stomach could perform no digestive action without it.

The reviewer further tells us that *he thinks* the saliva acts,

especially upon farinaceous food, *as a ferment?* If he will consult the number of THE LANCET to which I have referred, and the one for May 14, 1842, pp. 217-18, he will find that the experiments therein recorded, directly shew that the action of saliva upon starch is a fermentive one, and that this action is promoted or retarded by the very means which help or hinder ordinary fermentation. And in a foot-note to THE LANCET of May 21, 1842, p. 263, it is suggested, that the lactic acid, which is formed when saliva converts starch into sugar, is probably derived from the action of saliva upon the sugar into which it had previously converted the starch. And it is analogically stated, that a piece of rennet will act upon sugar in the same manner as saliva, though without the loss or addition of any element.

Waterloo-street, Birmingham.

FRACTURE OF THE GREATER TUBEROSITY OF THE HUMERUS.

By W. DUNDAS KEY, Esq. Surgeon, Hoxton.

THE following case, first observed by Mr. E. Lloyd, a student in the dissecting room of the Aldersgate school, and pointed out by him to Mr. Smee and myself, may be worthy of your insertion. The particulars as to the origin of the accident cannot be traced, and I cannot discover any similar case on record.

The point of interest is, that the portion of the greater tuberosity of the humerus to which the tendons of the supra and infra spinatus are attached, has been fractured, a portion of the bone still remaining in the ends of the tendons, the remainder having been absorbed; the tendon of the teres minor is in its natural position; the tendon of the subscapularis partially torn, that of the biceps torn through; the capsular ligament has become adherent to the inferior surface of the acromion, having somewhat the appearance of a fresh articular surface; the glenoid cavity is entire; the clavicle was fractured, I suppose, at the same time.

In the same subject, the radial artery is given off directly below the tendon of the latissimus, its chief peculiarity being, that it is given off *on the inner side*, and crosses the brachial about the middle of the arm; in the hand, it forms the superficial palmar arch; in the leg, the internal circumflex is given off above the profunda, and supplies those parts usually supplied by the obturator, which is unusually small. The preparation of the joint above mentioned is in the possession of Mr. Alfred Smee.

Brudenell-place, Hoxton, Oct. 1844.

BRITISH MEDICAL JOURNALS.

ON THE METHOD OF TAKING PLASTER CASTS.

WE have frequently heard medical men express their regret at not knowing how to take plaster casts of various objects in which they felt interested. The method is sufficiently simple, as shewn by the following directions, given by Mr. Butler, in the "*Zoist*," and copied into the "*Phrenological Journal*." Referring more particularly to casts of the head taken during life, they are equally applicable under all other circumstances.

"In taking casts of the head from life, precaution is necessary, to prevent adhesion of the plaster; for this purpose a lather of soap and water is employed, of a consistency similar to that used in shaving, or even stronger. With this the hair must be saturated and combed or brushed down close to the head, after which the soap and water is again applied abundantly to the smoothed surface, and, sometimes, if any doubt exist of perfect security against adhesion, the lather may be applied even a third time.

"In mixing the plaster, let a basin be nearly filled with water, and the plaster carefully and gradually but quickly scattered in with the hand until it rise to the surface, when it may be stirred with a common iron spoon. Care is necessary, in doing this, to prevent the formation of lumps.

"It will be understood that the mould must be removed from the head in sections. The simplest form of division is in two parts; the line of separation running from the throat to the back of the head, so dividing the whole into two equal portions. For this purpose, and before the application of the plaster, a thin string is passed over the face, dividing it down the centre of the nose, and again passing over the head down to the nape of the neck. This string should be arranged before the plaster is laid on. Divide the plaster into two portions; one of which place in any earthen vessel approaching in shape the back of the head, and sufficiently large to admit of immersion for the greater facility of applying the plaster. The person should be placed in a recumbent position, and the back of the head immersed in the vessel provided for the purpose, while the other portion is to be gently but quickly laved over the face, previously moistened with a little sweet oil. The eyebrows it will be necessary to moisten with the soap lather, as also the whiskers and the eyelashes with a little oil. The whole of the head is thus covered, the nostrils of course being left open; it would, however, be advisable that novices should place quills just within the nostrils, to avoid inconvenience. The mould should be consolidated by the repeated addition of plaster, until it is of the thickness of about half an inch, when it may be divided by drawing up the string; this must be done before the plaster acquires too great a degree of induration; then the mould may be removed without difficulty.

"The greatest care must be observed in casting the ears, in order to prevent the plaster from adhering internally or even externally. Let the whole of the crevices be well stopped with a mixture composed of soap and oil, of about the consistency of thick paste; and it may be well to observe to the inexperienced operator, that should any of the plaster form internally, it would be productive of, at least, extreme inconvenience.

"*To take casts from the mould.*—Immediately after the removal of the mould, tie it together and saturate it with water by steeping it during three or four minutes; and before the moisture has disappeared from the surface, pour in at the opening at the throat a quantity of plaster of the same consistency as before, and this, by turning the mould round, must be made to flow into every part of it. The plaster will be thus added until the cast be of the thickness of about half an inch. When this substance has been acquired, let the whole stand for a few hours, after which the mould may be removed from the cast by the careful use of a mallet and chisel.

"*The multiplication of casts.*—Dry the original casts thoroughly; then with a brush and some boiled oil go over the surface two or three times, after which the cast must stand for a day or two, to allow it to dry, when it will be in a fit condition for the formation of the mould. For ordinary purposes the mould may be made in three pieces, of which the back of the head as far as the ears, but not including them, constitutes one, and the face, equally divided as before, affords the other two, an ear of course attaching to each. This operation is performed piecemeal. The part receiving the plaster must first be thinly coated with a mixture of oil and grease, (hogs-lard or tallow,) to prevent adhesion. When the piece is of the necessary thickness, remove it, and trim the edges with a sharp knife, after which replace it on the cast, and having greased the edges, proceed to the formation of another portion, which of course will adapt itself to the edge already prepared. When the mould is made, put it together, dry it perfectly, then oil it in the manner before described with reference to the cast, and in the course of two or three days it will be in a fit state for casting, taking care to coat it with oil and grease before taking each cast."

RECIPROCAL INFLUENCE OF THE NERVOUS AND SANGUIFEROUS SYSTEMS.

The bloodvessel and the nervous fibre are the first parts which receive life, and the last which lose it. Anatomy shews that they are always associated together in the cellular substance, which serves as a bond of union between them. Physiology displays them invariably acting in unison—and Pathology finds them very generally acting the one upon the other. Let us cite a few examples in illustration of these propositions:—

A young girl, returning home one morning, was insulted by a soldier, who clasped her round the waist. She chanced to have the catamenia upon her at the time; the secretion was at once checked, and did not again return.

The mother of one of the young soldiers in the army of Italy, 1798, was told of the death of her son: she started up for a second, and the menstrual discharge ceased that very moment.

These are instances of the action of the nervous on the sanguiferous system; the following exhibit the action of the sanguiferous on the nervous.

A young Creole girl, of an hysterical constitution, was seized with spasm of the throat, which for two days prevented her from swallowing anything. She was bled; and from the moment that the blood began to flow, this spasm gave way, and she could swallow with ease.

A plethoric woman is advanced beyond the middle of pregnancy without having quickened; draw a few ounces of blood from her, and the first movements of the fœtus will probably be felt forthwith.—*Medico-Chirur. Review.*

MEDICAL MEMORANDA.

Quinine in Ague.—Dr. Stratton thinks a single large dose in the interval, cures more rapidly than repeated small doses.

Treatment of Neuralgia.—Dr. Jacques, of Antwerp, recom-

mends inoculation, by means of a vaccinating lancet, with a solution of sulphate of morphia.

M. Lafargue recommends inoculation in the same way, with a saturated solution of veratria; and M. Roclauts, a Dutch physician, gives nux vomica, in doses of from three to ten grains in the twenty-four hours.

Succinate of Ammonia in Delirium Tremens.—M. Scharn has seen the most furious delirium overcome as by enchantment, and the disease removed in a few hours, by the use of this remedy alone.

Arsenic in Peritoneal Dropsy.—Dr. Debavay has treated a case successfully. One-twentieth of a grain was given twice a-day. The improvement was notable in six weeks, and in six months all symptoms had ceased, and the catamenia, which had been suppressed, were restored.

Mustard in the Convulsions of Children.—Dr. Triplu was led to the employment of this remedy as an emetic, and finding it arrest in a few minutes an attack of convulsions that had lasted five hours, he has employed it in three other cases with complete success.

Prophylactic Remedy against Ptyalism.—Dr. Schoepf recommends the following tooth-powder during the administration of mercury, to prevent salivation. Dried alum, powdered, ℥ij.; powder of cinchona, ℥j.; to be used by means of a soft brush morning and evening.—*Northern Journal of Medicine.*

THE LANCET.

LONDON: SATURDAY, NOV. 9, 1844.

A SPECIAL GENERAL MEETING of the MEMBERS of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION has been convened, by the Council, to be held at the TOWN HALL, DERBY, on THURSDAY next, the 14th of NOVEMBER.

The object of calling the meeting is stated to be, to take into consideration the principles and provisions of THE GOVERNMENT MEDICAL REFORM BILL.

We earnestly hope that the attendance will be numerous,—that the GENERAL PRACTITIONERS belonging to the Association will be in their proper places on the occasion,—that they will carry with them "resolutions," prepared, *in writing*, embodying their views and opinions with regard to the measure which is to come under consideration,—and that they will not sanction such milk-and-water votes, such imbecile motions and puerile petitions, as have been carried and adopted at a few—and, thank Heaven, only a few—of the meetings of members of the profession which have been held on the subject. If the GENERAL PRACTITIONERS of this country be not acutely alive to *the peril in which they are now placed*, and fail to adopt those decisive and vigorous measures which the aspect of the period demands, ruin, *inevitable ruin*, will be the doom of the majority of their number.

At many of the meetings which have been held, the proceedings were regulated under an incorrect impression as to the *actual position of the Government measure*, and, accordingly, several of the petitions that have been adopted, could not, in compliance with the forms of the House of Commons, be received, with reference to that Bill. Numbers of the petitions, therefore, will be found to be informal, and may, accordingly, be rejected. The profession ought to be made acquainted with the fact that the measure of Sir JAMES GRAHAM is *as much out of parliament at this moment*, as though it had *never been presented* to the House of Commons, and the steps which the minister will have to take with reference to that or any other Bill of the kind, must be *commenced de novo* in the forthcoming session. He must *again* ask for the leave of the House to introduce a Bill for the better regulation of medical practice throughout this kingdom, although, in his remarks, he may state to the House that the measure which he is desirous of introducing for consideration is *the* Bill which he was permitted to lay upon the table in the preceding session.

A knowledge of this fact points clearly and unequivocally to the line of policy that the profession should pursue. The resolutions which ought to be adopted at meetings of the profession should, therefore, be condemnatory of the *principles* and *main provisions* of the Government Bill of *last* session, and the petitions which are founded upon such resolutions should implore that permission may *not* be granted by the House for the introduction of *any* Bill for the government of the medical profession SIMILAR *to the measure of the last session.* The petitions should also specify, distinctly, the principles and details which are so strongly opposed by the profession, and should conclude by explaining what ought really to be the enactments of any measure that is framed for placing the profession on an improved basis, and giving to the public the best security that can be derived from the existence of a highly-educated body of medical practitioners, clearly defining the principles on which the medical laws of this country ought to be re-constituted and founded.

In pursuance of this plan—that is, of petitioning the House, praying that no such Bill as that of last session may be *again introduced*,—public meetings—such as the one which is about to be held at Derby—may address the legislature with telling effect, provided they speak plainly, intelligibly, and decisively.

But let it not for one moment be supposed that we would restrict the duty of petitioning to *societies* or *associations* of any description.

Truly admirable will be the effect produced by petitions from the practitioners who form the MEDICAL PROVINCIAL ASSOCIATION OF ENGLAND—from the President and Council of the BRITISH MEDICAL ASSOCIATION—from the members of the GENERAL MEDICAL PROTECTION ASSEMBLY—from the medical practitioners of the borough of ST. MARYLEBONE, the borough of the TOWER HAMLETS, &c. &c., or from the county of SOMERSET, or from the county of LANCASTER, &c. &c.;—but we are confident that an infinitely *greater* impression will be produced as to the ultimate construction of any Government measure on the subject of medicine, by petitions from *individual* members of the medical body, lodged in the hands of those representatives in Parliament who sit for the places in which such petitioners may reside. Notwithstanding all the advantages that may be derivable from the system of petitioning we have first described, thoroughly satisfied are we, that far greater benefits will be obtained from the latter, as it must have the effect of bringing into communication with the members of Parliament, not merely the *Presidents* or the *Secretaries*, of the different associations and societies, but all those members of the profession who are hostile to the principles of the Bill, and who may feel it to be due to their own interests, to the respectability of the profession, and to the security of the public, to exert themselves, *personally*, in order to prevent so unjust, stupid, and dangerous a measure from ever being enacted into a law.

Earnestly, then, do we hope, not only that the *principles* which are to be avowed in the petitions to the legislature, but that the *mode* of petitioning, will engage the serious attention of the important meeting which is about to be held at Derby. The BRANCH ASSOCIATIONS IN THE COUNTIES, or a committee in each county, should be specially selected or appointed for carrying such a system of petitioning into full practical operation. An observance, of some years' duration, of the proceedings of Parliament, enables us to state, confidently, that an opposition, thus offered, against the re-introduction of the Bill of last session, or the first introduction of any measure that may be at all disfigured by deformities so odious in principle or policy as the one now before us, would present the fairest prospect of complete ultimate success.

Half a dozen words in repetition may not be misapplied:—

The Government Medical Bill is *not now before Parliament.*

The minister must *again ask for leave to* INTRODUCE *a Bill* into the House of Commons for the better government of the medical profession.

All the public meetings of members of the profession, associations, and societies, should petition against the *re-introduction*

so odious a measure as that of last session, or against the *first introduction of any similar* Bill.

Medical practitioners should petition *individually* against the re-introduction into Parliament of the Bill of last session, or against the enactment of any similar Bill; and they should place their petitions in the hands of those members of the Legislature who may represent the counties, cities, or boroughs, *in which the petitioners reside.*

Further, they ought to embrace every possible opportunity of communicating, *in person*, with members of Parliament, and supplying to them, *by personal communication*, correct views relative to the imperfect constitution of the medical colleges, the anomalous condition of medical law, the wants of the community in relation to the practice of medicine, and the respectful, but resolute, unchanged, and unalterable demand of the profession, that they shall be invested with the power of exercising the ELECTIVE FRANCHISE in the government of the *medical* colleges of this kingdom.

SINCE the foregoing article was in type, our attention has been particularly directed to the proceedings of the BATH AND BRISTOL branch of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, at a meeting held at Bristol, October 17th.

We had determined not to refer, specially, to the conduct which has been pursued at any of the public meetings of the profession, until we had concluded, or nearly concluded, our analysis of the clauses of the Government Medical Bill; but two correspondents whose characters and abilities we greatly respect, having written to us, in a tone of violent indignation, relative to certain motions and resolutions, which one of them designates as being "FOULLY TREACHEROUS," or "GROSSLY IGNORANT," we turned at once to the report in question, and must state that we have concluded our perusal of the resolutions with feelings of sickening disgust. One would have supposed that if there had been a single honest reformer in the room, such a motion as the following would have choked him on the spot:—

Moved by a Dr. DILLON, of Bath, and seconded by a Dr. RILEY, of Bristol, and carried—apparently without one word of opposition,—

"That the thanks of this meeting are DUE, and are hereby "given, to the Right Hon. Sir JAMES GRAHAM, Bart., M.P., for "submitting to the House of Commons THE PROJECT OF LAWS "FOR REFORMING THE MEDICAL PROFESSION; and that copies "of the resolutions passed here this day be transmitted to the "right hon. gentleman."*

Who are these *doctors*, that have thus audaciously presumed to *thank* the author of a Bill which is directed against the happiness, the respectability, and best interests of *nineteen twentieths of the medical practitioners of this kingdom?* "Who are they," we repeat, that have thus dared gratuitously to offer such an insult to their professional brethren? We again ask, "Who are they?" What are their claims to public confidence; what are their medical titles, and where were those titles obtained? Many physicians have acted nobly in the struggle now pending, and are entitled to the esteem of the profession for their exertions. Their labours will not be forgotten. At one of the first meetings which was held relative to the Bill—we believe it was at Lymington—the physicians, who took a leading part, honourably distinguished themselves by repelling the attack which the Government had made on the interests of surgeons in general practice. We acknowledge, with feelings of thankfulness, the aid of such labourers in the cause; but such a resolution as the one moved by *Doctor* DILLON, and seconded by *Doctor* RILEY, at the branch meeting at Bristol, and the adoption of somewhat similar resolutions in a few other places, ought to be held up as WARNINGS to the general practitioners—ought to ADMONISH THEM of the peril which may attend their cause by the pretended advocacy of a certain class of practitioners.

Whatever course others may take, we are ourselves resolved not to abandon that line of duty which we have steadily pursued for the last twenty years. Hence, we hesitate not to assert our belief, that if the general practitioners do not at once take the conducting of their affairs into *their own hands*, and exclude from their societies and associations all persons who are *not legally qualified to be* GENERAL PRACTITIONERS *in this country*, they will be sacrificed, and that a combination of treachery, knavery, and ignorance, will enable the minister to perpetrate their ruin. The necessity for plain speaking has arrived.

There must be a new organization of the scattered powers of the profession, or all will be lost. The general practitioners of England and Wales are the real surgeons and physicians of the people. The Dubs and Pures are the mere mushrooms which have sprung up in the hot-beds of collegiate corruption. Look back to the records of history. From 1812 to 1815, when the associated general practitioners of England and Wales were labouring, night and day, to procure an Act of Parliament for the better regulation of medical practice in this country, and to provide for the punishment of the quacks and pretenders of that period, by whom were those zealous and able reformers opposed, resisted, thwarted, insulted? Why, by *the physicians and pure surgeons of that period*,—even by the Fellows of the College of Physicians, and the Council of the College of Surgeons. The former body procured the insertion, into the Bill, of the clause which enabled *all chemists and druggists who had previously practised medicine, to continue that practice, without being subject to the penalties of the law.* Thus the cause of the general practitioners was betrayed, and betrayed will it be, *again* and *again*, if they admit amongst them, and allow their proceedings to be controlled by, other classes of practitioners, who are interested in *keeping them down, and withdrawing from them the respect and confidence of the public.* The Bill of the Government is a *direct premium*, a *bribe*, to the pure physician, to the pure surgeon, even to the steam-made "dub," whilst its enactment into *a law* must produce the certain ruin of an immense majority of general practitioners, and ultimately, as is asserted in the "Address" of the Society of Apothecaries, "DESTROY THEM AS A CLASS."

Will, then, the general practitioners take their proceedings into *their own hands*, and adopt all the requisite measures of security? Upon the *practical* answer which they may give to this question will hang the issue of their fate. The Society of Apothecaries evidently dreads the interference of the pure physicians and the pure surgeons. Well it may. Its invitation of co-operation is, therefore, confined to *general practitioners.* This is honest and prudent. But what steps are to be taken to bring about an union of interests which are strictly identical to the effectual exclusion of elements which would be dangerous to the existence of such a combination?

This question induces us to ask another:—

How long is the incubus of silence to remain upon THE COMMITTEE OF "ASSOCIATED GENERAL PRACTITIONERS," consisting of such respectable surgeons as Mr. MORAH, of Chelsea; Mr. WOOLEY, of Brompton; Mr. SEMPLE, of Islington, and others not less esteemed by their professional brethren? This Committee has continued undissolved from the year 1815 to the present time. It has at its command a subscribed fund for disposal, amounting to about Five hundred pounds. Mr. BLATCH, an able and active member of the profession, is the secretary. He is also, we believe, officially connected with the Society of Apothecaries. The members of this Committee, by continuing in a state of such indolence and indifferent repose at this critical juncture, are incurring a very serious responsibility. Presently they will be awakened from their long-continued sleep, by the rod of correction, applied, probably, with no lethargic grasp, by the hands of some of the still-surviving subscribers to the fund.

* The resolutions will be found reported at page 205 of this week's LANCET.

There is, we repeat, treachery in the camp, and, as the only safeguard against the base designs of its promoters and abettors, we would recommend—even to the breaking up of all the medical reform societies—an UNION, firm and fast, consisting of all the general practitioners of this country. The pure physicians, pure surgeons, and steam-manufactured dubs, who are friendly to such an union, and to the objects for which it is established, will be delighted to witness the triumphant progress of its labours; and if they should feel any, the slightest annoyance, at being excluded, personally, from participating in the toils of their brother practitioners, still there are other modes which would enable them, very satisfactorily, to contribute to the success of the cause. On the contrary, those pures, of whatever class, who are *favourable to the Bill*, and, therefore, *unfavourable to the general practitioners*, can find no fitting place in the ranks of men who are absolutely called upon to struggle, with feelings of desperation, for the maintenance of that position which they now occupy in society.

THE contrast which we have exhibited in the treatment of the two professions—those of *law* and *medicine*—by the executive Government of this country, has, we are happy to find, produced the result which we anticipated. The one, as we have proved, has been characterized by nothing but favour and protection, the other, stigmatized by disfavour and destruction. Yet, with evidence so overwhelming and irresistible, the ministers of the Crown have added insult to injury, by boasting of the *respect* which they entertain for the members of the medical fraternity.

We intended to close the *protective* branch of this subject in the last LANCET. It was our purpose and our desire to conclude the remarks which we had to offer on the first clause, as a distinct provision of the Bill. But we must add a few "last words," in order to give another illustration or two as to the aid which the profession of the law derives from the favourable consideration of the Government, and also from the practice which is now adopted in the courts of judicature. We feel the less reluctant to return briefly to the subject, from finding that we are prevented from bestowing the space which we intended to devote, in this number of our journal, to the constitution and powers of the COUNCIL OF HEALTH AND MEDICAL EDUCATION. We are anxious to submit the argument on the clauses which relate to that projected institution at one view, in a single number of THE LANCET.

In order to accomplish this object, it is necessary that several of the clauses relating to the projected Council should be printed verbatim, and submitted to the reader as the argument proceeds. The adoption of this plan obliges us to defer our analysis of the constitution and powers of the Council until next week; but the delay will be attended with this advantage, that the whole of the facts and arguments on that branch of the inquiry will be submitted to the reader in unbroken connexion.

The *name* of "THE COUNCIL OF HEALTH AND EDUCATION" appears to have seduced several of the members of our profession into the utterance of some very weak speeches, and into an expression of approval of the conduct of the Government—an approval, which will be found, on a little further examination, to be altogether unmerited. The *name* may be commendable enough, but the most virulent of poisons and the worst intentions may be altogether disguised and concealed under specious garbs and fair titles.

The Attorneys and Solicitors' Act, as we have already proved, refers, like the Apothecaries' Act of 1815, only to *England and Wales*, and thus it excludes from practice in these portions of the United Kingdom all the attorneys and solicitors of Ireland, and all the writers to the signet in Scotland. The Medical Bill, on the contrary, proposes to admit into England, without examination here, all the medical practitioners of Ireland and Scotland. If the Irish and Scotch attorneys and solicitors are *excluded* from practising in England for the benefit of the legal profession here, is it also for the *benefit* of the members of the medical profession who are entitled to practise in England and Wales, that the medical practitioners from Scotland and Ireland shall be indiscriminately *admitted* into this country? The Government is called upon to prove the harmony and justice of the two propositions,—to adjust, in truth, what *we* regard as irreconcilable discrepancies,—to shew that two opposite principles are one,—that both are rational and consistent parts of a *system* of legislation,—that the fact of one being advantageous and the other ruinous, is equally beneficial to the *two* professions to which the opposite practices relate, and that both are equally advantageous to the public.

This, we apprehend, will be found to be a task of no ordinary difficulty, and a minister who was possessed of less resolution than our "great mystery," or "great-medicine man," Sir JAMES GRAHAM, might shrink from engaging in such an extraordinary and illogical enterprise. He will, however, be required to *prove* that the *legal* profession *is* entitled to protection, and that the *medical* profession *is not*. Exceedingly curious are we to learn what are the elements out of which his argument will be constructed.

But before he will have the opportunity of displaying his rhetorical powers on such subjects, it is probable that the Bill which is now before the public will cause such a violent current of indignation to be directed against the ministry by the members of that body whose RUIN and DEGRADATION are contemplated, that we can hope, and even expect, a whole cabinet of ministers may resolve on the propriety of abandoning, at once, and for ever, the iniquitous attack which it has directed against the medical profession, and the best security for the health of the community.

The profession has every motive for *approving* of only a *moderately-good* Bill. A drowning man, it is said, eagerly catches at a straw. The distracted, the dissatisfied, state of the profession may account for the respectful manner in which the Government has been thanked at *some* of the public meetings for the introduction of a *radically-bad* Bill. This first step of the Government has been willingly hailed by many practitioners as the precursor of something wise and valuable,—as the sign of *good intentions*. So strong has been this feeling, that even a subsequent examination of the imperfect provisions of the measure has not had the effect, in several instances, of eradicating it from the minds of the gentlemen who have conducted the public meetings. The generosity of the profession in this respect has presented a brilliant contrast to the injustice and illiberality of the Government.

Equally forbearing have been the speakers with reference to the treatment which *other* professions have received from the legislature; although the taunts, reflections, and reproaches, might have been innumerable, scarcely a word indicative of disrespect to the proposer of the Bill, or to the ministry, of which he is an eminent member, has been uttered. There have, it is true, been exceptions to this forbearance, but they have been few.

We certainly do regret that, in a public discussion of this question, the aid which the cause of Medical Reform might have derived from a bold reference to the legal profession has not been supplied at the public meetings. Selecting a pile of statutes in favour of the profession of the *law*, the speakers might have constructed even a paper-battery, that could have been worked with irresistible force against the attacks of all the spoliators of medical interests.

The protection in favour of the *legal* profession is more powerful and extensive than can well be conceived. It is the living principle of our Inns of Court. It is the mighty bond which unites all the members of the legal profession into *one distinctive body*. Sir JAMES GRAHAM, the ruthless destroyer of

the profession of medicine, is not a silent observer or an indifferent spectator of the advantages which the members of the profession of the law derive from a strict maintenance of a statutory protective power, but he is one of its active supporters,—a zealous advocate for confining the practice of the law to regularly admitted, regularly registered, regularly qualified members of that profession.

The proceedings of the House of Commons furnished an example of this description in the last session of Parliament. It can be explained in a few sentences.

When the Poor-Law Amendment Bill was before the House last summer—only in last July, just before the Medical Bill was under discussion, one of the clauses of that Bill attracted the particular notice of Boards of Guardians, because they saw that by it their Clerks were to be precluded, unless they were regularly-admitted Attorneys or Solicitors, from conducting any proceedings on behalf of such Boards at any Quarter or General Sessions of the Peace.

The clerks to the different Boards of Guardians are not, it is true, Attorneys or Solicitors, but they are men of great experience and intelligence, and, from long practice, are thoroughly conversant with the proceedings of the Boards, and all parochial matters.

At an immense saving of expense to the parishes, these Clerks have been in the habit, for many years, of conducting appeals, and instructing Counsel at Quarter and General Sessions of the Peace. This practice was advantageous to the Boards, and productive of a great saving of expense to the different Unions.

"But," exclaimed the *Attorneys* and *Solicitors*, "this is very "*dis*advantageous to *us*. We are deprived by it of *fees* that pro- "perly belong to us." The Barristers who practised at Quarter Sessions declared that the management of the causes by the Clerks to the Boards of Guardians was also injurious to them—that it deprived them of consultation and other *fees*, so completely *au fait* were the said Clerks in all matters in which the Guardians were concerned.

Hence the interdict in the Act of 1843 against allowing Clerks of the Boards of Guardians to take or conduct any proceedings on behalf of such Boards, at any Quarter or General Session of the Peace.

The Boards, finding that this "protection" in favour of attorneys and solicitors put them to additional expense, and obtained for them less justice, than when their business was conducted by their own clerks, who were practically acquainted with all the litigated matters, determined on endeavouring to procure a relaxation of the protective provision of the Act of 1843, so far as related to the practice at the Quarter and General Sessions of the Peace. Accordingly, the Clerks of the Boards applied to Mr. WAKLEY, and requested that he would move that there should be introduced into one of the clauses of the Bill the following amendment:—

"That it shall be lawful for any Clerk to any Board of "Guardians, if duly empowered by any such Board, to make or "resist any application, claim, or complaint, or to take and con- "duct any proceedings on behalf of such Board, at any Quarter "or General Sessions of the Peace."

This amendment was opposed by the Government! Who was the only member of the ministry that spoke in opposition to it? Why, Sir JAMES GRAHAM. And what was his argument? He had *none*; but he stated that it was "not without *difficulty* that "he had introduced the relaxations of the Act of 1843, already "to be found in the Bill—and that really he could go no "further."

Of course the opposition of the Minister was successful, supported, as it was, by the powerful legal interest in the House, and thus the "protection" afforded to the Attorneys and Solicitors by the Act of 1843 suffered not that small infraction or diminution which the introduction of the amendment would have effected. Out of deference—out of mere *deference*, or regard, or respect—to the profession of *the law*, that amendment was opposed by Sir JAMES GRAHAM. Yet, by it, a mere proposal was made that the officers exercising special and peculiar functions, which make them peculiarly qualified for the discharge of such a duty, should be permitted to conduct the law proceedings of the Guardians at Quarter and General Sessions of the Peace. "No," said the Minister; "I do not deny their competency. Far be it from me to contend "that there would not be a saving of expense to the parishes by "the adoption of such a measure; but, really—I am very sorry— "I must not permit of any further interference with the profes- "sion of the law."

Contrast, we repeat, this conduct of the Minister with his *destructive* proposals relative to the profession of medicine. This is the *Minister*—this is a member of that executive government which has been lauded, *usque ad nauseam*, by some of the speakers at the medical meetings, for having introduced the QUACKS' PROTECTION BILL! Such are some of the signs which affected wisdom and pretended disinterestedness and consistency present!

A morning journal, belonging to that political party of which Sir JAMES GRAHAM was once, and is now, we believe, *in principle*, a member, is the advocate of the Bill; but as that paper has deliberately attacked the motives and character of the profession, the worth of its advocacy cannot be unappreciated. That journal is strongly in favour of the demolition of the protective barrier which now—inefficiently, it is true—encompasses the GENERAL PRACTITIONERS of England and Wales. What are the principles and views of that same journal with respect to the profession of the law? The mottoes which indicate its principles and opinions are these,—"*For the law*, ALL PROTECTION:" "*For medicine*, NONE." Within the last ten days, the journal in question contained a furious attack, in a leading article, on Mr. Baron ROLFE, one of the most respected and beloved of our judges, for *allowing* a Counsel at the Old Bailey to plead the cause of a prisoner, *then* on his trial, because that Counsel had not previously received his brief, in a regular way, from *an attorney or a solicitor!* In condemning this act of the Judge, the paper in question accused the learned Baron, in a tone of frantic violence, of highly improper conduct. Observe! A poor prisoner—a man who, probably, is scarcely capable of mustering five shillings in the world—is not to be *defended*, when on his trial, unless the facts of his case are submitted to the Jury by at least *two* qualified members of the legal profession — one of them having been regularly admitted to the BAR at an Inn of Court, the other having been regularly admitted as an attorney or solicitor, according to the provisions of the Act of 1843.

The selection of the Counsel had been made by Mr. COPE, a person who, from his respectability and position, must be fully competent to decide on the capabilities of the advocates practising at the Old Bailey. But the sagacity of the Governor was no extenuating circumstance in the estimation of our morning contemporary. The practice was denounced in virulent language, and the conduct of the judge grossly assailed. Thus, then, stands the question between the Government and such a class of supporters, and the public. "If a person has an interest "to protect *at law*, his cause shall be conducted throughout by a "legally qualified attorney; and, if need be, by a gentleman re- "gularly called to the bar. The unimportance of the subject "matter in dispute is of no consequence—if he go to law, to a "regularly qualified attorney or solicitor shall fees be paid." That is the decree of the Government.

Then, on the other hand, "If a person wants *medical* aid,—if "*his life* be in danger, or *the lives of his family*, he may go where "he likes for advice and medicine, to any physician, any "surgeon, any apothecary, any quack, any impostor, as it is "not our intention to place any restraint upon medical practice, "or to attempt to put down quackery." Notwithstanding such a proclamation by the Ministers of the Crown, there are medical

practitioners who can degrade themselves, and confess their own ignorance, by professing that they "HAIL WITH SATISFACTION" the iniquitous Bill which the Government introduced in the last session of Parliament for *regulating the practice of medicine* in this country.

REVIEWS.

"*An Address by the Society of Apothecaries to the general Practitioners of England and Wales, on the Provisions of the Bill 'for the better Regulation of Medical Practice throughout the United Kingdom,' and their probable Influence on the Position and Prospects of that branch of the Medical Profession.*"*

IN this Address, the Society of Apothecaries has boldly denounced the Government Bill. We quote from it the "introductory" and "concluding" remarks. The other portions of the Address consist of dissections of the different clauses of the measure. It will be seen, by the concluding extract, that the Society is not yet prepared with a plan which it could recommend for the adoption of the general practitioners of this country; but when it is in possession of more information on the subject, the Society "will be prepared to co-operate with its professional brethren in endeavouring to procure such a measure of medical reform, founded upon broad and liberal principles, as will satisfy the reasonable wishes and expectations of the general practitioners themselves." The Society, therefore, willingly and cheerfully throws itself into the ranks of the medical reformers. If the members of the College of Surgeons discharge the duty which they owe to themselves and the public on this occasion, the crest-fallen Council of that institution will be obliged to adopt a similar proceeding. True, the Council of that body will not join our ranks cheerfully and willingly, as the Society of Apothecaries has nobly done, but would do so from the operation of a cause which is not likely to obtain for it the thanks or the gratitude of the profession.

The "Address," from which we quote the following passages, is printed for *gratuitous circulation* amongst general practitioners, any one of whom can obtain a copy at the Beadle's Office, Apothecaries' Hall, Bridge-street, Blackfriars, on an application, made either personally or through the medium of some agent whom he may authorize to apply for it on his behalf. The "Address" is advertised in the papers of this week, under the title of "Medical Reform," and the advertisements state that it may be procured in the manner we have described. Evidently, we live in strange times. The elements which are now at work in the cause of medical regeneration are in a state of portentous commotion, heaving and working in curious places. In former times, we had reason to condemn the Apothecaries' Society. Of late years, a change of policy in the conduct of that body has obtained for it many sincere commendations in the columns of THE LANCET. The course which the Society has now taken is an honourable and a bold one, and will be acknowledged with feelings of satisfaction by the general practitioners of this kingdom.

We shall quote some of the criticisms, on the respective clauses of the Bill, which are very ably and effectively written, on future occasions. We fear that much treachery is at work in the field of our operations; but we have alluded to this circumstance elsewhere, and shall necessarily recur to it at an early period. The following are the remarks:—

"Upon the introduction of the Bill itself, the Society felt called upon to state publicly and unreservedly, the impression which a perusal of its provisions had produced upon their minds, and it was with unfeigned regret that they found themselves compelled to admit that the Bill fully realized the apprehension which had been generally entertained with respect to it. The Society stated, that in their judgment its scope and tendency were to degrade, if not to destroy, the class of general practitioners, by taking away from them the control over the education and examination of their own class, by repealing the existing checks upon the practice of unqualified persons, and substituting no provisions by which such persons might be prevented from practising in future. The Society at the same time proposed to themselves the duty of a deliberate examination of the provisions of the Bill, and promised, at a proper season, to offer an opinion upon the whole measure in a more detailed form.

"In redeeming this pledge, and proceeding to lay before their professional brethren the result of a careful examination of a measure, having no less an object than the better regulation of the practice of medicine throughout the United Kingdom, the Society approach the subject with a deep conviction of its importance, and with a sincere desire to enter upon its consideration with the temper and calmness which its importance demands. They have already publicly stated that they would hail with the utmost satisfaction the introduction of a measure, under the high auspices of a minister of the crown, which would have the effect of removing the anomalies which at present exist in the profession, and of healing the dissensions to which those anomalies have given rise. They gladly avail themselves of this opportunity of repeating that statement. They have observed with pleasure, and cheerfully admit, the existence of features in the present Bill, which must, in their opinion, find a place in any well-considered measure of medical reform; for instance, the establishment of a Council of Health, uniformity of education and reciprocity of practice in the three kingdoms, and a general registration of all qualified practitioners. They have no wish to overlook these features; but believing, as they do, that the direct tendency of the Bill, as a whole, will be to degrade, and eventually to destroy, the class of general practitioners of this country, the Society would feel themselves unworthy of the trust which they have so long held, if they shrunk from the duty of exposing the dangers which threaten the class to which they themselves belong, and a large portion of whose members have been educated under their auspices. The Society disclaim any intention of imputing to the right honourable gentleman by whom the Bill has been introduced, that he desires what the Bill (if it becomes a law) will assuredly bring about. He has been obliged to derive his information on the subject on which he proposes to legislate from others; but that his advisers can be ignorant of the tendency of the Bill which they have counselled, it is hardly possible to believe, for if the avowed object had been to depreciate the standard of qualification of the general practitioner of medicine, to lower his professional status, and to diminish his claim to public confidence, it would be difficult to have devised a measure better adapted to the purpose.

"From the Society's connexion, as a public body, with the general practitioners of England and Wales, it is almost unnecessary to premise that in the observations which they are about to offer, they propose to confine themselves to the influence which the Bill is calculated to exercise on that class of medical practitioners. For although, in their investigation of the measure, they have not failed to direct their attention to the whole of its provisions, in order that they might the better estimate its effect upon the interests of the general practitioner, they consider it beyond their province to express any opinion upon its probable influence on the interests of other branches of the profession."—pp. 5—8. * * * * *

"We have now brought our investigation of the several clauses of this Bill to a close, and in looking at the result of that investigation, we can only express our deep regret, as one of the bodies intrusted with the medical education of the country, that a minister of the crown should have been induced to lend the sanction of his name to a measure so injurious to the interests of a large class of the profession, and to the welfare of the public at large,—injurious to the interests of the profession, because it removes the protection which men who have educated themselves in obedience to the laws are entitled to expect from the laws,—and injurious to the welfare of the public, because whatever tends to discourage the medical practitioner in the acquisition of professional knowledge, and to render him less fit to undertake the charge of the public health, works an evil from which the public are the certain and immediate sufferers. It is no exaggeration to say, that the measure is one which offers more direct encouragement to the ignorant pretender than to the legally qualified practitioner, because, while it deprives the legally qualified practitioner of all his existing privileges, and leaves it uncertain to what extent, and for how long a time, those privileges may be restored to him, even after he has purchased his registration in compliance with the Act, it confers a positive boon upon the ignorant pretender, inasmuch as it repeals the existing penal checks upon his practice,—it legalizes that which was before illegal,—and elevates his character and position in the same proportion that it depresses and degrades that of the legally qualified practitioner. It is true that the present Bill does not confer upon

* London, 1844. Published by S. Highley, 32, Fleet-street.

him the right of holding appointments in connexion with public institutions,—*neither does the Bill confer that right upon the registered licentiate*, because it leaves it to the Council of Health to decide whether the right shall in future be enjoyed by the licentiate or not. Even in this respect, therefore, there is less difference between the position of the registered and the unregistered practitioner than might at first be supposed.

"We are unwilling to believe that the framers of this Bill will endeavour to force upon the profession a measure, which a large majority of its members can regard with no other feelings than those of distrust and alarm; but if such should unfortunately be their determination, it will be the duty of this Society to urge upon the legislature the views which they entertain, in common with their professional brethren, of its mischievous and dangerous tendency; and they pledge themselves to leave no effort untried to prevent the Bill becoming law. It is unnecessary for the Society to repeat, that they are not insensible to the necessity which exists for a revision of the laws by which the medical profession is at present regulated. They have omitted no opportunity of making this admission known, and of representing in the proper quarter the views which they entertain upon the subject. They feel not only that they have a common interest in the decision of this great question with the general practitioners of this country, but that they have also an imperative duty to perform, in advocating and protecting, as far as they are able, the interests of the large class who have been educated under their auspices, and are now practising under the authority of their certificate.

"To enable the Society the better to perform this duty, they have invited the expression of the views and wishes of their brethren on the nature of the changes which it is desirable to advocate. They have already been favoured with the sentiments of several influential associations, both in the metropolis and in the provinces, and they are anxious to possess more accurate information of the wishes of the profession generally, through the channel of their local associations, than the published resolutions of those bodies in relation to the present Bill have enabled them to acquire. And when in possession of this information they will be prepared to co-operate with their professional brethren in endeavouring to procure such a measure of medical reform, founded upon broad and liberal principles, as will satisfy the reasonable wishes and expectation of the general practitioners themselves, and will secure to the public a continuance of the services of a class of medical men which the public itself has called into existence, and who have become fully qualified for the efficient performance of the duties which they are required to discharge."—pp. 52—55.

THE GOVERNMENT MEDICAL BILL.

MEETINGS OF THE MEDICAL PROFESSION.

BATH AND BRISTOL BRANCH MEETING.

At a meeting of the Bath and Bristol branch of the Provincial Medical and Surgical Association, held at Bristol, on Thursday, Oct. 17th, to take into consideration Sir James Graham's medical bill,—Mr. George, of Bath, in the chair,—the following resolutions were proposed and carried:—

Moved by Mr. Godfrey, Bath, and seconded by Dr. Symonds, Bristol—

"That this meeting being deeply sensible of the necessity for fresh legislation to reconcile the discrepancies, and to remove the various anomalies, affecting both medical education and the privileges of medical practitioners in this country, rejoices that her Majesty's Government have laid before the House of Commons a bill, having this object in view; and is thankful to Sir James Graham for the ample time afforded for its consideration during the parliamentary recess."

Moved by Mr. Norman, Bath, and seconded by Dr. Riley, Bristol—

"That while approving of those parts of the bill which tend to give the profession consistency as a body, and to increase its influence by establishing its connexion with the state, this meeting feels itself bound to express its strong disapprobation of certain clauses of the same."

Moved by Mr. Soden, Bath, and seconded by Dr. Budd, Bristol—

"That while this meeting freely admits that the hope of entirely suppressing quackery by legislative enactment is quite visionary, it nevertheless desires to express, in the strongest possible terms, its disapproval of the removal of all restraint from unqualified practitioners as being at once unjust to the legally-qualified practitioner, and pregnant with injury to the public."

Moved by Dr. Toogood, Bridgwater, and seconded by Mr. Staples, Bristol—

"That to require from the registered practitioner a certain standard of qualification, without at the same time giving him a protection against the competition of impostors, appears to this meeting a legal inconsistency; and it therefore urges the necessity of some penal enactment, whereby practising the healing art without legal qualification, with a view to gain, shall be made an offence punishable by summary process."

Moved by Dr. Dillon, Bath, and seconded by Mr. Colthurst, Bristol—

"That this meeting regards with peculiar satisfaction the institution of a Council of Health and Medical Education, but is of opinion that the choice of six members of the body by the Queen in Council, gives an undue preponderance to the State over the present collegiate bodies in the government of the profession."

Moved by Dr. Daniell, Bath, and seconded by Mr. Estlin, Bristol—

"That this meeting considers that a good system of registration would be of inestimable value to the profession, but is of opinion that to be effectual, it should be made not optional, but compulsory, and that the registry lists should be published annually."

Moved by Dr. Dillon, Bath, and seconded by Dr. Riley, Bristol—

"That the thanks of this meeting are due, and are hereby given, to the Right Honourable Sir James Graham, Bart. M.P., for submitting to the House of Commons the project of laws for reforming the medical profession; and that copies of the resolutions passed here this day be transmitted to the right honourable gentleman."

NOTTINGHAM.

On Tuesday, October 29, a meeting of the medical gentlemen resident in this town and neighbourhood was held at the Exchange, for the purpose of taking into consideration Sir James Graham's bill for the better regulation of medical practice throughout the United Kingdom. The following gentlemen were present:—Dr. Hutchinson, Mr. Stanger, Mr. Attenburrow, Mr. Davison, Mr. Burrows, Mr. Caunt, Mr. Taylor, Dr. Taylor, Dr. Lightfoot, Dr. Etherington; Dr. Hines, Beeston; Mr. Gill; Mr. Smallie, Ruddington; Mr. Darby; Mr. Ebsworth, Bulwell; Mr. Small, Radford; Mr. Furniss, Mansfield; Mr. Elam, Stapleford; Mr. J. N. Thompson, Mr. Joseph Thompson, Mr. Massey; Mr. Turner, Mansfield; Mr. Orton, Beeston; Dr. Pigot, Bunny; Dr. Williams; Mr. Nixon, Nuttall; Mr. Marriott, Colston; Mr. Sibson; Dr. Smith, Bingham; Mr. Brown, Wimeswould; Dr. Wright; Mr. Day, Lowdham; Dr. Watts; and Mr. Butler, Beeston. Colonel Rolleston, M.P., was also present.

Dr. J. C. Williams proposed, and Mr. M. Furniss seconded, the first resolution:—

"That it having become necessary to make important alterations in the laws relating to the medical profession, the thanks of this meeting are due to Sir James Graham for having brought the subject before the notice of parliament, and for the ample opportunity he has afforded for its consideration."

Mr. Massey moved, and Mr. Marriott seconded, the second resolution:—

"That whilst this meeting approves of some of the clauses of the projected measure, it regrets that it does not meet the urgent wants and exigencies of the medical profession, and fails to afford a due measure of protection to the poorer classes of the community."

Mr. Stanger moved, and Dr. Hines seconded, the third resolution:—

"That the most glaring defects of this bill are, that it neither prevents the practice of unqualified persons, nor discountenances the sale of quack medicines, both of which tend to injure most materially the public health, and are directly opposed to the interests of the medical profession."

Mr. Attenburrow moved, and Mr. Brown seconded, the fourth resolution:—

"That whilst this meeting approves of the council of health and medical education, it protests against the proposed constitution of it, inasmuch as the Government influence too greatly preponderates, and the great body of general practitioners is not adequately represented."

Mr. Taylor moved, and Mr. J. N. Thompson seconded, the fifth resolution:—

"That this meeting highly approves of a general registration

of qualified practitioners, but regrets that no provision is made to render such registration compulsory, and to punish, by fine or imprisonment, all persons practising without further qualifications; and further, that this meeting objects to any payment being required for the registration of persons legally practising before the passing of this act."

Mr. SHALL moved, and Mr. STANGER seconded, the sixth resolution:—

"That this meeting strongly protests against the unjust monopoly, the illiberal distinctions, at present existing in the different medical and surgical colleges; and considers any measure imperfect that does not provide for the removal of their grievance."

Mr. SIMSON moved, and Mr. TURNER seconded, the seventh resolution:—

"That this meeting regrets that no provision exists in the bill preventing the druggists from prescribing or from dispensing injurious and poisonous drugs, without the prescription or certificate of a registered medical practitioner."

Mr. CAUNT moved, and Dr. DAVISON seconded, the eighth resolution:—

"That a copy of these resolutions be sent to Sir J. Graham and Mr. Manners Sutton, also to the members for this town and county, respectfully urging the latter to give their support in parliament."

Colonel ROLLESTON, M.P., having been obliged to leave the room before the proceedings closed, Dr. Williams took the opportunity to state that, on going away, Col. Rolleston requested him to convey to the meeting that he did not wish to interfere with the business, in explaining that he was obliged to go by train to Derby, where he had an engagement, but he was anxious they should be informed that he was obliged for being allowed to be present, and that he should be happy to communicate with the organs of the meeting, and in his place in parliament would represent, as far as his ability would enable him, their expressed wishes. (Applause.)

Dr. PIGOT thought it desirable that there should be a committee to watch the progress of the bill, and on this suggestion the following resolution was agreed to:—

"That a committee of five persons be appointed to watch the progress of the bill, and to communicate with the members of parliament on the subject, as necessity may arise."

The following motion was also carried:—

"That a copy of these resolutions be sent to the various medical periodicals, and the "Times" newspaper, requesting their insertion at the earliest opportunity."

Mr. STANGER moved the following petition, which was adopted:—

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled,

"The petition of the undersigned physicians, surgeons, and apothecaries of Nottingham and its neighbourhood,

"HUMBLY SHEWETH,—

"That your petitioners are legally qualified practitioners of Nottingham and the neighbourhood.

"That they consider the present state of the laws relating to the medical profession to be such as urgently to require reform; and they feel thankful to Sir James Graham that the government has taken the subject into consideration.

"That the proposed bill, though containing some excellent provisions, by no means meets the grievous evils under which the medical profession has long laboured, especially that it does not prevent the practice of unqualified persons, and that it does not discountenance the sale of quack medicines.

"That your petitioners cordially concur in the expediency of a general registration, but are of opinion that it will be of no avail, unless it be made compulsory, so that all persons convicted of practising without being registered, may be subjected to summary punishment.

"That your petitioners extremely regret that the projected measure does not prevent that monopoly and those unjust distinctions which result from the present constitution of the various medical and surgical colleges.

"That the proposed constitution of the Council of Health and Medical Education is unjust to the great body of general practitioners, inasmuch as they have not a sufficient share in the administration of its affairs.

"That your petitioners regret that no provision is made in the bill to prevent the druggists from prescribing or dispensing injurious and poisonous drugs, without the prescription or certificate of a registered medical practitioner.

"That your petitioners therefore humbly, but earnestly pray of your honourable house, not to pass the proposed bill into a law, until it shall have undergone such modifications as shall be satisfactory to the medical profession.

"And your petitioners will ever pray," &c.

A vote of thanks, moved by Dr. WATTS, to the chairman, for his able and impartial conduct in the chair, was passed.

PETITION OF MEDICAL PRACTITIONERS RESIDENT IN THE BOROUGH OF CHATHAM.

"To the Honourable the House of Commons of Great Britain and Ireland, in parliament assembled.

THIS PETITION HUMBLY SHEWETH—

"That your petitioners have read, with deep regret, a Bill, introduced into your honourable house by Sir James Graham, called, "A Bill for the better regulation of medical practice throughout the United Kingdom," which, if passed into a law, will open the practice of medicine and surgery to any individual, however uneducated or unqualified, and which will ultimately destroy the respectability of the profession, and prove highly injurious to the community at large.

"That your petitioners see, with alarm, that in the proposed Bill no provisions are introduced for the suppression of quackery—an evil which other nations have effectually remedied.

"That your petitioners respectfully beg to submit to your honourable house, that the proposed Bill, by abolishing the Apothecaries' Act of 1815, provides no penalty for the illegal practice of medicine and surgery, leaving the medical profession without that protection which is justly provided for the other learned professions.

"And your petitioners therefore pray that the said Bill be not passed into a law in its present state.

"And your petitioners will ever pray, &c.

"Dated at Chatham this twenty-fourth day of September, 1844.

"Richard Martin, surgeon.	Arthur Kift, surgeon.
R. W. Martin, M.D.	Edward Steddy, surgeon.
Arch. Robertson, surgeon.	J. Dulvey, surgeon.
George Ely, surgeon.	Henry Weekes, surgeon.
B. Tribe, surgeon.	Henry Everest, surgeon."

CHEMICAL SOCIETY.

THE first meeting for the season of this society was held on Monday evening, Nov. 4, at the rooms of the Society of Arts, Adelphi. After the usual routine of business and admission of new members, a paper, by Dr. Swietzer, on the Analysis of Mineral Waters, was read to the meeting. It being purely analytical, and chiefly interesting for the details of a method of procedure in these cases, it requires no further notice. A second paper, by Mr. Carty, on a disease occurring in wheat grown on land which had been manured with four cwt. of guano to the acre, presented some important points. This wheat was strong in the straw, and very luxuriant in appearance, but instead of grain, the husk was occupied with a black, pulverulent mass, similar to what farmers term burnt-ear. In this case, the black powder was not organized; it consisted principally of charcoal, with traces of inorganic matter; the result, as the author conceived, of a process of decay, and he considered its cause to be the redundancy of urate of ammonia in the manure. A member stated, that no chemical analysis had ever been made of the brown and black matter met with in diseased grain, known as *burnt-ear*, *brand*, and *smut*, the common opinion being, that these are fungi of the genus *uredo*.

In all probability, the presence of fungi is merely an adjunct to the decay; but this point has been fully illustrated in Professor Liebig's last preliminary dissertation, LANCET, No. 14, p. 395, enlarged series.

HOSPITAL REPORTS.

THE MIDDLESEX HOSPITAL.

ACUTE LARYNGITIS—TRACHEOTOMY—ERYSIPELAS—CURE.

J. T——, aged twenty-five, servant, was admitted under Mr. Tuson's care, March 19, 1844, with a small ulcer on the right leg, which was dressed, and the wound nearly healed, when, on the 9th of April, she complained of a slight sore throat, for which she was ordered a sinapism, also a gargle of the hydrochlorate of ammonia. That evening she was considerably better, but on the 11th the symptoms were so much aggravated that the house-surgeon requested the apothecary to see her, when sixteen leeches were

applied to the throat; ice constantly kept in the mouth, and half a grain of tartarized antimony given every hour, until nausea was produced; the antimony continued every four or six hours after nausea. That evening she was much better, and also on the following morning, (the redness which had existed at the posterior part of the pharynx, and the difficulty of swallowing, had partially subsided.)

On the morning of Friday, the 12th inst., she was better, but in the evening she complained of being worse, when the house-surgeon again requested the apothecary to see her. Twenty leeches were applied to the throat, with a repetition of the antimony and ice. The antimony was taken every half hour, until sickness was produced, and afterwards continued every four hours; also chloride of mercury, three grains, mercurial pill with chalk, five grains, every four hours.

On the morning of the 13th she was ordered sinapisms to the neck, and to repeat the pill and draught, with antimony, every six hours. Towards the evening she became so much worse that Mr. Tuson was sent for; she had then considerable difficulty in breathing; she could hardly swallow anything, except a little fluid. Two blisters were applied, one on each side of the throat. Chloride of mercury, two grains, opium, a quarter of a grain, every three hours. Four hours afterwards Mr. Tuson again saw her. He found that she could not swallow any fluid whatever. The breathing had become more frequent and difficult, the pulse weak, irregular, and very quick, the countenance expressive of great anxiety, being discoloured, of a darkish hue. Mr. Tuson considered that it was necessary to perform the operation of tracheotomy without delay, which he did in the following manner, at half-past eleven o'clock. The patient sat up in bed, with the trunk perfectly erect; the head was brought back, and allowed to rest upon a high pillow. An incision (one-third of an inch) was made through the skin and fascia, and between the muscles in the median line, below the first cartilaginous ring of the trachea. The point of the scalpel was introduced directly towards the cartilage, and then carried through the cartilaginous rings of the trachea. The edges of the cartilages were kept open by a blunt hook on either side; the air freely escaped. A silver canula was now passed through the orifice, and safely fastened; only a small quantity of mucus escaped through the canula, and but a few drops of blood were lost during the operation. She was ordered to take regularly the following powder every three hours:—Chloride of mercury, three grains; pulverized opium, a quarter of a grain; tartarized antimony, one-eighth of a grain. An extra nurse was directed to sit up with her, and instructed to clear the tube in case the mucus should accumulate. It was observed after the operation, that the air passed freely into the lungs, that the breathing became perfectly easy, respiration being heard on either side of the chest, which was not the case prior to the operation; and few instances have been noticed where the effect was so manifest, and the relief so instantaneous. Mr. Tuson observed, that he preferred this mode of performing the operation, instead of using the trochar, as it was safer, there being less chance of wounding the adjacent parts.

April 14th. Nine o'clock A.M.—She had passed a quiet night; slept about an hour; breathing free; skin moist; pulse 120. She had taken three of the powders, and would have slept longer but for the noise of a patient in the next bed. The air passed freely through the canula; it has been once or twice slightly stopped, but each time was easily cleaned. A good deal of mucus had passed through the tube. The blisters that were applied only for a few hours last evening had raised the cuticle. When visited in the evening she was sleeping calmly, and breathing with great facility. The nurse stated that she had not passed any water. The powders were directed to be given regularly.

April 15th. Ten o'clock A.M.—She had passed a very favourable night; had slept well for several hours, and felt herself refreshed by it; she said she was free from pain; had passed water; pulse 114; skin natural; bowels had not acted. The powders to be continued; to take a little beef-tea; an enema to be administered. Ten o'clock P.M.—She had been restless during the day; skin hot and dry; pulse 120; tongue clean and moist; bowels had acted by the injection. An erysipelatous redness had made its appearance on the left side of the nose, which appeared to extend towards the left side of the face and head. Some powdered starch had been applied to it, which was directed to be continued.

16th. Nine o'clock A.M.—She had slept a little during the night, but had been restless and uneasy; expressed herself free from pain; breathing free; pulse 118; skin hot, but moist; tongue clean; bowels open; gums not affected by the mercury. Erysipelas had extended towards the cheek, and over the forehead, round the eye, to the temple. Continue the powders, and apply the starch to the erysipelas. Ten o'clock P.M.—The erysipelas had increased; bowels had acted freely; skin hot, but moist; tongue clean; pulse 116. She had taken some warm jelly during the day, and found she could swallow without any of the fluid escaping through the canula.

17th. Ten o'clock A.M.—She had passed a pretty good night; had been sick this morning; the tea she took for her breakfast did not keep on the stomach; after taking the powders, she always felt sick; skin not so hot; tongue clean; pulse 114; bowels open; erysipelas extending, but of a less bright colour, and the parts affected not so much swollen; countenance gradually losing the anxiety. To continue the powders, omitting the antimony. Nine o'clock P.M.—Had been sick two or three times during the day; erysipelas less; bowels open; pulse 106; tongue clean; skin natural. The calomel and opium had been sent in the form of a pill, which she could not swallow; they were ordered to be made into powders. She had taken half a pint of beef-tea during the day.

18th. Eleven o'clock A.M.—Had passed a good night; slept for three or four hours; the mucus had stopped the tube two or three times, but was easily cleared by passing a feather down it; the erysipelas had evidently subsided; bowels open; countenance calm and quiet; breathing free; pulse 108, weak and compressible. Continue the powders; to have a jelly, beef-tea, two eggs, and two ounces of port wine. Ten o'clock P.M.—Had been going on favourably; slept quietly for a few hours during the day; erysipelas disappearing; breathing free; pulse 106; tongue clean; skin natural; swallows very freely; had taken all that had been ordered, and felt somewhat stronger.

19th. Eleven o'clock A.M.—Had passed a very good night; she had been free from sickness until this morning, but felt so after taking her tea; pulse 104; tongue clean; bowels open; the gums are slightly affected by the mercury. Continue the powders. Ten o'clock P.M.—Going on favourably; suffered no pain; her voice had returned a little during the day; felt somewhat stronger; tongue clean; bowels open; countenance natural; pulse 102.

20th. Ten o'clock A.M.—She had slept comfortably for five or six hours during the night; mouth and gums sore; breathing natural; erysipelas gone; pulse 102; countenance free from anxiety. The powders to be taken every six hours; wine four ounces; jelly and diet as before. It was this day considered whether it would be advisable to withdraw the silver canula, or allow it to remain; it had been introduced nearly a week, but as no bad symptoms were present, and she felt no inconvenience from it, it was allowed to remain. Eleven o'clock P.M.—Had been going on favourably; breathing very free; pulse 100; skin natural; free from pain; and had slept at intervals for some hours during the day; the wine had caused a little more heat of skin, but she begged it might be continued, as she found it had given her strength.

21st. Ten o'clock A.M.—She had passed a very restless night; mucus filling up the orifice of the canula; more heat of skin; and some anxiety of countenance; pulse 120; the canula was stopped by placing a finger upon the orifice, it appeared that she then breathed pretty well through the larynx. The canula was therefore withdrawn, which was done with great facility; she breathed with freedom afterwards, until the afternoon, when she again became worse; the throat was swollen, and the edges of the wound were œdematous, but had healed considerably. The canula was again inserted, by holding the edges of the wound apart with two blunt hooks; the breathing then became easier, and the countenance lost its anxiety; pulse 108; mouth and gums sore; skin natural. The powder to be discontinued, and to take one ounce and a half of infusion of cascarilla, and one drachm of tincture of Seville orange-peel, three times a-day. Ten o'clock, P.M.—She had been easier since the introduction of the canula; pulse 106; tongue clean; skin moist; bowels open; appeared disposed to sleep.

22nd. Ten o'clock A.M.—She had four or five hours refreshing sleep during the night; was quite free from pain; breathing easy; pulse 102; tongue clean; bowels open. Ten o'clock P.M.—Sleeping very quietly.

23rd. Ten o'clock A.M.—She had another good night; breathing through the canula; pulse 100; skin natural; bowels open; was perfectly free from pain, excepting the soreness of the gums and mouth; she had got tired of the jelly; a chicken was ordered; she could swallow very freely, and no fluid passed through the orifice of the canula. Ten o'clock P.M.—She had been quiet all day; had taken a few mouthfuls of the chicken; was breathing freely; pulse 100; skin natural; mouth and gums sore; countenance calm and quiet, and altogether going on favourably.

24th. Nine o'clock A.M.—She had passed a restless night, on account of the mucus closing the orifice of the canula, but the breathing was free; countenance calm and quiet; pulse 98, weak. Continue the tonic; some more chicken was ordered, and she was recommended to take all the nourishment she could. Ten o'clock P.M.—She had been much troubled with an irritable

cough; the canula had been repeatedly stopped up with mucus, but there had been no difficulty in removing the collection; a finger was placed over the orifice of the canula, but she did not then breathe so freely; the face became discoloured, and expressive of anxiety; pulse 100, weak; skin natural; tongue clean.

25th. Nine o'clock A.M.—She had passed a very good night, and was much refreshed by the sleep; bowels open; breathing free; pulse 98, with a little more power; skin natural; tongue clean; the orifice of the canula was again stopped with the finger, and the respiration became more difficult; the gums were sore; the teeth loose. A mutton chop was ordered for her dinner; the eggs and wine to be continued; to take a grain of the disulphate of quinine in compound infusion of roses, three times a day, instead of the cascarilla. Eleven o'clock P.M.—Going on favourably.

26th. Ten o'clock A.M.—She had passed another good night, with several hours of refreshing sleep; pulse 84; bowels open; breathing free; countenance calm, and free from anxiety. The tube was stopped with the finger, and the respiration was observed to be free, but not equally so as when the canula was open, but still it was thought advisable to withdraw it, as it had remained altogether thirteen days. After it had been taken out, she could not breathe with so much freedom; the countenance changed, and the pulse rose, but after a few minutes the respiration became natural; mutton chop, tonic, wine, &c. to be continued. Half-past nine P.M.—She had been very comfortable all day; breathing perfectly free; pulse 100, weak and low; tongue clean; bowels open; the wound had closed considerably; on the left side of it there was a slight swelling, as if the outer border of it had closed and the inner remained open. A sponge was wetted and carefully applied over it, and the mucus removed, when it was found to open slightly.

27th. Ten o'clock A.M.—She had passed a restless night, for whenever she had attempted to go to sleep, by the bending of the head, a difficulty of breathing came on, which produced a cough, and she was only relieved by some phlegm coming away; pulse 104; tongue clean; bowels have acted two or three times, with much pain, and she said the pain became more severe after taking the medicine. Discontinue the tonic. Camphor mixture, an ounce and a half; comp. camphor tincture, half a drachm for a draught. Mutton chop, eggs, wine, &c. to be continued. Half-past ten o'clock P.M.—She had been more comfortable all day; the cough had been less troublesome; but when she attempted to sleep there had been the same difficulty in breathing; pulse 96; tongue clean. She had eaten the mutton chop with some satisfaction.

28th.—She had passed a very good night; less difficulty in the breathing when going to sleep; pulse 96; tongue clean; bowels open. Mutton chop; two ounces more wine. If she felt inclined, she was recommended to sit up for a few hours in the afternoon.

29th.—She had improved since yesterday; was up for two hours; less difficulty in the respiration during sleep; felt stronger; pulse 96; tongue clean; bowels open.

30th.—Still going on favourably; was up yesterday the greater part of the day; was sleeping quietly when we visited the ward; the nurse stated she could not be doing better.

May 1st.—Going on favourably; gaining strength. The wound had ulcerated to a small extent.

2nd.—Still going on well, and gaining strength, but could not walk without assistance. She had a little cough, with mucus; she had gradually recovered her voice.

3rd.—She had been going on favourably, with the exception of a little slow inflammatory action continuing in the mucous membrane of the larynx causing a little irritable cough.

4th.—Progressing favourably; pulse kept up 100, weak and compressible. She took her diet, and could walk across the ward without assistance.

5th.—She had completely recovered her voice; she now can be heard on the other side of the ward, and before, she could only whisper. The cough is less; the mucus diminishing; pulse 100. Two grains of disulphate of quinine in infusion of mint, with sulphuric acid, three times a day.

6th.—She said she felt much stronger; she could walk about the ward with much firmness; the wound had not quite healed; pulse 108, weak. From this time she gradually gained increased strength, walked in the garden of the hospital each day, and was discharged the 14th instant, cured. She has been since to visit the hospital, to return thanks for her perfect recovery.

THE HOSPITAL ST. LOUIS, PARIS.

[The following Letter, written by Dr. Henry Bennet, Sub-Editor of The Lancet, was published in "The Times" newspaper of October 22nd.]

To the Editor of The Times.

Sir,—You have so admirably advocated the cause of good sense in your late articles on the attempt to establish a cutaneous infirmary in the heart of the city, that I should not have addressed you on the subject, had not the letters of several of your correspondents been calculated to lead into error, not only the non-medical, but even the medical public, with reference to one of the most noble and most useful of the continental charities—viz., the Hospital St. Louis. Having been attached to that hospital as house-physician for two years, and having resided within its walls during that period, it will be granted that I must be thoroughly acquainted with its organization. Now, with all due respect for your correspondents' opinions, I cannot agree with them, that it is a general hospital, although it is true other than cutaneous cases are therein treated. On the contrary, it is, to all intents and purposes, a special hospital for skin diseases and scrofula, as can easily be shewn.

Since the demolition of part of the Hotel Dieu, the Hospital St. Louis has become the largest in Paris, numbering 940 beds. Of these, 140 are devoted to surgical cases, about 100 to general disease, 100 to scrofula, and 20 to women in labour. The remaining beds, nearly 600 in number, are occupied by persons labouring under skin diseases. The 100 beds allotted to general patients have been added within the last few years, on account of want of accommodation in other hospitals. The surgical wards have been instituted to receive the surgical cases which are continually occurring in the populous neighbourhood on the outskirts of which the hospital is situated, there being no other in that part of Paris. We may say the same with respect to the maternity beds. By far the greater part of the hospital, therefore, is occupied by cutaneous patients, and the wards allotted to surgical and general medical cases may be considered in the light of concessions made to the wants of the adjoining neighbourhood. Not only does this noble hospital afford shelter and treatment to hundreds of cutaneous patients, but also daily out-door relief, in the shape of advice and baths, to several hundred other patients. Out of the thousands of "leprosies" which the middle-ages saw erected in every country in Europe, when, after the crusades, skin diseases had become so prevalent, the Hospital St. Louis is the only one which has survived. Its name has ever since been connected with the pathology of skin disease, and it has been the great school to which the medical men of all nations have resorted to study these affections. Situated in the centre of grounds and gardens which cover an area of 50 acres, St. Louis was formerly, like all leprosies, some distance from the city. Paris, however, has now reached it, and would have long since extended beyond it, had it not been for the proximity of Montfaucon, the great receptacle of Parisian offal.

Skin diseases, with the exception of the exanthemata (scarlet fever, measles, &c.), are not so common in their manifestation as to be seen within a short space of time,—that which a student devotes to walking the hospitals,—in all their forms and varieties, even in a large general hospital. The result is, that although gentlemen situated, like your correspondents, at the head of extensive hospital wards, may in the course of time acquire a good knowledge of these affections, those who have not the same advantages—that is, the immense majority of medical practitioners—generally remain, both in England and on the Continent, less acquainted with skin diseases than with any other branch of pathology, unless they have been able to attend the unique Hospital St. Louis. This is a fact so universally acknowledged among medical men, that the wards of St. Louis are continually crowded with Germans, Englishmen, Italians, &c., as well as Frenchmen,—hundreds of whom have visited Paris on purpose to attend the practice of this institution. Indeed, there are few practitioners pretending to anything more than a superficial acquaintance with cutaneous diseases who have not studied at St. Louis, where more may be seen in a fortnight than in our largest London hospital in five years; a fact which my lengthened experience as a clinical instructor at St. Louis has scores of times demonstrated to me.

I have entered into these details in order to shew, in opposition to the opinion expressed by your correspondents, that a special hospital would be a very great desideratum in London, as the general hospitals do not afford sufficient facilities for the instruction of students. There can be no doubt in the mind of any unprejudiced person, really acquainted with the subject, that such an institution, if established, not merely to advance individual interests, but on a liberal and philanthropic foundation, would be indirectly a great boon to the population of the entire British empire, by propagating, among the entire body of medical practitioners, a familiar knowledge of a class of diseases generally considered obscure and recondite, although in reality extremely simple.

This being the case, I am sorry to see the very sensible and judicious opposition which has been raised against the change of domicile of the "Cutaneous Infirmary" made to bear against the possible future establishment, in a proper locality, of a special

skin and scrofula hospital. At the same time, I quite agree with you that the localization of the infirmary in Bridge-street is so singularly infelicitous and inappropriate, that it must create a doubt as to the motives of those who have determined on it. I firmly believe, from my Paris experience, that the institution, should it succeed, will prove most disagreeable, to say the least, to the surrounding vicinity. At St. Louis, one-half of our out-door consultants, and two hundred of our indoor patients, were affected with that unaristocratic disease, *scabies*, and a more blackguardly, ruffian-like set of fellows than they generally were, I never beheld. We were always obliged to keep soldiers on the premises to maintain order, and then nothing but the most strict military discipline availed. I should say that in London the sufferers from this disease, who must form a considerable proportion of the patients treated, will most likely belong to the same class of society, and the presence of even a dozen or two of these gentlemen about the house is little calculated to increase the respectability of the neighbourhood.

I remain, Sir, yours obediently,

H. BENNET, M.D.

9, Cambridge-square, Hyde-park, Oct. 19.

[In consequence of some remarks on the above letter, which appeared in "The Times," Dr. Bennet considered it was his duty to address the following communication to the editor, by whom it was kindly published in "The Times" of November 5th.]

To the Editor of THE TIMES.

SIR,—In the remarks which appeared in your leading article on Monday, October the 28th, you appear to have misunderstood the motives which induced me to address to you the letter that you did me the honour to publish on the 22nd of that month. You allude to me as a friend and supporter of the Cutaneous Infirmary—a position which I most decidedly disclaim. Although well acquainted with the medical institutions of the metropolis, I was not even aware of the existence of the Infirmary, until I saw it noticed in your columns; and it was not to support it, in any way, that I addressed you, but, on the contrary, to strengthen, by my personal experience as a former medical officer of the Hospital Saint Louis, your opposition to the change of locality contemplated by the governors. At the same time I certainly wished to correct what I considered to be inaccuracies on the part of several of your correspondents with respect to the Parisian hospital, and also to state my firm conviction that a cutaneous hospital, founded on rational and philanthropic principles, in *a proper locality*, would be a boon both to the medical profession and to humanity in general.

I should merely have troubled you with the above brief explanation, had not your remarks rendered it imperative on me to state what are my claims to give an opinion on this or any other medical question, even if opposed to the high authorities mentioned by you, a step which I ought, perhaps, to have taken when I first addressed you. Had you been acquainted with the nature of my professional position in Paris, and with the means by which it was obtained, I feel certain your strictures would not have been so severe.

Being in Paris in 1836, and then a medical student of some years standing, I determined to enter the arena with the "elite" of the French University students, and to compete for the hospital dresserships, which, as well as all other medical appointments, is given in Paris by public CONCOURS. I was successful, and named among the first ten of the two hundred and fifty candidates. In 1839, I came forward as a candidate for the *internat*, (house-surgeon and physician,) and was named first of the assistant-internes. The following year (1840) I again competed, and was definitively named for a period of four years. At this concours there were one hundred and seventy-five candidates for twenty-six appointments. I, an Englishman, was named fifth, thus obtaining a most valuable public situation, nearly the only stepping-stone to honour and fortune in the medical profession in France, to the prejudice of my French competitors.

I really think that you will yourself allow that appointments thus obtained, which have enabled me to spend successively two years as a pupil, and four as a resident medical officer, in some of the largest and most admirably conducted hospitals in the world, (La Charité, La Pitié, La Salpétrière, and Saint Louis,) the subordinate and assistant of some of the first surgeons and physicians in France, (MM. Velpeau, Jobert, Gendrin, Prus, Emery, Lugol, Maisonneuve, &c.,) cannot be brought against me. Nor do I think that I ought to incur odium because, instead of settling in practice at two or three and twenty, as many medical men do, I have thus, at an immense sacrifice, spent seven years at a celebrated continental university; I may also add, that since my return to England, my name has often been honourably before the medical profession. Trusting you will excuse these details, which nothing but the necessity of the case could have induced me to enter into, I remain, Sir, yours obediently,

HENRY BENNET, M.D.

Cambridge-square, Hyde Park,
Nov. 5th, 1844.

MEDICAL REFORM IN A NUTSHELL!

To the Editor of THE LANCET.

SIR,—Allow me to offer my humble opinion on medical reform, which I presume to think is contained in a nutshell.

1st. That the majority of the council of health consist of medical men.

2nd. That no one be allowed to practise as physician, surgeon, apothecary, or accoucheur, unless duly qualified by diploma.

3rd. That registration of every duly qualified practitioner be made *annually*, on payment of one pound, or less; and that a list be also published at the same period.

4th. That no physician, surgeon, apothecary, or accoucheur, retail drugs or chemicals.

5th. That no chemist or druggist visit or prescribe in any medical, surgical, or obstetric case.

6th. That certain heavy pains and penalties be inflicted upon delinquents.

I am fully persuaded that the whole body of chemists and druggists will cheerfully subscribe to these regulations. We shall then have each grade of the profession occupying its proper sphere, instead of encroaching (as is the case at present with most general practitioners) upon the business of the chemist, whilst the latter, as a *lex talionis*, makes reprisals upon the privileges of the general practitioner. Then, and *not till then*, shall we have medical reform. I am, Sir, your most obedient servant,

T. W. WANSBROUGH, M.D., M.R.C.S.E.

King's-road, Chelsea, Oct. 29, 1844.

MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Legislative enactment, well framed and digested, will undoubtedly confer a vast boon upon the medical profession, and the community at large; but no provision which the law can establish will cancel the obligation, by which every man is morally bound to correct abuses in his own individual sphere of action. We deprecate the poor-law as harsh and oppressive, and so, undoubtedly, it is; but how much more abhorrent does the conduct of some individuals, delegated to carry out its design, render this inherently unjust law?

The following cases are extracted from reports which appeared in the "Times," of Friday, the 18th instant:—

"An inquest was held on Wednesday, at the Westminster Union, before Mr. Higgs, coroner, on the body of an infant. The medical officer stated in evidence, that his *assistant* visited the child the night before its death; and the assistant, who is described as a pert young man, said he gave an *emetic* to the dying infant, to *pacify the father and mother!*" The jury expressed their opinion that the medical officer had been guilty of "gross neglect."

On Wednesday, the 16th instant, another inquest was held on the body of a young woman, at the Wandsworth Union, before Mr. Cartar:—

"The coroner inquired of the medical officer, if his assistant, who was a *mere boy*, and had attended the deceased woman in her accouchement, was a medical practitioner, and capable of being entrusted with a midwifery case?" He replied, that "he was only a *medical student!*"

I sincerely hope, for the sake of the vital interests of humanity, that these reports are substantially incorrect. I am, Sir, your most obedient servant,

R. H. ALLNATT, M.D.

Parliament-street, Whitehall, Oct. 21, 1844.

THE VALUE OF PERSONAL APPLICATIONS TO MEMBERS OF PARLIAMENT.

To the Editor of THE LANCET.

SIR,—May I be permitted, through the medium of your invaluable journal, to urge on my medical brethren, in all cases where meetings have been or shall be held to petition the legislature in opposition to the government measure of reform, recently brought forward by Sir J. Graham, the indispensable necessity of appointing a deputation to wait on members of parliament to present and support the prayer of the petition.

I am aware that in very many instances this has been done; but

I am of opinion too much prominence cannot be given to this point, as our success, after all, must mainly depend on the votes of the House of Commons, and the most likely way to influence those in our favour is by enlightening the minds of the members of that house on the subject.

Tendering to you my warmest thanks for your unwearied efforts in the cause of medical reform, and especially for your powerful aid at the present crisis, when our rights and liberties are so imminently endangered, and when, above all, the interests of humanity are so grievously lost sight of by a certain party, I have the honour to remain, &c. your obedient servant,

HENRY GERVIS.

Hackney, Oct. 1844.

THE MEDICAL MEETING AT LEEDS.

To the Editor of THE LANCET.

SIR,—I have just perused your well-bestowed castigation on the medical practitioners of Leeds, for the resolutions agreed to by them at their late meeting. Feeling sore, however, under the implication contained in your remarks, that the meeting was attended or sanctioned by all the respectable practitioners of that town, or that the miserable resolutions in question were the result of their combined efforts, I beg permission to state the real circumstances, by way of setting you and your host of readers right on the point.

The resolutions were the work of only a very few of the practitioners of Leeds, a small, self-constituted body, who held private meetings, from which they carefully excluded the physicians and the general practitioners. They then went through the mockery of calling a public meeting, to take into consideration Sir James Graham's bill on Medical Reform, which meeting, of course, the physicians and several of the respectable general practitioners who had been excluded, would not, and did not, attend. To the busy few, then, who so strangely misused or miscalculated the extent of their intellectual powers, are Sir James Graham and the profession indebted for those lame, impotent, half-and-half resolutions. By the officious forwardness of the said few has the Leeds meeting been rendered worse than a failure—a stultifying incongruity. In fact, a more ill-managed or bungled affair throughout could not have been produced by design.

It is proper to state, that they have since confessed their fault, expressed regret, and most humbly apologized for their insulting conduct to the physicians, but too late to save the medical practitioners of Leeds, as a body, from the humiliating position in which they have been placed by their contemptible resolutions.

This explanation is due to the physicians and those of the general practitioners who, on the grounds stated, refused to attend the meeting, and therefore are guiltless of the blundering inconsistencies you have held up to scorn, and which, as you have said, will probably be used against us in the approaching struggle in parliament.

I am, Sir, your most obedient servant,

ONE OF THE EXCLUDED MEDICAL PRACTITIONERS OF LEEDS.

October 9, 1844.

A LETTER, ADDRESSED TO THE REGISTRAR-GENERAL, ON VACCINATION.

BY J. CURTIS, ESQ.

Camden Town, Sept. 13, 1844.

SIR,—Seeing that your attention is at present directed to the subject of small-pox, I take the opportunity of forwarding the result of some inquiries I made upon the subject four years ago.

At the time the Vaccination Act was in the House of Commons, being desirous of ascertaining the extent to which vaccination was carried, and the reason it was not universal, I addressed a circular to the parents of all the children registered by me in the year 1839, and born in that part of my district which lies west of the workhouse. I had registered 163 births.* Of these, thirty-four had left the neighbourhood, and eight had died too young to have been vaccinated; therefore the remaining number, concerning which the desired information was obtained, amounted to 121. Of this number, seventy-two had been vaccinated; forty-three had not been vaccinated, but their parents had no objection to have the operation performed. The parents of four children were decidedly opposed to vaccination; and in two cases, the parents were undecided. One or two of those children alluded to in the last sentence were afterwards vaccinated.

The ages of the children were between six and eighteen months; and presuming the unvaccinated would have been vaccinated in after life, in the same proportion to those who had been so, as persons are after that period at the Small-pox Hospital, about three more would afterwards be vaccinated. The result of the calculation may be stated thus:—

Vaccinated young	. . . . .	72
Will be vaccinated afterwards	. . . .	3—75
Not vaccinated, from neglect	. . . . .	42
Ditto, prejudice	. . . .	4—46
		121

Therefore, if so small a district may be taken as a sample of the whole, we may conclude that rather more than one-third of the population are unvaccinated; but that if exertions were used to *persuade* them to submit to the operation, little more than three per cent. would remain so.

With respect to the rate of mortality, I do not consider the Small-pox Hospital at all a criterion for cases in general. With the exception of domestic servants and single persons, who have no one to take care of them when ill, I imagine patients are not generally sent there until the disease assumes a serious character. At any rate, I know from experience, that the poor will not part with their relations, labouring under disease, until they require constant attendance, and have worn out all their friends with night-watching, &c.; and then, when the advice of their medical attendant is, that they should not be exposed to a *current* of air, they are removed to the hospital, let the weather be what it may.

With respect to the power of vaccination, I am of opinion that it modifies small-pox, if performed at any period previous to the appearance of the eruption, and probably even a day or two afterwards.* Therefore, whenever an opportunity occurs, I always vaccinate persons infected with small-pox, even though the eruption shall have begun to make its appearance.

In the spring of the present year I had fifteen cases of small-pox among my parish patients. One was sent to the Small-pox Hospital, and therefore must be left out of the calculation. Of the fourteen remaining patients, one was thirty years of age, the others under eight years; not one had been vaccinated previous to infection by small-pox. Five were vaccinated after infection, and had the two irruptions going on together; and one only out of the fourteen died.

I cannot account for their having so many patients in the Small-pox Hospital who had been vaccinated.† The proportion of small-pox among the vaccinated is not nearly so great in my district. In the spring of the present year I believe I had not one case.

Upon looking back to the account kept of my parish patients for the last twelve years, I find the mortality in cases of small-pox among the unvaccinated to be about one in six.

Supposing my calculation of the proportion of the population vaccinated to apply generally, and also Dr. Gregory's account of the relative mortality of the vaccinated and unvaccinated, the relative chances of death from small-pox of the two classes may be stated thus:—

Of three hundred of the population, two hundred are vaccinated; one hundred take small-pox naturally, and thirty die.

Of the vaccinated, an equal number, or one hundred, take small-pox, and there die ten, being 5 per cent. of the vaccinated. Therefore the vaccinated have six times the immunity from death by small-pox that the unvaccinated enjoy.

I have seen many cases of small-pox after vaccination, but very rarely a death from that cause; in fact, many of these cases required no medical treatment at all.

It may be objected that my inquiries have been made upon too small a scale to be of much practical value, but I should think they might be easily extended, with the assistance of the poor-law commissioners. I should suppose the union surgeons have already registered most of the information required.

I remain, Sir, your most obedient servant,

JOSEPH CURTIS, Registrar,
One of the Parish Surgeons to St. Pancras.

* See LANCET, June 29th, 1840.—Statistics of Vaccination, by J. C.

ON THE INJUSTICE OF ALLOWING SENIOR STUDENTS TO COMPETE WITH JUNIOR STUDENTS FOR PRIZES IN UNIVERSITY COLLEGE, LONDON.

To the Editor of THE LANCET.

SIR,—Knowing how kindly and assiduously you have ever advocated the cause of medical students, when any laws or regulations tended to injure or press hard upon them, I have ventured to solicit space in your journal for the following statement, believing that so palpable an injustice—such a gross violation of right—when publicly made known, must cease to exist.

* See LANCET, June 13th, 1840.—Vaccination during Small-pox, by J. C.

† See Dr. Gregory's correspondence with Mr. Farr, in the Supplement to the weekly table of mortality for the last week in August of the present year.

Whether or not certain prizes, instituted by medical schools, as rewards for proficiency in various branches of study, be really serviceable to the medical student, or repay him for the exclusive attention he must necessarily devote to one branch, in order to stand a chance of obtaining the prize, is not at present my intention to inquire: I will assume they are: but I cannot help thinking that the indiscriminate award of them to old and young students is most injurious and unfair to the latter.

A young man comes to London with an ardent desire to learn his profession, and would naturally feel gratified in proving to his friends that the money they had supplied him with—perhaps at some inconvenience to themselves—had not been squandered in pleasure and dissipation, and that the fond anticipations they cherished as to his assiduity had not been disappointed. Well, he sets his hope upon a medal, the reputed token of skill; but what is his dismay to find competitors for the same prize in men who have not only studied for three, four, or even five sessions, but who have actually passed their examinations, and been admitted registered practitioners in the art and science of surgery. Although we generally find that those men who contest a prize with youths are rarely successful, being, in fact, either dunces or medal-hunters, still the young student may be daunted, and consequently defer the trial till some future time, or what is worse, give up all thought of excelling, and rest satisfied with merely scrambling through the college by hook or by crook. Possibly he succeeds not in this; but finding his friends and his hopes deserting him, he sinks into that state in which he becomes a useless, or even worse than useless, member of society.

Some may call this a small evil, and pass it off as unworthy of serious attention; but it should be remembered that the student, when he commences attendance on lectures, is generally young, and to the young, the hope of obtaining such a prize might prove an incentive to study with diligence, and I sincerely trust that mine will not be the only remonstrance against a regulation which allows men, who should be influenced by higher and nobler motives, to compete with youths.

I remain, Sir, your obedient servant,

JAMES TEAGUE.

University College, London, Oct. 28, 1844.

NEWS OF THE WEEK.

STUDENTS IN MEDICINE.—In the police reports of Thursday last, it was stated that a charge of assault had been preferred on the previous day, against three young gentlemen belonging to one of our colleges. They were fined five pounds each; but the case against them was, we understand, grossly exaggerated, and the printed reports of the proceedings before the magistrate were incorrect in many essential particulars. The gentlemen had the misfortune to be taken to the Clerkenwell office, before the notorious Mr. COMBE, who could not help availing himself of the opportunity thus offered to him of shewing how ill-constituted are the qualities of his mind for conducting judicial investigations. A charge having been made against three medical students, he, of course, anticipated his ultimate decision by attacking, in his own person, medical students in general. The indecorum of individuals in authority making accusations against a numerous class of gentlemen, because a few, and a very few, of their number are occasionally guilty of improprieties of conduct, is a fact of which the dull mind of that magistrate cannot take cognizance. With a violent prejudice against medical students, as a body, operating upon the feelings of the presiding officer of the court, how could the accused parties expect justice at his hands? All the magistrates of London ought to know that every well-dressed young man, who may be accused of slight offences in a police court, endeavours to pass himself off as a medical student; but the gentlemen of our colleges may console themselves under the conviction that the extra-judicial assertions of Mr. Combe carry with them no weight or authority. True, he is a magistrate at Clerkenwell, but in London he is nobody.

SANATORY MOVEMENT.—The town council of Leicester are bestirring themselves in the work of sanatory improvement. At a recent meeting, Mr. Whetstone, in an able manner, and supported by powerful evidence, urged upon the council the necessity of a complete drainage, for the salubrity of the atmosphere, and the health of the inhabitants. The result was that the council agreed that a survey of the town should be made by a competent engineer, with a view to ascertain the most practicable and feasible plan, with an estimate of the cost. Mr. Moore, surgeon, appropriately introduced the subject of the formation of a cemetery in the suburbs of the town for general interment, enforcing his arguments by facts, shewing the deleterious and destructive consequences to the public health arising from the burial of the dead in crowded graveyards within the heart of the town, and surrounded by a dense population. On Mr. Moore's motion a committee was appointed to examine into, and report on the best means of carrying out the object of the mover.—*Nottingham Review.*

MEETING AT BATH.—A numerously attended meeting of the members of the medical profession in Bath and the vicinity was held at the Assembly-rooms, on Tuesday, October the 29th. We will give an account of the proceedings in our next number.

Count Palffy, the governor of the Venetian provinces, has communicated to Mr. Tatum, the English vice-consul at Venice, his determination to order an annual payment of fifty florins, (about £5 sterling,) to be made to the Royal Jennerian and London Vaccine Institution, on condition, however, that there be sent out two packets of the vaccine lymph yearly, the one to arrive in the month of March and the other in October. The intention is to extend vaccination as much as possible in this part of Italy, where it does not at present appear to be well understood; and it is considered desirable on that account to obtain, from the original source, periodical and abundant supplies of the lymph for distribution. It has been found that the matter, as commonly made up between flat glasses, seldom succeeds in this country, and it is requested that the supplies sent may be in *hermetically-closed bulbs*. The vaccine operation very frequently fails in Venice, and it appears very probable that during the *sirocco*, or prevalent south-west wind of this country, the constitution is not in a state to receive the impression, and as this wind is characterized by both heat and damp, it may find its way between the flat glasses, and destroy the effect of the lymph. The same cause may account for what these medical men generally assert, namely, that they *cannot depend on matter* which has been *several times transferred from subject to subject*, and hence their need of fresh supplies.

The first meeting of the Medical and Chirurgical Society will be held on Tuesday evening next, (the 12th,) when papers of interest will be read.

Mr. Morton has succeeded Mr. Samuel Cooper as surgeon to the Queen's Prison.

BOOKS RECEIVED FOR REVIEW.

Principles of Human Physiology, with their chief applications to Pathology, Hygiene, and Forensic Medicine, by William B. Carpenter, M.D. Second Edition. London: J. Churchill. 1844. 8vo, pp. 745.

The Public and the Medical Profession; or, a Few Words to all Classes of Society. By an Old Practitioner. London: Saunders and Otley. 1844. 8vo, pp. 32.

A Speech delivered at a Conversazione, convened by the order of Odd Fellows, Birmingham, Sept. 27. By Samuel Wright, M.D. 8vo, pp. 10.

The Pocket Book of Practical Medicine; or, Manual for Emergencies. By W. H. Kittoe, M.D. Third Edition. Sherwood and Co. 1844. 12mo, pp. 278.

A Dictionary of Terms used in Medicine and the Collateral Sciences. By R. D. Hoblyn, A.M., Oxon. Second Edition. London: Sherwood and Co. 12mo, pp. 391.

Principles of Forensic Medicine. By W. A. Guy, M.B. Cantab. London: H. Renshaw. 1844. 12mo. Part III. pp. 391 to 557.

A Practical Inquiry into the Value of Medicinal Naptha in Tubercular Phthisis. By Edward C. Hocken, M.D. London: S. Highley. 8vo, pp. 72.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Gentlemen admitted members:—Friday, November 1, 1844.—R. F. Freeborn; F. J. Brown; J. Millard; H. H. Snell; S. M. MacSwiney; G. Ashdown; R. Fletcher; B. L. Jemmett; F. Brittan; G. Keane.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who have obtained certificates of qualification to practise as Apothecaries:—Thursday, October 31, 1844.—Frederick James Brown, Standgate Creek, Rochester; William Finer, 6, North-place, Kingsland-road; Joseph Williamson, Longloathly, Penrith, Cumberland; Robert Ellis, Brompton; John Harry Gale; William Stevens; Cavendish Lister Wall, Worcester; George Rodwell, Choseley Docking, Norfolk.

CORRESPONDENTS.

If *Dr. G. F. Collier* will re-peruse the few lines prefacing the tables, he will see that they are not attributed to Professor Liebig, as he supposes; of course, these tables are compiled. We have abundant proofs that in presenting them to our subscribers we have supplied a want, felt by many

readers of our chemical lectures and papers. The works mentioned by Dr. Collier may also contain useful tables, everybody being at liberty to construct such at his own pleasure; but, we repeat, the student will not find these tables elsewhere, although he might doubtless glean for himself, out of many expensive books, others equally useful.

A. B. W. may, by using two copies of THE LANCET, and pasting the tables upon card-board, construct the broad sheet he mentions. We shall consider the propriety of including some of the subjects mentioned, on a future occasion.

"Dr. Cooper presents his compliments to the Editor of THE LANCET, and begs he will have the kindness to make the following correction in the report of the Hull meeting:—'The petition, unanimously adopted by the meeting, embraces only the first three resolutions; the fourth, which has reference to the constitution of the Council of Health, has been, with the consent of the mover, embodied in a separate memorial.'—Hull, Nov. 2nd, 1844."

A Subscriber (Cork).—All the more recent works on midwifery treat on such subjects. The prize essay was the production of Mr. Nunelly. It is published.

The letter of Dr. Steinau has been in type for several weeks, but has been deferred, owing to press of matter. We promise it for next week.

We are much obliged to *Anti-empiric* for his very able remarks on medicine, its connexions and subserviency to the arts and sciences, but much regret our inability to insert them in the present crowded state of our columns.

The plan adopted by *Anonymous* is ingenious, but we do not think it of sufficient importance for publication.

With the invaluable aid of the "Times" newspaper, we hope, at no distant period, to see the authority of medical officers in the Unions rendered superior to that of the relieving officers in the dietetic treatment of the sick poor.

J. O. should consult a respectable medical practitioner personally.

Mr. Samuel Devenish was *not* legally summoned. The "lawyer coroner" in this case is the sapient person who, some years ago, if we mistake not, held an inquest on the bones of a sheep.

Is there a surgeon, practising at Tewkesbury, named *Frederick James Prior?* A private communication in reply to this question would oblige.

Thanks for the document from *Wincanton.*

The letter which was addressed to us, at about the end of August last, by *Mr. Thos. Warner*, of Cirencester, has, we believe, been mislaid, as we do not recollect having destroyed it. It was our intention to insert two or three extracts from it, but the letter cannot be found. We are much obliged to Mr. Warner for his suggestions.

Probably any notice that we could take of such a vagabond quack as the one referred to by our correspondent, *One who gives value, &c.*, would rather be gratifying to him than otherwise, unless it was absolutely libellous. Of course his name will be struck out of the list of the association. It would be disgraceful to the whole body to allow it to remain.

Casuist asks whether a professional man is to be considered a "quack" or an "impostor," who boasts of titles which he does not possess, or of holding offices which he does not occupy? We must refer our correspondent to W. B. COSTELLO, the friend of ALEXIS.

Z. E. L.—Not yet. A little patience is requisite.

Senex—A Lover of well-audited Accompts—and Philo-Veritas.—We stated to Mr. Gay and Mr. Eccles last week, that we could not continue to insert letters on so bootless a subject. No member of the profession cares a straw whether Costello is grinding stones in a double-bedded hoard of the Royal Free Hospital, or cracking them outside in the streets. The constitution and government of the hospital are, we acknowledge, proper subjects for consideration and discussion. Ten thousand pounds of the public money were thrown into the coffers of the Royal Free Hospital in the last year. The system of government in such an establishment cannot be an unimportant subject at any time; but it absolutely forces itself upon public attention when we find that a single governor is allowed to plant an individual, avowedly in some sort of professional capacity, in some nook or corner of the establishment, to the disgust and extreme annoyance of the three surgeons of the hospital. If the government be despotic, the subscribers ought to know *who is the despot*, and what are his claims to supreme authority. This is the only reply which we can make at present to the communications of our correspondents. It is somewhat meagre, but a little time may have the effect of supplying all deficiencies.

The now authenticated statement of *Richard Scratch* shall be investigated.

The account of the meeting at York arrived too late to be inserted this week.

Other correspondents will be answered next week.

Communications have been received from Mr. J. Dalrymple, Mr. Charles Mayhew, Mr. Protheroe Smith, Mr. H. O. Stephens, Mr. Charles J. Campbell, Mr. John Jones Cole, Mr. R. H. Crisp, Mr. H. Boultbee, Mr. J. Hussey, Dr. L. Leese, A Reader and Subscriber, Dr. J. Berncastle, (Croydon,) Dr. Julian Evans, Mr. Richard Martin, Detur Digniori, Mr. Horace C. Hastings, Ignoramus, Mr. S. Warren, Dr. Wansbrough, Mr. Harlsford, the author of the work entitled, "Quacks and Quackery," Mr. Gutteridge, Mr. H. Stewart, Not the wag, Mr. Hopwood, Dr. Crayman, Mr. Newton, Quiz, A Subscriber, A Hater of Humbug, A Friend of one of the Surgeons. An Inhabitant of King-street, Mr. Moss, Dr. Headington, Mr. J. C. Jerrard, (Honiton,) An adjoining surgeon, Mr. L. Haynes, Mr. Horne, Salt & Son, Chirurgus, Dr. James Tunstall, Mr. H. Matterson, Mr. R. Hodgson, Dr. H. Letheby, F. Z., and Mr. William Reeves.

ERRATA.—In the letter of Mr. Gay, published in the last LANCET, page 182, line 33 from bottom, for "*eschewed*" read "*espoused.*" In the same letter, the word "*lithotritist*" is printed "*lithotrotist.*"

We have also to apologize to several correspondents whose names were wrongly printed, and amongst them were those of Dr. Wansbrough and Mr. Byles.

THE LANCET ALMANACK FOR 1845.

THE LANCET ALMANACK for 1845 will be ready in December. The editor will be glad to receive any information with regard to provincial medical schools, hospitals, infirmaries, dispensaries, asylums, &c. Direct to the Editor of THE LANCET Almanack, 46, Princes-street, Soho.

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Calendar of Operations for Hothouse and Conservatory, Flower Garden and Shrubberies, Pineries and Vineries, Fruit and Kitchen Gardens.
Cattle, to harness.
Cereus seedling, noticed, by Mr. Errington.
Chalk, its use in improving clay soils.
Chatsworth, Gardens at, noticed.
Cows, oil-cake as food for.
Cucumbers, soil for.
Davy's Agricultural Chemistry, by J. Shier.
East Cumberland Agri. Society.
East Lothian Husbandry.
Electricity, influence of, on the growth of plants.
Farming, Scotch.
Farms, size of, in Devonshire.
Forest trees, on pruning, (with three Engravings.)
Forest trees, on transplanting, by R. W. Purchas, Esq., Pilstone, near Chepstow.
Fruits cultivated in Madeira.
Gardening in Italy.
Grass-land, to break up, by Mr. Loft, Trusthorpe.
Grave-digging Sand-wasp, described (with Engravings.)
Gynerium argenteum.
Gypsum, a fixer of ammonia, by Mr. Briggs, Wakefield.
Heating, Polmaise system of.
Hedges, best mode of keeping.
Hop-growing.
Horncastle Farmers' Club.
Italy, gardening in.
Labour, economy of.
Leycesteria formosa, to sow seeds.
Madeira fruits, list of.
Manure, peat-ashes as.
Manure, sea-ware and guano as.
Manure, Sprengel on.
Meadows and Grazing, Mr. Crawfurd on.
Melons, Cabul, described, by Mr. Fleming, Trentham Gardens.
Monmouth Farmers' Club.
Morphology, remarks on.
New Zealand, letter from.
North Cornwall Farmers' Club.
Ottery St. Mary Farmers' Club.
Peat ashes, analysis of.
Peat ashes, as manure.
Pelargoniums, descriptions of, in Nurserymen's Catalogues.
Pit for forcing for amateurs.
Plants, influence of electricity on growth of.
Plough, construction of.
Polmaise heating, by Mr. Mackenzie.
Potato crops, accounts of experiments on, requested.
Potatoes, large.
Root crops, to harvest.
Rose Garden Scions (with an Engraving.)
Roses, list of.
Roses, remarks on grafting.
Salt, a preventive of slugs.
Sea-ware, as manure, by Mr. Paterson, Whitehouse, Arran.
Slugs, salt a preventive of.
Sprengel on Manures.
Strawberry-plants, for forcing, winter treatment of.
Strawberry, Keen's Seedling, large size of.
Tring Farmers' Club.
Tulip-beds, to plant.
Turnips, guano and bones as manure for, by Mr. Ellison.
Wheat, Chidham, origin of, by Mr. Gibbs, Guilford.
Wheat, for seed, pickling of.
Wheat, on dibbling, by W. Bartlett, Esq., Marlborough, (with two Engravings.)
Wheat roots, length of.
Whitney's Composition, calico rendered rotten by.

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ON
ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE

University of Giessen.

BY JUSTUS LIEBIG, M.D., PH. D., F.R.S., M.R.I.A.,
Professor of Chemistry in the University of Giessen.

CYANOGEN.

GENTLEMEN,—We have now to treat of certain compounds of carbon and nitrogen; and first, of cyanogen. Cyanogen was obtained by Gay-Lussac from cyanide of mercury. Cyanide of mercury is a combination of cyanogen with mercury, corresponding to the red oxide of mercury, and manifesting the same deportment as this oxide, when exposed to a high temperature—i. e., the red oxide of mercury is decomposed by heat into oxygen and metallic mercury, and cyanide of mercury likewise is decomposed by heat into cyanogen and metallic mercury. It is indispensable that the cyanide of mercury be perfectly dry, since cyanogen decomposes very readily, and combines with the elements of water, forming new products.

Cyanogen is a permanent gas, at the common atmospheric pressure, but compressed to one-third or one-fourth of its volume—i. e., under a pressure of from three to four atmospheres, it becomes converted into the fluid state. It is soluble in water, and of a characteristic and very penetrating odour; it is inflammable, burning with a purple-red flame. The most remarkable and characteristic property of this compound radical is its combining directly with metals, and, amongst others, with potassium and sodium; these metals take fire and burn in cyanogen exactly as they do in chlorine, and combine with the cyanogen, without decomposition, forming cyanide of potassium, and cyanide of sodium.

The combinations of cyanogen with other substances are exceedingly numerous: it combines with metals, with oxygen, with hydrogen, &c. Cyanic acid (a combination of cyanogen with oxygen) is among the most recently discovered of the cyanogen compounds, and is distinguished from them by certain characteristic properties. We possess numerous methods for the formation of cyanic acid in combination, but very few for its separate production. Cyanates may be produced in a great many ways, and cyanic acid may be prepared from them, but this acid cannot be preserved; it decomposes in an exceedingly short time after its preparation. I shall subsequently give you a method for its production.

Cyanic acid is generally produced by the oxidation of metallic cyanides: cyanide of potassium, for instance, cannot be heated to redness, with exposure to the air, without becoming transformed into cyanate of potass. Thus, for instance, if you roast the common ferrocyanide of potassium, at a high temperature, all the usual re-actions of this salt (e. g., upon iron) disappear gradually, and you obtain nothing but cyanate of potass. There are, also, certain double compounds—e. g., of cyanide of potassium with cyanide of calcium, and of cyanide of potassium with cyanide of barium, which you may easily obtain by mixing chloride of calcium, or chloride of barium, (for instance,) with ferrocyanide of potassium; you obtain, in such cases, bulky white precipitates, which, when dry, will take fire, and burn away like tinder, leaving nothing but a cyanate behind.

The difficulty of obtaining cyanic acid is owing to the disposition of this acid to enter into combination with any fluid with which it may be in contact, upon its separation from a base, or to decompose with the water contained in such fluid. Cyanic acid, when brought into contact with water, immediately undergoes decomposition, and this is undoubtedly the reason that it has only very recently been discovered. Professor Wöhler was the first who proved the existence of cyanic acid, and he, moreover, obtained this acid in a simple manner, which leaves no doubt as to the nature of cyanogen, and the very remarkable analogy it bears to chlorine. I mention Professor Wöhler's experiment here, because it reminds us of a similar re-action which chlorine manifests in contact with alkalies. Wöhler transmitted cyanogen gas through barytes water; he obtained cyanide of barium, and the barytes compound of the new acid—i. e., cyanic acid.

The cyanogen distributes itself among the elements of the oxide of barium, combining, on the one part, with the oxygen, forming cyanic acid; and, on the other hand, with the barium, forming cyanide of barium; the newly-formed cyanic acid combines with the free barytes, forming cyanate of barytes. Two equivalents of cyanogen, and two equivalents of oxide of barium, yield one equivalent of cyanide of barium, and one equivalent of cyanate of barytes.

$$Cy_2 + 2\,Ba\,O = \begin{cases} Cy\,Ba \\ Cy\,O + Ba\,O. \end{cases}$$

From the above formula of this salt, you see that cyanic acid contains one equivalent of oxygen to one equivalent of cyanogen.

The formation of cyanates, by the action of cyanogen upon the oxides of the alkali metals, furnishes us with the most remarkable instances in proof of the fact that the chemical character of an organic compound is far less dependent upon the chemical properties of its constituent elements than upon the mode and manner of their molecular arrangement. Here we see that an oxide which is not to be deprived of its oxygen by means of charcoal simply, is most readily decomposed in its aqueous solution by a compound of carbon,—for cyanogen, you know, is a compound of carbon and nitrogen. The action which the cyanogen exercises in such cases is not owing to any affinity which its elements possess for the elements of the oxide acted upon, but to an affinity acquired by a particular molecular arrangement which the elements assume upon combining to form cyanogen. The cyanogen comports itself in this respect exactly like the chlorine in the formation of the bleaching salts.

The deportment of cyanates with mineral acids will at once point out to you that this acid cannot be obtained like other acids. If you pour diluted sulphuric acid upon cyanate of potass, you will observe that effervescence takes place, exactly as if you had acted upon a carbonate. It was owing to this re-action that the existence of cyanic acid was so long overlooked, as its salts were mistaken for carbonates.

Cyanic acid is immediately separated from its salts by the action of the strong acids, but the moment it comes into contact with water, it decomposes, and, combining with the elements of the latter, gives rise to the formation of two new products—viz., carbonic acid and ammonia; the latter substance combines with the acid by means of which the decomposition of the cyanate has been effected. This forms a very essential difference between a cyanate and a carbonate. If you make a strong acid act upon a carbonate, there remains the decomposing acid in combination with the base of the decomposed salt; but it is not so with the cyanate; the cyanates are perfectly neutral, whilst the carbonates soluble in water are not so. If you make a strong acid act upon a cyanate, there remains with the decomposing acid, besides the base of the decomposed salt—ammonia; i.e., a substance which did not exist in the cyanate previous to its decomposition. This is the characteristic re-action by which cyanates may be invariably recognised: upon treating cyanates with acids, carbonic acid escapes, and the residue, mixed with lime, evolves ammonia, the presence of which substance could not be detected by means of lime previous to the decomposition of the cyanate.

It is probable that no *instantaneous* decomposition of the cyanic acid takes place upon its separation from its salts, for a characteristic odour, somewhat like very strong acetic acid, or sulphurous acid, is perceptible at the beginning of the decomposition of cyanates; but the moment the acid comes into contact with water, it absorbs three atoms, its own constituents distributing themselves among the elements of the water. Add to the elements of anhydrous cyanic acid those of three atoms of water, and you have the elements of bicarbonate of ammonia,

$$\begin{array}{ll} C_2\,N\,O & = \text{cyanic acid} \\ H_3\quad O_3 & = 3 \text{ atoms of water} \\ \hline C_2\quad O_4 & + N\,H_3 \end{array}$$

Carbonic acid. Ammonia.

Nor can other fluids be employed as menstrua instead of water. If alcohol be used, a compound of oxide of ethyl with cyanic acid is obtained.

Notwithstanding these obstacles, means have been devised for the isolation of cyanic acid.

Among the compounds formed by cyanic acid, I may mention one distinguished from other substances by very remarkable properties—viz., *urea*. This substance may be obtained by simply evaporating the urine of the higher classes of animals—the carnivora and herbivora. It is crystalline, and exceedingly soluble. It was discovered by Vauquelin. Urea is in its whole deportment an organic base—i. e., a substance possessing the faculty of combining with acids. Thus, it combines with nitric acid, forming a crystalline substance, and likewise with hydrochloric acid, upon dry hydrochloric gas being passed over it. In the appearance and deportment of urea there is nothing to remind us of ammonia; no ammonia is evolved when urea is boiled with lime; no precipitation ensues when urea is brought

into contact with salts of silver or salts of lead. Thus we see that urea, in its re-actions with alkalies and metallic salts, does not possess the distinctive characteristics of a salt, and much less of an ammoniacal salt, but, on the contrary, all its properties are those of a base. Professor Wöhler, in his investigations of cyanic acid, found, among other re-actions and phenomena, that upon heating cyanate of silver, (a salt insoluble in water,) together with sal ammoniac, chloride of silver is obtained, and—as he assumed—cyanate of ammonia.

To all appearance, we ought to obtain here chloride of silver and cyanate of the oxide of ammonium. Wöhler obtained, indeed, a crystalline substance, but this substance comported itself exactly like urea; in contact with alkalies, it evolved no ammonia, nor did it precipitate (like other cyanates) the salts of lead or silver; it combined with nitric acid, just like urea, and formed a crystallizable substance with this acid. Now, several years before this investigation of Wöhler's, Prout had analyzed pure urea. Upon comparing the results of this analysis with the constitution of his cyanate of ammonia, Wöhler found that the figures composing the formula of Prout's urea were identical with those composing the formula of cyanate of ammonia. From the composition assigned to urea by Prout, it might be concluded, as Döbereiner had done, that urea contains the elements of cyanic acid, (at that time a hypothetical substance,) ammonia and water, mixed in exactly the same relative proportions as they exist in cyanate of lime. You will easily understand that this was a very interesting and highly remarkable discovery.

Now that you know the deportment of oxalate of ammonia and of mellitate of ammonia at high temperatures, you will find it much more easy to conceive, that upon ammonia coming into contact with cyanic acid, an alteration ensues, consisting in the nitrogen entering into a different form of combination. Dry mellitic acid is not affected by a temperature of 572° Fahrenheit, whilst mellitate of ammonia is decomposed at 302° Fahrenheit, (vide last lecture.) Now suppose you bring ammonia into contact with mellitic acid, at 302°, what will be the result? It is evident that you will obtain the same products as if you had heated mellitate of ammonia to 302°—viz., paramide, euchronate of ammonia, and water. The alteration which mellitate of ammonia undergoes at 302°, evidently takes place in cyanate of ammonia, at the common temperature: new products are formed, but these new products do not separate, as is the case with mellitate of ammonia; they remain in combination with the elements of the new compound. You will now understand why we consider —or, at least, why we *may* consider—urea to be an amide, a combination of amidogen with carbonic oxide, representing exactly the elements of cyanate of ammonia.

$$\text{Cyanate of ammonia} = C_2\,N_2\,H_4 = \begin{cases} N_2\,H_4 = \text{Amidogen} \\ C_2\,O_2 = \text{Carbonic oxide.} \end{cases}$$

Diluted sulphuric acid does not act upon urea, but concentrated sulphuric acid decomposes it, at a high temperature; the urea, in this decomposition, yields those products which may be expected from an amide of carbonic oxide—viz., carbonic acid, which is evolved as gas; and ammonia, which remains in combination with the decomposing acid.

Subsequent experiments, which Professor Wöhler and myself made in common, have shewn that there exists, nevertheless, a cyanate of ammonia, as such. If the vapour of hydrated cyanic acid be mixed with dry ammoniacal gas in a flask, these two substances combine, forming a white body, which manifests all the properties of a cyanate, and, moreover, of an ammoniacal salt. It is the property of ammoniacal salts to evolve ammonia when treated with alkalies; the property of cyanates is, that they undergo decomposition when acted upon by acids; and that of cyanic acid, in the moment of its separation from its base, and upon coming into contact with the water of the menstruum, is to be decomposed into carbonic acid gas, which escapes with effervescence, and ammonia, which combines with the decomposing acid. Now the cyanate of ammonia which Wöhler and myself formed in the manner described above, possesses these properties, but it loses them completely upon being exposed to the slightest heat, and even upon mere solution in water, and is converted into a substance of very different properties. This new substance crystallizes readily, forming crystals similar to those of nitrate of potass, and performs the part of a base to acids, especially to nitric acid and oxalic acid. If you add nitric acid to a solution of cyanate of ammonia which has undergone this modification, you obtain immediately a precipitate. Alkalies evolve no ammonia from this modification of cyanate of ammonia. This new substance is, in fact, identical in its deportment and properties with urea, as it exists in the urine of animals. Its combinations with acids have invariably the following composition. If we designate the hydrate of nitric acid by $N\,O_5\,H$, or according to the common formula, $N\,O_5 + O\,H$, and assume one equivalent of urea = Ur, to be added to this, we obtain—

$$\left.\begin{matrix} N\,O_5 + O\,H \\ Ur \end{matrix}\right\} = \text{Nitrate of urea,}$$

as the formula expressive of the combination of urea with nitric acid. If you imagine the nitric acid replaced by anhydrous oxalic acid, you have the formula for oxalate of urea.

$$\left.\begin{matrix} C_2\,O_3 + O\,H \\ Ur \end{matrix}\right\} \text{Oxalate of urea, the same as we have observed with ammonia.}$$

You see we have here another instance where a base will combine only with the so called hydrate of the oxygen acid. You know, that according to the old theory, upon bringing the hydrate of an acid into contact with a metallic oxide, the latter enters into combination with the acid, whilst one equivalent of water separates. But you will recollect that, when treating of ammonia, we found that this substance forms salts only with the hydrates of acids: the ammonia, therefore, which combines with nitric acid, does not separate water from the hydrate of the acid, like a metallic oxide; but this water, or, as we assume, the hydrogen of the acid, remains in the new compound. It is exactly the same with urea. Urea combines only with the hydrates of acids. In the new-formed salts we have, therefore, one equivalent of urea, and one equivalent of the hydrated acid.

All the other non-metallic bases, such as morphine, quinine, &c. &c., comport themselves with acids just as ammonia and urea do, and it is not improbable that they possess a similar constitution to that of ammonia, or of urea.

The common method of producing urea from urine is based upon the capacity of urea to enter into combination with acids forming compounds of difficult solubility. The following is one of the processes for the production of urea from human urine:—In the first instance you must take fresh urine, for if you allow it to stand over night, especially in a vessel which has contained putrid urine, no trace of urea will remain in it in the morning. Urine may be preserved unaltered for many days in a glass or porcelain vessel, but in wooden vessels, such especially as have contained putrid urine, it undergoes an alteration even in the short space of from six to eight hours. Well, then, fresh urine is evaporated to the consistence of a syrup, and mixed with nitric acid; the mixture solidifies immediately, forming a solid, yellowish mass, consisting of crystalline scales: this is impure nitrate of urea: to purify it, it is washed upon a funnel by means of dilute nitric acid, so as to separate the extraneous salts, with which it is contaminated, such as common salt and the phosphates. It is then dissolved in water, and decolored by means of vegetable charcoal, (animal charcoal does not effect this decoloration,) Crystals of snowy whiteness are thus obtained, and from the solution of these crystals of nitrate of urea, the urea may be readily separated by neutralizing the nitric acid by means of another base, and this such an one as forms with nitric acid a salt insoluble in alcohol. Carbonate of potass answers this purpose best, since neither nitrate of potass nor carbonate of potass are soluble in alcohol: carbonate of barytes may, however, also be employed, and likewise litharge. If carbonate of potass be used, we obtain nitrate of potass and urea, which remain in solution. Upon evaporating this mixture finally in the water-bath, and treating the residue with alcohol, the nitrate of potass remains undissolved, whilst the urea dissolves in the menstruum; from this alcoholic solution the urea crystallizes upon simple evaporation.

This method, however, is circuitous and tedious, and requires a large amount of urea to be present; much urea is, moreover, lost in the processes of purification, and besides, the amount of nitric acid required is not inconsiderable. I will, therefore, give you another method, by the employment of which urea may be obtained in a short space of time, at less expense, and, this is the principal point, in a state of greater purity.

In the first instance you have to procure cyanate of potass: this you may obtain by exposing ferrocyanide of potassium to a red heat: the ferrocyanide of potassium must previously to this be carefully dried and roasted upon a hot iron plate.

Take twenty-eight parts (by weight) of dried ferrocyanide of potassium, and fourteen parts (by weight) of peroxide of manganese. Mix, and put the mixture upon an iron plate; apply heat from below until the mixture begins spontaneously to glow; allow it to burn away until every appearance of glowing has completely vanished; the burnt mass now contains cyanate of potass: allow it to cool completely, and wash it, when cold, with cold water: the solution thus obtained contains cyanate of potass.

Now, if you add to this solution twenty parts and a half (by weight) of crystallized sulphate of ammonia, you obtain sulphate of potass and cyanate of ammonia, and this latter substance, upon the application of a slight heat, is converted into urea. It is most advisable, in this process, to dissolve the sulphate of ammo-

nia in water, and to add its solution to the solution of the cyanate of potass. Sulphate of potass separates generally immediately in crystals. The fluid is, however, evaporated to dryness, finally, in the water-bath, without removing these crystals. From the residue thus obtained, the urea is extracted by means of a small quantity of water, and in this manner separated from the larger mass of sulphate of potass; the aqueous solution is then again evaporated to dryness, and the residue treated with alcohol; the urea dissolves in this menstruum, whilst the sulphate of potass remains undissolved. The alcohol, finally, is distilled off, and the urea allowed to crystallize. This method yields from five to six ounces of urea out of one pound of ferrocyanide of potassium.

I must here still mention, as remarkable, the decomposition which urea undergoes when gently evaporated together with neutral nitrate of silver; this operation yields very fine crystals of cyanate of silver, whilst nitrate of ammonia remains in solution—and yet there certainly existed neither cyanic acid nor ammonia (as such) in the urea, for we have no reason whatever to assume that the two substances exist in urea, in the form of cyanate of ammonia; it is upon the gradual concentration of the fluid that the acid and the ammonia become revived, as it were, being formed again out of the elements of the urea.

The deportment of urea with nitrous acid is highly interesting. If you mix solution of urea with yellow, fuming nitric acid—which contains nitrous acid—you observe a vivid effervescence; and upon examining the escaping gas, you find it to be a mixture of equal volumes of nitrogen and carbonic acid: the nitrous acid acts here upon the urea with the same effect and results as if it were acting upon cyanate of ammonia; the oxygen of the nitrous acid combines with the hydrogen of the ammonia, forming water, whilst the nitrogen of the nitrous acid and that of the ammonia are liberated: this accounts for the evolution of nitrogen; and as to the cause of the evolution of carbonic acid, the explanation is also very simple: this proceeds from the decomposition of cyanic acid, and the combination of its elements with water.

I have already mentioned that cyanic acid, in contact with water, is decomposed, and is converted into bicarbonate of ammonia, its elements combining with two atoms of water.

If fresh urine be exposed to the air, it very speedily attracts oxygen, which combines with an organic matter in the urine, and in consequence of this process of decomposition, (putrefaction,) the urea also undergoes a chemical change—viz., the elements of two atoms of water entering into its composition, it becomes converted into carbonate of ammonia. This transformation ceases as soon as the access of air is precluded. This, however, applies only to urine contained in clean glass or porcelain vessels; for if urine is kept in dirty vessels—in wood, for instance—which have contained putrid urine, the transformation of urea into carbonate of ammonia takes place, and proceeds with great rapidity, even though the access of oxygen be precluded; this transformation ensues with especial rapidity when fresh urine is brought into contact with the white sediment of putrid urine.

Considering urea as an amide of carbonic oxide, its relation to oxamide is evident—

$$\text{Oxamide} = C_2 O_2 + N H_2$$
$$\text{Urea} \ldots = C_2 O_2 + 2N H_2$$

Thus you see that urea differs from oxamide only inasmuch as, to the same amount of carbonic oxide, it contains double the amount of amidogen existing in oxamide.

FOREIGN DEPARTMENT.

ACADEMIE DE MEDECINE (PARIS.)

SEPTEMBER AND OCTOBER.

ON THE USE OF CAROUB OF JUDÆA IN ASTHMATIC AFFECTIONS.

M. MARTIN SOLON read a report on a pamphlet addressed by Dr. Hoffman, a German physician, to the Academy, on the use of this substance in the treatment of thoracic diseases, and especially of asthma. Caroub of Judæa is an accidental production of the *pistacia terebinthus*, and is thus named because Judæa is the country which produces it in the greatest abundance. Like the gall-nuts of the oak, it is produced through the puncture of the leaves of the *pistaciæ* by an insect called the *aphis pistacia*. Red in the spring, the excrescence becomes of a brownish colour in autumn, when its growth is completed. It is principally employed in dying, and has been noticed cursorily by several writers on materia medica in France, more especially by M. Guibourt and MM. Merat and Delens. It forms a kind of capsule, the parietes of which are about the thickness of a poppy-head; it presents an aromatic odour, a resinous taste, and, when burnt, gives off agreeably-scented resinous vapours. The decoction precipitate yields a black, by the addition of sulphate of iron. Judæan caroub has been used for the last thirty years by the Vienna physicians in the treatment of asthma, catarrh, bronchorrhœa, &c., and was first introduced by Dr. Wertheim. Dr. Hoffman states that he has found it principally beneficial in the treatment of lymphatic persons, of a nervous constitution, at the commencement of the attacks. M. Martin Solon assimilates this substance to the resinous and balsamic preparations in general use, and thinks that it may be substituted with benefit to the latter, owing to its agreeable flavour. The best way to use it is, he states, in dry or moist fumigations.

ON EXTIRPATION OF THE SUPERIOR CERVICAL GANGLIONS OF THE SYMPATHETIC NERVE.

M. DUPUY (the Alfort veterinary professor) stated, that in 1806, along with Dupuytren, he had extirpated the superior cervical ganglions of the sympathetic nerve in the horse. The result of the experiment was redness, with infiltration, and swelling of the ocular and palpebral conjunctiva, and diminution of the volume of the globe of the eye. The horse was killed four months afterwards, and the ends of the nerve were found rounded and swollen. The sympathetic nerve is evidently insensible. When the branches of the fifth pair are cut or lacerated, a horse shrieks with pain, whereas nothing of the kind occurs when the sympathetic is divided. M. Dupuy repeated the experiment seven times, and each time with the same results.

RESEARCHES ON THE CHEMICAL COMPOSITION OF THE PULMONARY PARENCHYMA AND OF TUBERCLES.

These researches were undertaken by M. Felix Boudet, a well-informed chemist, in order to ascertain, if possible, the relation which exists between the normal composition of the lungs, and its pathological composition, when the seat of tubercles. According to M. Boudet, the parenchyma of the lungs, freed as much as possible from blood and extraneous substances, is formed of the following chemical elements:—1st, A substance susceptible of transformation into gelatin by ebullition in water, (cellular tissue;) 2nd, a substance soluble in cold water, precipitated by nitric acid, coagulated by heat, containing albumen and hematosin; 3rd, a substance analogous to casein; 4th, fibrin; 5th, free oleic and margaric acids; 6th, oleate and margarate of soda; 7th, cerebric acid; 8th, lactic acid; 9th, cholesterine, $\frac{5}{1000}$ of the weight of the lungs dried at 100°; 10th, water, the weight of which is to that of the substance of the lungs dried at 100° :: 82 : 18. In other words, the lungs dried at 100° are reduced to one-fifth of their primitive weight. The ashes of the lungs contain a considerable quantity of chloride and sulphate of soda, a small quantity of phosphate and carbonate of lime, and traces of silex and of oxide of iron.

If this analysis be compared with those which Berzelius and Braconnot made of muscular tissue, the difference will be found to be slight, and to have reference, principally, to the presence in the lungs of several fatty acids, free, or combined with soda, and to the presence of cholesterine, and of a substance soluble in boiling alcohol, precipitated by cold—viz., cerebric acid. These differences are not very important, unless it be proved that they are constant, and inherent to the nature of the tissues analyzed. Nevertheless, it is clear that the parenchyma of the lungs contains a considerable proportion of fatty substances, and more especially of cholesterine, which does not exist in muscular tissue.

The results of M. Boudet's analysis of pulmonary tubercles are confirmatory of the previous analyses of Wood and Preuss. Pulmonary tubercles contain, according to him,—1st, albumen; 2nd, casein; 3rd, a substance presenting the characters of fibrin; 4th, a substance soluble in boiling alcohol, (cerebric acid;) 5th, oleic and margaric acids; 6th, saponified fat; 7th, lactic acid; 8th, lactate of soda; 9th, cholesterine, 0.045, or $\frac{1}{20}$th of the weight of the dry tubercles. The ashes, like those of the lungs, contained soluble salts; chloride of sodium and sulphate of soda; insoluble salts; phosphate and carbonate of lime; silex and oxide of iron.

The composition of mesenteric tubercles, as also that of the tubercles of the bronchial glands, was the same.

The most remarkable fact demonstrated by the above analysis, is the large quantity of cholesterine which tubercles contain. This substance is also found in biliary calculi, in tumours of the brain and of the uterus, in ovarian cysts, and in most of the pathological productions developed in the parenchyma of our organs, thus shewing a kind of analogy between the composition of pathological productions.

The development of an excess of fatty matter in the organization is also remarkable, when we consider that the physiological function of the fatty substances which exist in the blood appears to be to contribute to the production of animal heat, by the slow combustion of the carbon which they contain, and to become converted into carbonic acid during respiration. This being the case, it is easy to understand how imperfection in the respiration may coincide with an excess of fatty matter in the organization. The fatty state of the liver in many patients labouring under phthisis is worth noticing, in connexion with these ideas. The following is the analysis of the liver thus degenerated, as compared with the healthy liver:—

	Fatty liver.		Healthy liver.
Water	55.15	...	76.39
Animal matter, dried at 100°	13.32	...	21.00
Saponified fat	30.20	...	1.60
Cholesterine	1.33	...	0.17

M. Boudet has comprised in his researches the composition of tubercular matter in its subsequent transformations. When softened, it presents an alkaline re-action; treated by water, it gives a dissolution partly coagulable by heat. After the separation of the albumen, there remains a liquid which is precipitated by acetic acid, like milk, and which, evaporated at a mild heat, gives rise to the formation of pellicles similar to those which form on milk. In order to fully ascertain the identity of this substance with the casein of milk, M. Boudet precipitated comparatively, by acetic acid, a certain quantity of cow's milk, and of the liquid obtained from tubercles. The two precipitates, placed in contact with carbonate of barytes, in order to saturate the excess of acid, and subsequently with water, gave two liquids perfectly similar in all their properties. Calcareous tubercles present a composition very similar to that of the residue of the combustion of tubercles themselves. They contain, however, but a small proportion of phosphate and carbonate of lime, whereas they present 70 per cent. of soluble salts; chloride of sodium, phosphate and sulphate of soda. It is rather singular that a mass of soluble salts should thus remain insoluble in an organ abundantly supplied with fluids.

In one of the lungs examined by M. Boudet, he found a considerable quantity of copper, enough to form a small button. The patient was a man sixty years of age, and stated, in the hospital register, to be an engineer.

M. Desportes remarked, that too much importance ought not to be placed, without further research, on the chemical theories promulgated by M. Boudet. It must not be forgotten, that the formation of fat in the human economy was never greater than when all the functions were in perfect health, especially that of respiration—as, for instance, in children. In phthisis, the deposit of fat was by no means general, but confined to some few parenchymatous structures.

M. FORGET ON ANEURISM OF THE HEART.

M. Forget, the clinical professor of medicine at the Faculty of Strasbourg, in a paper read before the Academy, stated, that since Laennec too much attention has been paid to the valvular sounds of the heart, in the diagnosis of the diseases of that organ, to the neglect of other valuable physical signs which are always present. The analysis of several hundred cases had shewn him, that in order to arrive at a correct diagnosis it is necessary to determine the relative frequency of the lesions of the various orifices, and the relations of these lesions with reference to dilatation and hypertrophy (aneurism) of the heart. This was the more indispensable, as abnormal sounds may exist in the heart without valvular lesion, as abnormal sounds are not always present where valvular lesion exists; and as when the two are combined, valvular disease and abnormal sounds, the latter are often inextricably confounded one with the other. M. Forget recapitulated the results of his researches in the following manner:—

The most conclusive symptom of stricture of the aortic orifice is dilatation of the left ventricle, which is nearly necessarily allied to hypertrophy. It is indicated by voussure of the precordial region, a strong impulsion, and generally, a bellows sound propagated along the aorta. Aneurism of the left ventricle implies passive dilatation of the three other cavities. Thus in aortic stricture, there is general development of the heart, with increased dulness on percussion in every direction. The term *cor bovinum* aptly describes this form of hypertrophy.

Stricture of the mitral orifice is followed by dilatation of the three cavities behind it, but the left ventricle remains undilated. The abnormal sounds are generally circumscribed to the vicinity of the valvular orifices. The precordial voussure is slight; the impulsion of the heart is feeble; on percussion, the dulness is more increased transversely than longitudinally.

When the two lesions are present, there is found the re-union of the signs peculiar to both. Aneurism of the right cavities of the heart is often occasioned by engorgement of the lungs. The voussure is slight, and the impulsion weak; there are sometimes abnormal sounds produced by insufficiency of the tricuspid valves. The heart is developed transversely.

Concentric hypertrophy is only met with in the left ventricle, and is always the result of an obstacle situated behind this ventricle, that is, either of stricture of the mitral valve or of pulmonary engorgement.

The general symptoms, anasarca, dyspnœa, venous reflux, &c., being caused by obstruction to the circulation, occur equally in all forms of obstacle to the circulation of the heart, in aortic stricture as well as mitral stricture. M. Forget has only met with one case of tricuspid disease, and never with disease of the pulmonary artery. He therefore thinks that valvular disease of the right heart must be so rare as scarcely to deserve to be taken into account.

The practical deductions which he draws from the above data are, that in aortic stricture, with dilatation and hypertrophy of the left ventricle, debilitants and sedatives may be used without fear; whereas in cases of mitral stricture and of aneurism of the right heart, these means must be resorted to with great precaution, as the left ventricle non-hypertrophied, or even atrophied, requires all its energy to propel the small quantity of blood which it receives.

GUNSHOT WOUND OF THE ANTERIOR CEREBRAL LOBES.

Dr. Blaquiere, of Mexico, forwarded the details of a gunshot wound involving the anterior cerebral lobes, which presented considerable physiological interest. A child playing with a loaded pistol accidentally discharged it. The ball struck his younger brother, four years and a half old; entered at one temporal region, came out at the other, and finally spent itself against the wall of the room. For six-and-twenty days after the accident, the child retained the entire control of its intellectual faculties. The memory and judgment were not in the least impaired; the child was as gay as before the accident, had appetite for food, and slept tolerably well. The wounds were both situated about an inch and a half below the external commissures of the eyes. On the twenty-sixth day, symptoms of cerebral inflammation appeared, and the child died on the twenty-ninth. On examination, the anterior and superior region of the two hemispheres was found to have been traversed by the ball. The ventricles were intact. The entire sinus was the seat of suppuration; the meninges were inflamed. M. Blaquière considers this case to be fatal to phrenological doctrines, as the seat of several important phrenological faculties was destroyed, and yet no functional lesion whatever of the brain was observed.

POLYPI OF THE AUDITORY CANAL.

In a paper by M. Bonnafont, on polypi of the auditory canal, are the following propositions:—Polypi of the ear may be divided into those which grow on the parietes of the canal, and those which originate on the membrane of the tympan. Polypi of the tympanum and its immediate vicinity, are more common than polypi of the two external thirds of the auditory canal. The spongious bleeding polypi are more serious than those which are hard, as the former are always accompanied by lesions of the bones. Mr. Bonnafont resorts to torsion and evulsion combined for polypi of the parietes of the canal, whereas he excises or ties those which grow on the tympanum. After the operation, he cauterizes the pedicle with the nitrate of silver, and injects a solution of nitrate of silver, acetate of lead, or sulphate of alum.

THE SUSPUBIC OPERATION FOR LITHOTOMY.

M. Segalas presented to the Academy an uric acid calculus of three ounces and a half, which he had successfully extracted from a man thirty-seven years of age, after vainly attempting to crush it by lithotritic instruments. The remarkable feature in this case was, the patient's having suffered from all the symptoms of stone, from the age of nine until fifteen, when they suddenly disappeared. From that age until he was thirty-six, he never experienced any uneasiness, although exposed to great fatigue, and sometimes taking active exercise, in carriages and on horseback. The symptoms then returned with great violence, and after a year's suffering, he decided on submitting to an operation. "In old men," said M. Segalas, "calculi often occasion no pain, which may be accounted for by the fact of their bladder not emptying itself entirely, so that the stone is not in direct contact with the internal surface of the bladder. This could not, however, be the case in the present instance, the patient being young and vigorous. He therefore thought that the long immunity from pain must have been owing to the weight of the stone fixing it in the fundus of the bladder, which is much less sensible than the vicinity of the neck.

ON THE

TRUE CHARACTER OF ACUTE RHEUMATISM

IN REFERENCE TO

ITS TREATMENT BY MEDICINE.

By James Arthur Wilson, M.D., Physician to St. George's Hospital.

(Continued from page 195.)

There is matter of exceeding interest in the peculiar arthritic inflammations of acute rheumatism, which are supposed by many to constitute the entire disease. Observing them in their separate violence and rapid succession, each discharging its assigned task of heat, swelling, effusion, and consequent absorption, rarely with any permanent injury to the parts concerned, we can hardly refuse a belief in their protective tendency and purpose, as furthering the great business of excretion, by which this fever is so remarkably distinguished. We strive in vain to understand these partial shifting expressions of a disorder which is fixed and general in the system. We call them inflammations; but the term is vague, and does not help us. Inflammations they undoubtedly are, for by heat, redness, pain, and swelling, they are made evident to our senses; nothing is inflammatory if they are not. But the local rheumatic inflammation, like that of the small-pox pustule, is exactly limited in space and time, and is protective of the part it occupies. Salutary in its purpose, it is succeeded by an action of repair, measured, rapid, and peculiar as itself. By no contrived means could we induce this train of symptoms in any of the articular structures; it can only come from fever, which must be of a certain kind.

There is another and a more important structural development of this disorder. The joint-fever of acute rheumatism is likewise a heart-fever. Thus it is specially localized by vascular action in the structures which differ most from each other in respect of their organized relations with the blood. So accustomed are physicans of late years to associate the evidence of diseased action with effects of structural change, that even the heart symptoms of this most violent fever, in all their variety of pain, dyspnœa, and palpitation, have been referred exclusively to inflammation of certain tendinous and ligamentous fibres by which the organ is in part composed. By the same loose analogy, in every case of severe rheumatic fever, there would be inflammation of the dura mater,—and periostitis would be universal in the body.

From a cause of this trivial kind, it is assumed that vegetations grow, like warts, upon the valve, and by a similar agency, its folds, we are taught, are made ragged with ulceration. Certainly it would seem that the nutritive function of the heart itself is always rendered difficult, if not actually impaired, under the influences which determine the rheumatic inflammation of the articular structures. Yet, in the nature and character of their respective animal functions, there is no analogy by which to account for this remarkable fellowship of diseased action between the heart and joints. Both, indeed, are parts of the great locomotive apparatus, one as the sole regulator, through the blood-current, of contraction in the muscle; the other, as its appended passive instrument. And here it may be remarked, that in the heart, as in the large articular structures, the fibre which rheumatic inflammation most affects is always in a relation of compulsory movement with the muscle of which it forms a part. By systole of the ventricle it suffers continual attrition in the pericardium, and in the cardiac valves maintains its office by strain, and with a pull. On the other hand, the dura mater and periosteum, which no muscular action is able to displace, are likewise exempted from the local inflammation of rheumatic fever. In acute rheumatism, the heart is never safe. From first to last, in every stage, and under whatever treatment, it is more or less affected, and shares with the articular structures the local strain of the disease. The effects of the fever, in these widely-different organs, are not vicarious, but simultaneous. I have known cases of rheumatic fever in which the heart symptoms have been among the first observed.

A child, aged five, whom I saw in Eaton-place, on October 13, 1835, at the request of Mr. Morgan, of Chapel-street, had been attacked, about a week before my visit, with symptoms of what appeared to be the setting in of severe eruptive fever. There was neither sore throat nor rash after three days of incubation, but the larger joints began to swell, with pain, heat, and redness of the surrounding structures. The case was then first recognised as one of severe rheumatic fever. When I saw it, there was no longer any rheumatic inflammation of the joints. The little patient was sitting up in bed, pale, alarmed, and breathing with difficulty. The pulse was 130; the heart was beating violently, over a greatly extended space; there was much occasional aggravation of the dyspnœa from attacks of spasm across the waist. On the following day the child expired. The pericardium, by the report of Mr. Morgan, was found adherent.

My patient, T. H——, aged twenty-two, died of rheumatic fever, in St. George's Hospital, on August 5, 1832. In this case, the symptoms, from first to last, had been seven weeks present. It began suddenly, in the morning, with an attack of rigor, simultaneous with violent rheumatic inflammation of the left knee and other large articular structures. There was, at the same time, much soreness about the chest. Subsequently, there was great increase of thoracic pain, with cough, dyspnœa, and other evidence of strain upon the heart and lungs, yet with no metastasis, by interruption of symptoms, to these organs from the joints. Delirium supervened, four weeks after the invasion of the symptoms, and the patient died maniacal. The brain was white and dripping, with much clear fluid in its ventricular cavities; there was a small granular deposit, about the size of a common pea, between the two hemispheres, and resting on the corpus callosum; the pericardium was everywhere adherent; the blood that remained in the heart was fluid.

In the case of A. F——, a servant maid, aged thirty-two, who died while under my charge in St. George's Hospital, on March 26, 1839, there had been evidence, by symptoms, of severe cardiac affection a week before the rheumatic inflammation declared itself in the joints. Here, the metastasis, if any, was from the heart to the articular structures. The patient, by her own account, had been ill and in bed for three weeks before her admission, on March 4, 1839. She was first attacked, during the catamenial period, by pains all over her, and shiverings, with occasional heats and sweating; she was also sick. The pain then "fell on her chest," with much cough and thick expectoration. A week afterwards, her wrists and knees became swollen and red. When received into the hospital, she complained principally of pain beneath the sternum, which was increased by inspiration. The pulse was 85, reported "soft and regular." The joints, at this time, were not swollen, but there was, occasionally, much aching of the legs. While under observation in the hospital, this was emphatically a chest case. There was cough, with pain on inspiration throughout. The sputa were scanty, and at last slightly tinged with blood. The pain, which was associated with a sense of obstruction, was always referred to "beneath the breast-bone." The pulse was generally rapid, sometimes thrilling, without volume, but always regular. Some blood, which was drawn on March 15, did not exhibit the buffy crust. The complexion is reported, on three different occasions, as dusky, sallow, and very pale. During the last three weeks there was a marked remittent character in the symptoms of this case, which fixed the attention of the patient herself. On March 6, she was attacked by a severe rigor, the first of a long series of shivering fits, which afterwards gave place to periodical attacks of dyspnœa, in one of which the patient expired. All the symptoms were at first somewhat relieved by the use, once repeated, of the hot-air bath. Subsequently to the attack of rigor, on March 6, ten grains of calomel, with two of opium, were given, in divided doses, nearly every twenty-four hours, during the time that the case remained under treatment, yet, as it seemed, without even temporary advantage by control of the rheumatic carditis. The patient was likewise bled, blistered, fomented, and purged.

The body was examined on March 27, twenty-six hours after death; there was considerable effusion into all the serous cavities of the chest; the pericardium contained about eight ounces of fluid, slightly flaked by lymph; a little of the soft, yellow deposit rested on the surface of the heart; the left auricle was greatly distended by a tolerably firm coagulum; its valvular surface was beset with numerous warty vegetations, and the edges of the valve were much thickened and contracted. From the regurgitation thus effected by a dam on the blood's current, partial hæmorrhage had followed in the lungs, which exhibited many instances of the circumscribed apoplectic clot. One entire lobe was in this way closed against air. It was of peculiar interest in this case that the warty vegetations were likewise indigenous to the right side of the heart. They were observed in great numbers on the auricular surface of the tricuspid valve, some of them even projecting round into the cavity of the ventricle. The other viscera were generally healthy.

From this case there is an important negative inference in the diagnosis of cardiac disease. We learn from it, that the heart may be drowned in serum, its cavities plugged with fibrin, vegetating and coagulated; that hydro-thorax may be co-existing with apoplexy of the lung; that all these pathological changes may be present, and at one time, in the chest; and yet, with no indication, by irregularity, from the radial pulse.

While the fever is in progress through the system, no security accrues to the heart from its development by action, however violent, in the joints. Yet there are no worse cases of rheumatic

fever than those in which the joint symptoms do not come fairly out. It is not by metastasis of inflammation from the joints that rheumatic fever affects the heart, but primarily and directly in the twofold relation which this organ maintains with the blood. There are many states of the heart in this disease, short of inflammation, which though expressed by urgent symptoms for the time, are able, with little help, to right themselves.

In the rational pathology of heart-rheumatism, how strange our forgetfulness of the inflamed rheumatic blood, that is continually resting by successive portions within the chambers of the heart, and circulating at every instant through its texture. Much of what is felt about the chest by distress and oppression in this disease is, I believe, an expression by the blood in mass of a prejudice from fever to the system, and of the elementary actions which are necessary for its cure. There is in the blood an independent faculty of sensation, which by physiologists is not as yet acknowledged. In disease, as in health, it is sentient of its own states, as it is inceptive of its own actions, and through it we feel much of what, in idle phrase, is made exclusive to the nerve.

Distinguished as this fever is by a special violence of action, it is not the less remarkable for the negative character of some of its structural relations. In his early clinical studies, every physician remarks with surprise on the absence of what are termed "head symptoms" in ordinary cases of rheumatic fever. However violent its action, it is seldom associated with the headache, the delirium, and prostration of intellect, that belong to the fevers which are characterized by a cold skin and low pulse; and, as might be expected from the little we know of the cerebral functions, the strain of the disorder being removed from the brain, its effects are less developed in the structures with which that organ is in the closest and most constant relation. Generally, in acute rheumatism, unless by pain and swelling of their articular extremities, there is no sensible prejudice to the contractile function of the double voluntary muscles. The so-called "rheum," or supposed material agency which inflames the tendon, is harmless in the flesh. There is neither subsultus, convulsion, nor paralysis of the affected limbs; and thus the inflamed ligamentous fibre is suffered, by the patient's will, to remain at rest.

There is no real metastasis of this disorder from the heart or extremities to the brain. Present everywhere in the blood, the influence of rheumatic fever pervades the cerebral structure, through all its divisions, from the beginning, though without apparent prejudice to the exercise of its nutritive function. In the worst cases of supposed fatal translation of rheumatism to the head, I have failed to detect, on examination after death, any traces of organic lesion in the brain or its investing membranes. Invariably in these same cases it was found that the heart or other thoracic viscera had been damaged in their structure. There was sometimes evidence of recent pneumonia in the lungs, close or ragged adhesions existed between the corresponding surfaces of the pericardium, the lining membrane of the auricle was actively inflamed, or warty vegetations were in progress on the cardiac valves.

In a fatal case of rheumatic carditis, to which I have already alluded, the patient, a woman, aged twenty, was subject, during her struggle of three years for breath, to frequent attacks of epilepsy. The cerebral functions were moreover suspended, from time to time, by syncope. On her admission into the hospital there was most violent, tumultuous action of the heart and carotids; the veins generally were turgid with blood, and the sense of suffocation was always imminent.

It is upon the evidence of certain moral phenomena, and not by any context of physical symptoms, that the brain is sometimes held responsible for the fatal accidents of rheumatic fever. In the materialism of our modern structural pathology there is, from every observed effect of fever on the mind, a belief, by inference, of corresponding organic alteration in the brain. This great metaphysical error, under which the mind is localized exclusively in the brain, is in practice most injurious. A person, long ill with rheumatic fever, becomes delirious, frantic, maniacal, and is largely bled and repeatedly blistered for a supposed cerebral inflammation, which, in truth, does not exist. It is no justification of these violent proceedings that after death, though the membranes of the brain be smooth and transparent, the pericardium is thickened and adherent. The question still remains whether, in either case, the antiphlogistic plan would be the best for the relief of the patient.

Let it, then, be remembered, in our treatment of the "head symptoms" incidental to this as to other forms of acute disease, that the brain may be unsettled by many influences which do not originate within the brain itself. The double brain is the central union of all the structures by all the nerves, and affords an expression for the mind only as far as it represents the business and combines the notices of functional life in its full extent and variety. Of mind, as of life, there is as much in one structure separately as in another. Mind, as developed in the brain, is at every instant beginning, in every part of every structure, from the vital operations which are there in progress. Thus, under the influence of disease, the expression of the cerebral mind may be rendered imperfect by causes affecting the brain in its partial relation with particular structures. Moreover, the activity of the cerebral mind, thus variously constituted in respect of the several nervous functions, is maintained in the double brain by a direct relation of that organ, in all its structural divisions, with the blood. Under the prevailing influence of fever, the cerebral mind may therefore be prejudiced in both terms of this relation, through the blood or by the nerve, from any part of the body. Opium, alcohol, the insane root, all that, when eaten, takes the reason prisoner, "get into the head," in common phrase, by absorption through the blood. So, too, with moral seizure by strong emotion. Its first physical effect is sensibly recognised in the great masses of blood current through the epigastrium and lower breast; and thus, pervading every structure, from the source and with the material of its growth, great mental excitement is referred especially to the brain, in which, by their nerves, all structures assemble and are represented.

Surely it is from mere carelessness of language, that a principle, of which all profess to acknowledge that it is distinct from every form of matter, is identified thus closely and exclusively with the double compound brain.

It is scarcely necessary to remark, that the foregoing observations do not relate to the mind in its character of an immaterial essence, but to its operations only as far as they are sensibly developed in the various forms of organized structure. In disease, these manifestations of the spirit in the flesh become actual symptoms, and as such must be severally known and encountered in treatment by the physician.

With the heart patched inside and out with lymph, ulcerated, it may be, in its very substance and valvular structure, while fevered acid blood is at the same time in circulation through the system, there can be no reason to marvel at the occurrence of "head symptoms" in rheumatic fever, even though the brain and its investing membranes be not inflamed.

(To be continued.)

EFFICACY OF CALOMEL IN LARGE DOSES IN TYPHUS FEVER, AIDED BY COLD AFFUSION.

By Joshua Burgess, Esq., Surgeon, London.

Typhus is the typification of disease of membranous tissues, beginning with the pituitous membranes: the serous and mucous linings of the large cavities; the mucous linings of the alimentary, gastric, and intestinal canals; the epithelium; and, above all, the skin, the extensive covering of the surface of the body; all being more or less implicated, directly or indirectly, in the progress of typhus.

The great extent of membranous tissues, beyond all others, in the animal organization, their important and almost universal function, and their singular sympathy in health, disorder, and disease, sufficiently explain the inveteracy of the character of typhus.

I am induced to make these remarks prefatory to attempting to explain the *ratio medendi* of calomel and cold affusion in the treatment of typhus, a few observations upon which I submitted to you in your number of the 14th September.

Every form and degree of membranous inflammation is attended with the phenomena, and characterized by some of the symptoms, of typhus, and it is an interesting inquiry, if disorder, or irritation only of membranous tissues, be not accompanied by mitigated symptoms, which range under the phenomena of typhus, excepting perhaps those cases in which the spinal axis and ganglionic periphery of the nervous system are implicated, and when the vascular system becomes secondarily and partially disturbed.

All the exanthemata have the typhus type.

If it be assumed, as above, that the great mucous surfaces, intercluding the skin, so universally expanded over the external and internal parts of the animal structure, in and through which transpiration, exhalation, absorption, secretion, and sensation, are so wonderfully performed, are the seats of disease in typhus, the remedial agency of calomel and cold affusion is not difficult of solution.

The skin, including the epithelium, being, as above stated, the most extensive tissue in the human organization, important results must attend the derangement of its functions, whether exhalent or secreting, death speedily resulting from that condition which Dr.

Willis has graphically described as producing over the surface "an impervious glaze."*

The slimy secretions with which the gastric and intestinal canals are congested, impair or destroy the functions of digestion or assimilation; the condition of the skin, covered with a clammy and tenacious gum; the sordes plugging up the cavities of the fauces; internal and external ears, eyes, nose, lips, and even extending over the nails and hair roots—all combine to produce the characteristic and formidable symptoms of typhus.

I will not stay to discuss the proximate or remote causes of typhus, which would be irrelevant to the present inquiry; nor say in what locality or region the disease originates, as the question at present turns upon a *status quo*, upon circumstances and conditions assumed, and which will afford sufficient for present discussion, although I am prepared at the proper opportunity to discuss these points.

If I may be permitted to use a rather fashionable expression, I should say, the reflex action of typhus is cerebral. I consider this to be the fact, since the cerebral symptoms are never entirely relieved till either the skin or the bowels are sufficiently and amply acted upon, use what topical means you may.

The access and progress of typhus is slow, and the predisposition in the constitution must be strong, and of long duration; and the last has probably more influence than any contagious influence whatever. The elements of disease have been accumulating through the media of bad or low diet, bad clothing, intemperance, exposure, malaria, anxiety,

> "——— and the thousand natural shocks
> That flesh is heir to"—

till some slight and accidental disturbance, either gastric, hepatic, intestinal, or cerebral, calls them into action, and the whole train of phenomena which constitutes the typhus type becomes developed. In the milder cases, the febrile paroxysm is of the remittent character, in its worst forms; when it becomes continued, the arterial, venous, capillary, and exhalent vessels are highly congested; and only that the indistinctly marked stages of rigor or collapse are succeeded by febrile accessions of an intense character, the state of comatose lethargy so characteristic, may be justly compared to a living death.

In this condition, when the vital powers have become nearly subdued, neither mild nor temporizing remedies will rouse the slumbering functions; an impulse must be speedily obtained, directly, through the vascular system, and indirectly, over the ganglionic and cerebral functions: this is best obtained by large doses of calomel, aided and succeeded by cold affusion.

Calomel, in large doses, acts proximately as a sedative, without losing any of its well-known valuable qualities as an alterative, upon the absorbent and glandular structures. The first good it produces is, sound, calm, undisturbed sleep, to which the patient has been long a stranger, during which the ganglionic, absorbent, and glandular systems are silently invaded by its alterative agency; the intestines become filled with secretions, ready to be removed by any mild cathartic, (e.g. small doses of neutral salts,) exhibited periodically and regularly, to make them patent: the dose of calomel should be renewed every night, (without any other medicine, only the neutral salts, in solution with infusion of senna and the mindererus' spirit,) and repeated till the functions approach their normal state. The cold affusions over the naked surface of the body are to be practised daily, by throwing over it, while in a sitting posture, a bucketful of cold water, during the acme of the febrile paroxysm.

The breathing becomes more free, and the stertor, so frequently present, gradually subsides; the pulse, from having been oppressed and feeble, yet quick and wiry, becomes compressible, free, and bounding, increased in volume, and diminished in frequency; the peculiar expression of countenance, now collapsed, anxious, and cadaverous, with a cold, lead-like, lack-lustre expression, the eye injected, and the sardonic grin and incoherent mutter quivering on the lip, also subside; the subsultus tendinum and picking of the sheets also cease, and a profuse sweat pervades the surface, the skin becoming relaxed, soft, and elastic, and its temperature gradually restored to a uniform healthful and natural condition.

If cold affusion be supposed to have no specific agency—which I nevertheless think it possesses—in stimulating and strengthening the capillary and exhalent vessels, and the vascular and nervous systems, thus giving tone to the function of the heart, equalizing the circulation, and removing congestions, it at any rate possesses that quality which has been already so successfully excited in the gastro-enteritic systems—of washing away and effectually removing morbid secretions—of opening the mouths of the exhalents, and restoring transpiration, so long interrupted, and which very probably has acted as a remote cause of disease.

One of the phenomena attending the results of this practice is, the wonderfully increased action of the absorbent system: the absorbents appear to become rapacious and greedy; and when, from their previously impaired state, effusions or morbid deposits in the tissues have taken place, this increased action becomes singularly developed in their rapid removal.

The ascaris lumbricoides very commonly infests the intestinal and alimentary canals in typhus, as also in the infantile fever of children, when the slimy secretions are in both instances characteristics of the attendant disease, and in both of which their expulsion, or creeping away, is the harbinger of recovery.

The mercury remains too short a time in the system to produce any specific irritation, or hypercatharsis; the intestinal canal, having long been torpid and insensible, renders the calomel comparatively inert as a cathartic, covered as it and the whole of the alimentary passages are with slimy mucus, and its sedative influence on the ganglionic system passively producing profuse secretions, the passages become a vortex, rendered potent by the Epsom, Glauber's, or other neutral salts, the natural sensibility of the passages being only perfectly obtained after the necessity has ceased for the administration of the large doses of calomel, and the whole quantity of the calomel taken has been detected again in the stools, ("partly as sulphuret of mercury,") and from its difficulty of solution no doubt can exist of its being in this state wholly rejected in the stools, although in its progress it has produced decided and important results.

Park-street, October, 1844.

* Vide "Medical Gazette," July 12, 1844: On the Special Function of the Skin, by Dr. Willis.

ON DISEASES OF THE HEART.

WITH CASES.

By John W. Tripe, Esq., Surgeon, London.

(Continued from p. 127.)

CASES OF HYPERTROPHY AND DILATATION COMBINED WITH OTHER DISEASE.

Case 11. Catherine C——, aged fifty-eight, in-patient of the London Hospital, had rheumatism, about three years ago, but with pain of the heart. Perceived palpitation about two years since; at first without cough, which came on about six months afterwards. Her face is yellowish, with purplish lips and patches on the cheeks. She has the general symptoms of cardiac disease of the left side. The dulness on percuting the precordial region is increased; the impulse of the heart is rather violent and irregular; the apex strikes about two inches and a half below the nipple, at which spot a bruit de scie is audible, which is synchronous with the elevation of the pulse, lasts during the whole of the first sound, which it overpowers, is loudest near the apex, and diminishes in intensity as you ascend to the aortic valves, over which it is scarcely audible; no bruit is distinguishable in the carotid. Pulse small, weak, intermittent, unequal, and irregular.

Diagnosis.—Slight dilatation, without attenuation of the left side, and mitral regurgitation. The mitral disease is evidently very great, as the first sound is *superseded*, and not merely accompanied by the bruit, and the pulse is eminently small, weak, irregular, and intermittent, which is its characteristic condition in cases of extreme mitral regurgitation.

S. C.—The size of the heart is increased, especially in breadth; the cavity of the left ventricle, and especially of the left auricle, dilated; the parietes of the left ventricle about the normal thickness, but of the auricle much diminished; the left auriculo-ventricular opening contracted, barely allowing the little finger to pass through, and the chordæ tendineæ agglutinated.

Case 12. J. P——, aged forty-eight, has the general symptoms of cardiac disease of both sides; anasarca; œdema of the lungs; congestion of the face and lips; turgescence, with pulsation of the external jugular veins; and has had hæmoptysis of dark-coloured blood; cough, with frothy sputa. Has had gout in his toe, but not rheumatism. First perceived palpitation, followed by dyspnœa, about eight years since; two months previously to which he was laid up with fever, pain of the left side, cough, &c., for which he was bled, and kept on low diet. On the left side, above the nipple, percussion yields a good sound; but below, and extending to the right side of the sternum, it is very dull. The apex of the heart strikes near to the ziphoid cartilage; impulse occasionally rather strong, but quick, irregular, unequal, and intermittent; both sounds deadened; no bruit. Pulse small, soft, irregular, unequal, and intermittent.

Diagnosis.—Slight dilatation of the left side, without attenuation; great dilatation of the right side, with softening, but without valvular disease. The reasons for considering the heart to be softened as well as hypertrophied were, the occasionally strong,

but quick, irregular, unequal, and intermittent action of the heart, and a corresponding pulse, without any signs of valvular disease.

The *post-mortem* examination shewed the diagnosis to be incorrect, and that these signs were produced by a gorged condition of the heart, and regurgitation through the right auriculo-ventricular opening, which was certainly indicated by the pulsation of the external jugular vein.

Post Mortem (fifteen days afterwards).—The heart is enormously enlarged; the cavity of the left ventricle slightly dilated, and the walls of normal thickness; the valves healthy, while the cavity of the right side is enormously enlarged; the auriculo-ventricular opening allows the passage of three fingers up to the second joint; the valves healthy, but do not nearly close the opening. The right lung is solidified to a great extent.

It appears probable that a bruit was not produced in this case, partly because the opening through which the regurgitation occurred was very large, and partly in consequence of the congested condition of the organ.

Case 13. J. B——, aged forty-four, is subject to gout, but not to rheumatism. Has had symptoms of cardiac disease for some years. He now has the local and general signs of dilatation and hypertrophy of the left ventricle, with a bruit at the apex, which supersedes the second sound, and lasts nearly to the commencement of the first, becomes louder as you ascend the ventricle, and is heard loudest near the sternum and the cartilage of the second rib. Pulse 90, sharp and jerking, rising quickly under the finger, striking it forcibly, and immediately falling.

Diagnosis.—Dilatation and hypertrophy of the left ventricle, with aortic regurgitation. The latter being diagnosed by the position, time, &c., of the bruit, and the peculiar state of the pulse.

S. C.—The left ventricle hypertrophied and dilated, and one of the semilunar valves adherent to the walls of the aorta.

Case 14. T. W——, patient at the London Hospital, has had palpitation and dyspnœa for twelve or fourteen months, with occasional hæmoptysis. His hands and feet are very cold, the latter of a purplish tint, without enlargement of the superficial veins. Face of a healthy tint, but on great exertion it becomes purplish. The sound, on percuting the precordial region, is rather dull; the apex strikes near to the nipple, and there are signs of slight hypertrophy; no abnormal sound at the apex, but at the lower edge of the third rib, a little above, and near the sternum, a rough bruit is audible; it is superficial, of high intensity, accompanies the first sound, and cannot be heard in the track of the aorta, or up the carotid arteries. Pulse small, weak, and quick.

Diagnosis. — Obstructive disease of the pulmonary orifice. This, although extremely rare, was supposed to exist because the bruit was audible only near the sternum and the cartilage of the third rib; *α*, not in the course of the aorta, or in the carotids; *ε*, from the high pitch of the tone; also from the pulse being small and weak, while the impulse of the heart was powerful, without indication of obstruction on the left side, or its arteries; indicating that the hypertrophy was chiefly of the right ventricle. This patient is only fourteen years of age, and still attends the hospital as an out-patient.

Case 15. W. U——, aged thirty-three, was seized ten years ago with rheumatic fever, during the course of which the pericardium was attacked, and since then he has had constant palpitation and dyspnœa. Pulse 88, rather full, intermittent, and very irregular. Dulness of the precordial region slightly diminished on the left side, but extending nearly an inch to the right of the sternum. The apex strikes near the sternum; the impulse and sound shew dilatation and hypertrophy, on and to the right side of the sternum; but they are diminished on the left, at the part where the sound on percussion is moderately good, and pulmonic sounds are audible. There is a direct and regurgitant aortic bruit. The external jugular veins are not congested. No diagnosis was made.

Post Mortem.—The left lung is adherent to the anterior and lateral parts of the costal pleura, and overlaying the heart in that part where the sounds and impulse were diminished. The pericardium is adherent to the overlaying lung, and to the heart itself, which had pushed the mediastinum considerably to the right of the sternum. The cavity of the left ventricle is enormously dilated, and slightly hypertrophied; the left auricle in a less degree, and the right side slightly so. The adhesions between the heart, pericardium, and lung, and the lung with the ribs, are exceedingly firm, and form a fixed point, wherefore the enlarging heart has pushed towards the right side. The aortic valves are indurated and shrivelled, and do not close the orifice.

Case 16. 1842. J. F——, in-patient of the London Hospital, had an attack of rheumatic fever in 1839, during the progress of which he had symptoms of pericarditis, and ever since he has had palpitation, dyspnœa, &c. He now has the general signs of great dilatation of the heart, congestion and pulsation of the external jugular veins, the pulsation evidently proceeding from the heart, as it is nearly synchronous with the pulse, and extends from below upwards, pressure at the lower part stopping it, at the upper not having any such effect.

On local examination, the cartilages of the ribs on the left side are exceedingly prominent, and the action of the auricles and ventricles plainly perceptible, the former preceding the latter by an appreciable interval. The dulness on percussion extends from the lower edge of the third rib to that of the seventh, and from about one inch to the left of the nipple, to one inch to the right of the sternum. The impulse is tremendous; very unpleasant lifting the head with each shock, and appears as if an immense mass of flesh was rolling beneath the ribs. A loud bruit at the apex supersedes the first sound. He was relieved by slight antiphlogistic treatment, and left the hospital, but died shortly afterwards.

Diagnosis.—Great hypertrophy and dilatation; regurgitation through the auriculo-ventricular openings; and adherence of the pericardium to the heart, and costal pleura? The adherence of the pericardium was supposed to exist, in consequence of the action of the auricles and ventricles being visible; the prominence of the cartilages of the ribs; and the peculiar rolling motion of the heart. The regurgitation through the tricuspid orifice was shewn by the pulsation of the jugular veins being stayed by pressure at the lower part.

S. C.—The pericardium was adherent to the costal pleura for the whole distance, indicated by the dulness on percussion; the heart was also intimately connected with it to the same extent, and of most enormous size, being larger than any bullock's I ever saw. The cavities were all immensely dilated, hypertrophied, and filled with semi-congelated blood. The mitral and tricuspid valves did not close the auriculo-ventricular openings.

SOFTENING OF THE HEART.

Case 17.—Oct. 1, 1842. M. B——, aged forty-eight, has not had good health for some time past, having been troubled with cough and dyspnœa, with occasional palpitation, the latter, however, having rarely occurred, except after unusual exertion or anxiety. In the early part of last June she was attacked with a quotidian ague, which was speedily followed by an attack of acute rheumatism, which first affected the limbs, and then the chest, causing acute pain of the heart, dyspnœa, and palpitation. On recovering from the immediate effects of the disease, she felt herself unusually languid, the palpitation and dyspnœa having become constant, and the cough much aggravated. A short time since, the legs and feet began to swell, and now remain so. Her aspect is exceedingly cadaverous; her whole frame emaciated; her lips and part of her cheeks of a purplish colour; her tongue reddish; skin dry; appetite moderate; and bowels regular: complains of great languor and loss of strength; constant palpitation and dyspnœa; and frequent cough; pulse 76, rather small, but decidedly irregular, intermittent, and very unequal.

The local signs indicate general bronchitis, and, posteriorly, œdema of the lungs. The dulness on percuting the precordial region extends over a rather larger space than normal. The apex of the heart strikes a little below the nipple, the impulse being rather increased, occasionally abrupt, but intermittent, irregular, and very unequal. The first sound is short and flapping, the second normal, and both can be heard over a much greater space than natural; no bruit.

Diagnosis.—Softening, with hypertrophy. These lesions were diagnosed from—*α*, the great languor and debility; *ε*, the irregular, intermittent, and very unequal pulse and impulse, without mitral disease; *γ*, the signs of hypertrophy, whilst the first sound is short and flapping, and heard over a much larger space than natural, which cannot arise from dilatation, as the increased dulness on percussion is not greater than would be caused by the hypertrophy.

Diet.—Meat twice a-day; no beer or spirits; and let her have thirty grains of compound jalap powder, daily; tincture of sesquichloride of iron, fifteen drops; tincture of henbane, fifteen drops; tincture of capsicum, five drops; simple infusion of gentian, one ounce, every fourth hour.

18th. Better; strength improved; œdema of the feet gone, and of the lungs much diminished; cough, palpitation, and dyspnœa, lessened; appetite improved; and the local signs better. Omit the jalap powder, and repeat the other medicines.

Under this treatment the improvement was marked, and on the 12th of December her condition was as follows:—Complexion improved, the congestion being removed; the œdema of the lungs and bronchitis gone; strength very much improved; palpitation slight, except on exertion; and the dyspnœa also; pulse moderately regular and equal, though occasionally more forcible

than natural; the impulse resembles the pulse; the sounds dull; dulness on percussion unaltered.

She left town a few days afterwards for some part of Hertfordshire, where she remained for some time comparatively well.

April 2, 1844.—Returned to town, far worse than at first, and now has signs of dilatation superadded to those of softening and hypertrophy; the valvular openings, however, do not seem much dilated, and there is not any regurgitant murmur. From this time she gradually became worse, and died on the 24th of the same month. The body suddenly swelled very much.

Post Mortem.—The heart was considerably enlarged, and so soft that the fingers readily passed through the walls into the cavities, which were dilated, especially the left side, the walls of which were thickened. No valvular disease.

There is not anything to call for remark about this case, except the marked improvement which occurred from the treatment at the early part of the disease, which may be usually safely calculated on, if there be not any dilatation combined with it; but if such be the case, the event is usually adverse. In proof of this may be mentioned the cases of Dr. Hope and others. The cause of the disease, in this case, appears to have been inflammation of the substance of the heart, and probably of a subacute form.

ANEURISM OF THE ARCH OF THE AORTA.

Case 18. Sept. 1842. C. B——, gardener, aged twenty-eight, in-patient of the London Hospital, stated, that for some years past he has been subject to uneasiness of the stomach, and occasional nausea, which was usually followed by vomiting and immediate relief, wherefore he occasionally excited the ejection of the contents of his stomach by tickling his throat with his finger. Has not been accustomed to use any great exertion, and, with the exception of the vomiting &c., was perfectly well until nine months since, when he first felt a dull pain at the apex of the heart, which was not constant, but only occurred in paroxysms. About three months ago he felt a constant pain and feeling of pressure against the interior of the sternum, close to the cartilage of the second rib. These were shortly followed by pain of the left arm, of a peculiarly severe character, extending from the shoulder along the inside of the arm to the elbow, and occasionally even to the wrist, with uneasiness and pain of the epigastric region. These symptoms were considered, in their early stage, as indicative of angina, by his medical attendant. At the present time, his face is pale and not congested; lips pale; voice exceedingly low, never exceeding a whisper; increased pain and uneasiness of the epigastric region; loss of appetite; flatus; a frequent vomiting, the stomach being more than usually irritable; pulse varies much at each wrist, both in time and strength, the left being 84, large, and rather soft, whilst the right was 80, and scarcely perceptible; there is also occasional cough, with spitting, and some dyspnœa. The anterior part of the thorax, beneath the left clavicle, is filled up, whilst there is a depression beneath the right. From the upper edge of the cartilage of the second rib to the same part of the first, and passing beneath the sternum, is a pulsating tumour; the pulsation being powerful, raising the sternum and first rib, and distending the tumour equally in all directions; it can be lessened by pressure; percussion around it produces pain and a dull sound for some little distance; the impulse in the precordial region is rather weak, but increases as you ascend towards the tumour, over which it is decidedly more powerful than at any other part; both sounds of the heart are very loud over the swelling, the first attended with a slight bruit de soufflet, which diminishes as you descend towards the aortic valves; a slight bruit can also be heard down the left side of the vertebral column and up the carotid arteries.

Diagnosis.—Aneurism of the arch of the aorta. The reasons for which diagnosis were—the patient had long complained of symptoms of a tumour within the thorax, viz., pains of the thorax and arm, a feeling of constant pressure against the sternum, gradual loss of voice, and increased irritability of the stomach. Local signs of an aneurism: the existence of a tumour, which pulsated equally in all directions, and which could be diminished on pressure; in addition to which were several equivocal signs—first, the bruit de soufflet, (which was here very slight,) which is not by any means to be relied on, as it may or may not exist; it may be caused by any solid tumour pressing on an artery; secondly, the difference observed between the pulse at each wrist, which might be caused by the pressure of any kind of tumour; or it even may happen independent of any pressure whatever.

The progress of the disease from this time was rapid, the tumour increasing in size, the pain of the shoulder and arm becoming more pungent, the pulse of the left wrist smaller, the vomiting incessant, the voice lower, and the bruit ceased. These were speedily followed by great wasting and debility, and then by sudden death.

Post Mortem.—The left pleuræ contained about one pint of coagulum and bloody serum. The ascending aorta healthy, except some atheromatous deposit in its internal coats. The remainder of the arch was dilated into an aneurism, which was lined by the aortic membrane, and formed chiefly by the yielding of the superior part of the arch. It would contain about a pint and a half, and had ruptured into the left pleura. The arteria innominata was reduced at its origin to about half its proper size, and the left subclavian was filled with lymph for the first half inch. The left vagus was pushed forwards, and the recurrent nerve obliterated; the heart healthy. The anterior part of the bodies of the second, third, and fourth dorsal vertebræ were carious, and the sternum slightly so.

There are two or three points of interest about this case, of which we may mention the incessant vomiting connected with the stretching of the left vagus, and obliteration of the left recurrent nerve; also the peculiar form of the aneurism, (simple dilatation,) with the habit of vomiting which he indulged in previously to any aneurismal signs existing; and, lastly, the reduction in force and size of the right pulse, the diminished calibre of the innominata, the gradual diminution in power of the left pulse, even while in the hospital, and the obliterated orifice of the left subclavian.

FALSE ANEURISM OF THE AORTA OPENING INTO THE RIGHT AURICLE.

Case 19.—Oct. 30th, 1842. J. N——, seaman, aged thirty-six, was received to-day into the London Hospital in so low a state that it was not prudent to question him; but the following history was obtained from his friends:—He had been ill for some length of time with palpitation, dyspnœa, cough, lividity of face, and other symptoms of cardiac disease. Two days ago he was seized with violent hæmoptysis of dark-coloured blood, which continuing, we since induced them to bring him here.

The aspect is very unpromising, his face being anxious, and exceedingly congested; the whole surface of his body of a bluish tint; the external jugular veins congested, and pulsating; the pulse 100, and eminently jerking, resembling that of aortic regurgitation.

Percussion was not employed. On auscultation, the lungs were found exceedingly congested; the crepitation of œdema being heard anteriorly over a large space; the impulse of the heart abrupt and forcible; the natural sounds at the apex loud, and a bruit can be heard all over the thorax, which is synchronous with the second sound, and period of repose; heard loudest in the sternum between the insertion of the cartilages of the second and third ribs, not extending down the left ventricle; and increased to a loud continuous roar at the end of each expiration. There is also another bruit which accompanies the first sound, loudest over the aortic valves, and heard up the carotids. He died the next day.

Post Mortem.—The pericardium contained about three ounces of serum. The heart was nearly double the natural size, in consequence of dilatation of the right side, especially the auricle, and dilatation and hypertrophy of the left ventricle. The aortic valves were thickened and indurated, and behind the posterior valve was a fissure one inch and a quarter long, and a quarter of an inch broad, with thick round edges, which led into a cavity containing about an ounce and a half of coagulated blood. In the right wall of this cavity were two circular orifices, about the size of peas, with rounded and elevated margins, which opened into the right auricle, just above the auriculo-ventricular valves. The aortic orifice was also slightly contracted; the lungs exceedingly congested, being almost solid, yet still containing air.

This interesting lesion appears to have originated in an aneurism of the aorta, which, after attaining a certain size, ulcerated into the right auricle, and which must have existed for some time previously to death, as the margins of the openings were smooth and rounded, and apparently covered by membrane.

No diagnosis was made, yet the following considerations shew that the lesion might have been recognised previously to death.

In the first place there was a direct aortic bruit, indicating some obstruction to the passage of the blood out of the left ventricle. But what was the cause of the other bruit? It could not have been from regurgitation through either of the auriculo-ventricular openings, although pulsation of the external jugular veins was present, as it did not accompany the first sound of the heart, but was audible during the other periods. Neither could

it have been produced by regurgitation through the aortic orifices, although it occurred with the second sound and period of repose, and was also accompanied by a regurgitant pulse; for the sound diminished abruptly in descending the ventricle; and it could not have occasioned the pulsation of the external jugulars, or the increased sound at the termination of each expiration. The same objections apply to regurgitation through the pulmonic semilunar valves.

Having, then, decided against these lesions as the cause, what remains to account for these phenomena? A communication between the aorta and right auricle. Thus it will account for the copious hæmoptysis, in consequence of the great pulmonic congestion induced; for the pulsation of the external jugulars, as every aortic contraction would force part of the blood into the right auricle, and thus into the veins instead of the arteries; for the eminently jerking pulse, by the unfilled state of the arteries, in consequence of the passage of part of the blood from the aorta into the right auricle and veins; for the position of the bruit, which was loudest over the spot where the communication existed; for the period which corresponded with the contraction of the aorta after receiving the blood from the heart; and lastly, for the increase in intensity of the bruit at the end of each expiration, as the blood passed at that time more freely from the heart into the lungs, and therefore more rapidly from the aneurism and aorta into the right auricle.

ENLARGED GLANDS PRESSING ON THE SUPERIOR CAVA.

Case 20. J. B——, aged fifty-four, of large frame, and regular habits, stated, that for some time past he has had headache, cough, palpitation, dyspnœa, and hæmoptysis, with copious muco-purulent expectoration. About six weeks ago he first perceived his neck to increase in size, which was followed in three or four weeks by gradual but general swelling of his hands, arms, and face, and when first seen presented the following appearance:—

The face is exceedingly œdematous, especially the eyelids, and is of a livid colour, with purplish lips. The neck œdematous, with great congestion of the external jugular veins, which are enlarged to the size of the little finger. On removing his clothes he presents a most singular appearance, the upper part of his body being exceedingly large, whilst the lower part is comparatively small; the neck being almost co-even with the jaws above, and bulging out at the shoulders below, while the veins of the thorax and arms are large and congested, the blood, of a deep blue colour, shining through them.

On percuting the thorax, a dull sound is returned all over the right side, whilst that of the left is good, and the dulness of the precordial region not increased. On auscultating the lungs, the left is found perfectly healthy, but the right presents symptoms of several lesions. At the superior part anteriorly, bronchial respiration, with increased sounds of the heart, but with bronchophony, are audible; while at the lower part no sounds whatever can be detected. At the posterior and superior part of the same lung are, bronchial respiration, rhonchus sibilans, and a large viscid crepitation; and at one spot in the supra-scapular region are pectoriloquy and gargouillement; inferiorly, no sounds. The sounds of the heart and impulse diminished, as the lung covers it, and without any bruit. On examining the cervical glands, they are found hard and enlarged.

Diagnosis.—Pressure on the superior cava, probably by enlarged glands; effusion into the right pleura, and a cavity in the same lung posteriorly. The pressure on the superior cava was indicated by the extreme congestion of all the veins which emptied the blood into it; by the œdema of the upper and not of the lower part of the body; and the enlargement of the superficial veins of the abdomen and thorax, by which part of the blood from the upper part of the body passed into the inferior cava. Enlarged glands were supposed to be the cause, and not an aneurism, because although a tumour was detected by percussion, yet there was not any impulse, and bronchial respiration was heard there; most probably it was not mere solidification of the lung, as there was not any bronchophony. A further confirmation of this view was obtained by the enlarged cervical glands. He died shortly afterwards.

Post Mortem.—Heart healthy, and also the left lung. The cavity of the right lung contains a rather large quantity of shreddy opaque fluid, and the pleura at the lower part is covered with recent lymph: the posterior part superiorly contains several small cavities. The bronchial glands are much enlarged and carcinomatous, filling up the upper part of the right side of the thorax, pressing the lung backwards and in the superior cava, which is nearly obliterated, and will not allow the passage of a small quill through it.

London, 1844.

ON THE REFLEX ACTION OF THE NERVOUS SYSTEM.

By Anonymous.

I wish Dr. Tyler Smith had condescended to reply to my objections, instead of writing an exposition on the extent and objects of the reflex theory, with which I am probably better acquainted than he seems willing to allow. The circumstances alluded to in my communication are apparently opposed to the deductions of Dr. Hall, and in my mind should be met fairly and boldly, instead of being answered with arguments which have nothing whatever to do with the point in question.

And now a few words in reference to Andral, Abercrombie, and the other *obsolete* writers consigned to oblivion by Dr. Smith. I agree that it would be unfair to conclude, where reflex phenomena have not been recorded in paralytic cases by the older writers, that it is because these symptoms could not be elicited. They were probably unacquainted with these functions, and could not therefore take note of their occurrence or non-occurrence. But surely it is totally different from this to make use of the facts which they *have* noticed, and which are as fully established, and as undeniable, as any portion of medical history, whether ancient or modern. To use Dr. Smith's mode of reasoning, as well would it be to forswear all allusion to oxygen, because it was discovered by Priestley, who was ignorant of many of its properties; or to the circulation of the blood, because Harvey was unacquainted with many points on this subject which have been discovered by modern research. But, as Dr. Smith reads no medical works prior to a certain very recent date, he is perhaps not aware that all the symptoms of the reflex functions had been observed long before Dr. Hall's time, and that many of his experiments had been performed by Whytt, with the intention of discovering the origin and seat of those functions.* It is only on claiming them as exclusively the offspring of the spinal column, that Dr. Hall rests his fame as a discoverer. I again repeat, that I am not the propounder, or even the advocate, of any theory, but merely state the difficulties which, in my mind, are opposed to the full reception of Dr. Hall's views. It would be very easy to adduce other facts precisely similar to those advanced by me in former papers. Dr. Smith appears to use a mode of reasoning better calculated for a special pleader than a physician, for at one moment he denies that such symptoms could, under any circumstances, occur, and at the next, he argues that they have nothing whatever to do with the true spinal system as taught by Dr. Hall. If he really hold the latter opinion, I am afraid I must advise him to peruse once more his favourite author, before he again ventures to defend him.

How does Dr. Smith reconcile two assertions which look very much as if they were contradictory—viz., that the brain may be cut and irritated without producing reflex symptoms; and that in all cases of paralysis these symptoms are present? Does he mean to assert that paralysis cannot be produced by lesions of the brain? for that appears to be the conclusion to which his reasoning would logically conduct him. In one of his positions, at least, I am quite certain Dr. Smith is entirely wrong, when he says that there "never was, or ever can be, a case of paralysis short of the extinction of life, in which they (the reflex symptoms) were not evident." We will leave, for the present, the question whether respiration is independent of the brain or not, because that is not the point in dispute; but I have no hesitation in saying, that in the majority of hemiplegic patients it will be found that no reflex phenomena can be excited in the palsied limbs. This is a question not of theory but of experience, and your correspondents will probably assist in its solution.

It would, I think, be a very satisfactory manner of settling this point, if those who have paralytic patients were to send to The Lancet an answer to the following queries:—

Can reflex symptoms be induced by tickling, or otherwise irritating the palsied extremity?

If such symptoms can be thus excited, are they totally independent of sensation or of other evidence denoting the entire absence of cerebral influence?

On this point I will quote a passage from an author whom even Dr. Smith will perhaps regard as not yet altogether obsolete, as his work bears the date of 1843. Dr. Watson says, "We do not so often observe the reflex movements in cases of hemiplegia."

Let Dr. Smith, if he again attempts to remove my objections,

* Our correspondent must permit us to suggest to him that such statements as are here made ought not to be advanced by an anonymous writer, in the entire absence of any evidence of their accuracy. The account of the "cases" communicated by Mr. Rose, and printed immediately following the remarks of Anonymous, is well deserving of attention.—Ed. L.

take it for granted that I am acquainted with Dr. Hall's experiments, and with his writings, and that what I wish to know is, how are the cases and facts to which I referred in my former papers to be reconciled with the reflex theory? It appears to me, that although it may be proved that the reflex functions are sometimes referable to the spinal column, it is not proved that they are not also, in some instances, derived from cerebral influence; nor can I allow that vivisections are at all comparable as evidence with pathological facts.

In conclusion, allow me to say, that these remarks are made with the greatest respect towards Dr. Hall himself, whose zeal and talent in advancing almost every branch of medical knowledge, deserve general admiration and gratitude. I am fully aware of the vast importance of ascertaining the functions of different portions of the nervous system, and I merely ventured to state these difficulties, with the hope that some of your correspondents would be able to remove them—I cannot say that this object has been accomplished.

ON THE

REFLEX ACTION OF THE NERVOUS SYSTEM,

WITH ILLUSTRATIVE CASES.

By Caleb Rose, Esq. Swaffham, Norfolk.

A question of very great practical and physiological interest has arisen, as to the correctness of Dr. Marshall Hall's opinions concerning the reflex function of the spinal marrow. Fortunately, this question is not to be answered by the plausible speculations of an ingenious imagination, but can only be settled by the observation of facts; as such, I offer the following cases for the consideration of those who may feel interested in the points at issue.

J. C——, aged thirty, an agricultural labourer, was in the enjoyment of perfect health until the summer of 1838, when he was injured by a loaded wagon passing across his body; no bones were broken, nor were any of the viscera injured; and, after a short time, he resumed his occupation; but still he did not enjoy his former good health, and very early in the year 1840, he was obliged to give up work; he complained of acute darting pains passing from the spine (the eighth dorsal vertebra) round the body, general ill-health, (no acute febrile symptoms, however,) and weakness in the legs: this weakness in the legs gradually increased, and at the expiration of five months, the lower extremities were perfectly paralyzed; his urine passed suddenly, and without his being able to restrain it; his bowels were very sluggish. At this time I first visited him; the paralysis of the lower extremities was then complete; the soles of the feet were tickled, pins were introduced into them and various parts of the legs, without his evincing the slightest consciousness of being touched, while at the same time the reflex motions were remarkably strong; indeed, it was quite ludicrous to observe the movements induced in his legs by irritating the soles of the feet, while his countenance remained perfectly composed and placid. Mr. Brereton has observed, that in one case the reflex action was not excited until after some minutes' trial, and then sensation also was roused: now this certainly was not the case in the present instance, as it was observed by every one around how much more violent the movements were at first, than after the irritation had been some time kept up; nor did I ever observe, during the great attention and interest with which I watched the case, that sensation was roused by long continued irritation; had this been the case, I think it would have struck me. At this time there was tenderness on pressure of the seventh, eighth, and ninth dorsal vertebræ, but particularly of the eighth, pressure upon which gave very considerable pain. After continuing in this state for several months, and nearly sinking under the discharge from large bed sores, he began to mend, and in about fifteen months he was able to move about on crutches; at this time sensation was nearly restored, but still it was in some measure blunted, and upon lightly scratching the dorsum of the foot, the extensor tendons became tense, while he declared himself to be unconscious of their action; but this was all the reflex action evidenced; there were none of the violent, powerful jerkings which were so remarkable when he was quite paralyzed. After a few weeks, he again relapsed, owing, I think, to having injured himself by carelessness and over-exertion; he gradually became worse, sloughs again formed, and his lower extremities were again entirely paralyzed: the passage of his urine and fæces was now accompanied by violent spasms of the legs, by which alone was he conscious of their evacuation; dressing or touching the ulcer on the sacrum, irritation on any part of the legs, also produced a similar effect; and strychnia, which was given to him, after a few days, gave rise to convulsions in the legs, although its action was not at all manifested in the upper extremities. In this deplorable state did the poor fellow continue for many months, supported by a liberal supply of stimulants and nourishment, till he again began to recover; and this amendment has steadily progressed up to the present time. He can now move his legs up and down the bed, and support himself on his feet with the aid of crutches; he also feels very well, except just across the upper part of the thighs, where sensation is certainly not so acute as it ought to be, while I think the feet and lower part of the legs manifest too acute a sensibility, as he says that I give him a sensation almost amounting to pain when I only draw my fingers quickly along the skin: he passes his water voluntarily, but is obliged to do so immediately upon feeling the desire, as he cannot then prevent the bladder from emptying itself: the reflex action is now trifling, being nothing more than a slight muscular contraction just as the leg is scratched or rubbed; he sees and feels this slight movement, but is unable to command it. The seventh and eighth dorsal vertebræ are unnaturally prominent, more particularly the eighth, and the upper lumbar vertebræ project too much anteriorly; all tenderness of the spine, however, is quite removed, and the man's general health is very good.

During the whole course of this interesting case, the intensity of the reflex actions appeared to be proportioned to the degree of paralysis, and when this was complete, they were manifested in a most extraordinary manner, being much more violent and energetic than I ever witnessed in other cases: as sensation and voluntary motion slowly returned, these involuntary actions became less and less violent, as is shewn by the relation of the case. An immense slough separated over the sacrum, leaving an ulcer which remained open many weeks; dressing this sore did not give him the least pain, indeed, he was not conscious of its being touched; yet it invariably produced contractions of the lower extremities. Strychnia also soon produced its effects upon the diseased portion of the spinal marrow, as was evidenced by the spasms excited in the lower extremities, while the other parts of the body were not influenced by it; I presume that the drug acted as an irritant upon a portion of the spinal marrow, already in a state of excessive action, or, indeed, inflammation, and therefore more susceptible of its influence than a healthy portion would be. In this case the urine never became alkaline.

The other case I witnessed on board the Dreadnought. A robust young Irishman was struck down by something falling across his back, and entirely bereft of sensation and voluntary motion as high as the umbilicus; in him also the reflex actions were very manifest, and to all appearance he certainly was quite devoid of sensation, for he used to be tried in no very tender manner sometimes. He had just recovered some slight sensation in the toes when I left the hospital.

In this case, Mr. Busk marked out a border just above the line of paralysis, where sensation was much too acute, so that the man called out when he was touched there; in fact, intervening between ordinary sensibility and an entire want of it, was a space where sensibility was preternaturally acute.

ON INTERMITTENT AND REMITTENT FEVER.

By J. Pidduck, M.D. of the Royal College of Physicians, London.

Non liceat ultra experientiam loqui.

All the phenomena of intermittent and remittent fever plainly indicate the introduction of a poison into the blood. The epigastric pain and sickness which often precede the paroxysm, are occasioned by the presence of the poison in the stomach, into which it is received before it enters the circulation; and vomiting often prevents a paroxysm. It was the practice, formerly, to give an emetic, just before the expected accession of the ague fit, as a preventive, and sometimes it succeeded; or an opiate was administered, or hot brandy and water with nutmeg, pepper in gin, or a large quantity of ardent spirit was taken for the same purpose. In imitation of the large dose of Peruvian bark, which used to be given, the practice now is to give twenty or thirty grains of the disulphate of quinine at a dose, before the paroxysm, which has been more successful than the same quantity given in divided doses during the intervals between the paroxysms.

If the poison be not directly expelled by vomiting, or indirectly by the stimulus of an opiate or cordials, which operate powerfully upon the skin and kidneys, or perhaps neutralized in the stomach by the large dose of the bark or quinine, it enters the blood.

The first effect of the poison is to produce headache and spine-ache, manifesting that its primary operation is upon the nervous system.

Next follows the cold stage, or period of depression, which is

the natural consequence of the previous excitement; for the patient often feels unusually well before the headache and spine-ache supervene.

The cold stage is followed by the hot stage, or the period of reaction, or the effort to expel the poison, which is lastly accomplished by the sweating stage. The question may be asked—If agues are produced by a poison, why are they periodic?

1st. Because the poison does not begin to operate till a sufficient quantity has been taken into the stomach.

2nd. Because all diseases affecting the nervous system observe more or less regular periods; or, in other words, it seems to be a law of the nervous system that its sufferings should be periodic.

The next question that may be asked is—What is the origin and nature of this poison? Is it a vegetable, animal, or mineral poison? Can it be detected by chemical analysis? Does it originate in the atmosphere, in the earth, or in the water?

The popular opinion, which is for the most part only an echo of a medical opinion, assigns its origin to an exhalation from the earth mixing with the air; hence the term *malaria*, which is in almost universal use, to designate the cause of intermittent and remittent fever. But if the term *malaria* were exchanged for the term of *malaqua*, it would be much more correct.

That malaqua, and not malaria, is the true cause of intermittent and remittent fever, is proved by the following facts:—

1st. That in all countries and localities where ague prevails, the water is impure, containing clay, and vegetable and animal matters in a state of decomposition.

2nd. That a change in the situation or locality generally soon effects a cure.

3rd. That a change in the water, whether by changing the position of the patient, or by the substitution of distilled water, or fresh rain water which has been boiled and filtered, for the ordinary water of the place, more speedily and effectually prevents the recurrence of the paroxysms even than change of position.

The cure of intermittent and remittent fever, therefore, consists simply in the substitution of distilled or rain water for the water which has been drunk during the previous paroxysms. So immediately is this effect produced, that, without medicine of any kind, I have seen an end put to the disease at once by merely changing the water.

To favour the operation of malaqua, as the cause of simple intermittent and remittent fever, all those circumstances which tend to lower the strength of the constitution, and to lessen the power of resistance, may be considered as predisposing causes; such as excessive evacuations, over-fatigue, watchfulness, intemperance, a cold, damp atmosphere, the want of proper nourishment and clothing, and the depressing passions. The prevention of ague consists in avoiding all these predisposing causes, as well as the proximate cause, *malaqua*.

London, September, 1844.

ON THE CONSEQUENCES OF INSECTS OR FOREIGN BODIES GAINING ADMISSION INTO THE AUDITORY PASSAGES, AND ON THE BEST MODES OF EXTRACTING THEM.

By W. Wright, Esq., London.

The case mentioned by Mr. Hatfield, in The Lancet of April the 13th, as quoted by Sir B. Brodie, of a child in whose ear there was a pea, the *attempts* to remove which *caused death*, is by no means a singular unfortunate instance, and probably had not those *attempts* been made so injudiciously, the case would not have terminated fatally. I had under my care, in 1818, a young gentleman who had had a pea in his auditory passage four years and a half, which I extracted without pain. I gave the particulars of the treatment in several medical journals: he is now alive, and filling a responsible station abroad.

The case of the boy (see Lancet, No. 380, p. 380,) who died, after suffering great agony, through injury inflicted by the endeavours to extract the head of a nail from his left ear, which was not found during his life, or after the most rigid post-mortem examination, is interesting. In that instance, an efficient examination before the cutting and laceration began, would have probably saved the poor boy's life.

A girl, who died at a London hospital, from the operations for extracting a pebble from her ear, was destroyed by gross ignorance. I have pebbles, and even a small shell, which I removed from the ears of patients without pain or inconvenience. It is not necessary to mention more of those cases which have terminated fatally through the *maladroit* endeavours of well-intentioned but incompetent men. The proper method of examining the auditory passage is so little known, that I cannot but commiserate the poor patients who are the subjects of examination by funnel-shaped spring forceps, as suggested by Kramer, and with equal stolidity imitated by other writers, some of whom give plates of this most absurd contrivance; whereas nothing is more simple or easy to the patient or practitioner than the examination of the ear, or the extraction of any substance from it. The syringe is, however, not always to be depended upon, even in the hands of the most competent operators: hence I use small steel hooks, with the handles marked, and these being passed down flatwise beyond the substance, and then turned, never fail of success; of course I have them of all sizes and shapes.

It is very injudicious to endeavour to remove any large live insect, because its struggles are so violent as to affect the brain, through the fibres of the portio dura becoming excited, and communicating that excitement to the base of the nerve. Want of attention to this caused the death of a boy in the Bristol Infirmary, several years ago; whereas had the ear been filled with oil, the insect would have been killed, and might easily have been removed. In the case of the man in Ireland, who had a horse-leech in his ear, and died an hour and a half after it was extracted, such a termination might have been prevented by either injecting salt and water, or sprinkling salt, into the ear.

Duke-street, St. James's.

MATICO SUCCESSFULLY USED IN HÆMORRHAGE FROM LEECH-BITES.

By William Eccles, Esq. Surgeon, London.

As the attention of the readers of The Lancet has lately been drawn to the subject of hæmorrhage from leech-bites, I am led to trouble you with the following case, as illustrative of the astringent property of a plant which has but recently been introduced to the notice of the medical public.

I was called, a few months ago, to a very obstinate case of bleeding from leech-bites, and having read an advertisement, in the covers of your journal, lauding the efficacy of matico as a styptic, I immediately procured some from Mr. Keating's, of St. Paul's Church-yard, and used it in the manner recommended by Dr. Jeffrey, of Liverpool—namely, by placing a small piece upon the bleeding spot, taking care that the under surface of the leaf was applied to the bite, and pressing for a moment gently with the finger.

The effect was almost magical; the hæmorrhage—which was profuse, and had continued for eight hours—was completely arrested in a few seconds.

I have since used this remedy in several instances, and have always found it successful.

Old Broad-street, Nov. 11, 1844.

ILLUSTRATIONS OF QUACKERY IN PERTHSHIRE.

By J. Thompson, Esq. Surgeon, Aberfeldy.

As I consider it the duty of every member of the profession to endeavour to suppress every kind of quackery in medicine, I send to The Lancet a few instances, out of many, for insertion in that valuable journal, as mere specimens, (should you think them of any service,) to induce some at least of your numerous readers in this kingdom to oppose with *unwonted* energies the greatly increasing evils of quackery, which is evidently treated with renewed respect and indulgence by the Scottish public, though at the expense of much misery thereby inflicted upon themselves.

I was requested to visit a young man, whom I found in the last stage of diseased liver, brought on by intemperance. When I first saw him, he was on his back in bed, in a profuse sweat, and in a state of great prostration of strength. He had been "vomiting a great deal of green stuff;" felt "great pain across his stomach;" pulse small and frequent; tongue loaded; eyes and skin of a dull yellow; urine resembled porter; bowels said to be regular from "physic he had taken." I prescribed some remedies, which "relieved him much," according to his mother's statement next day. The symptoms, however, soon returned with increased severity; when, from my repeated questioning if any previous treatment, or rather maltreatment, which I suspected, had been adopted, I was reluctantly informed that a noted quack residing in the neighbourhood had attended him for several days before I was sent for; "bled him," "put a blister on his breast," "given him some physic," and ordered his drink to consist of "whisky in water gruel;" and I discovered, by dint of inquiry, that the latter part of the prescription had been most perseveringly adopted—to the extent of half a quart of spirits a day, from the commencement of his illness until I saw him, and even afterwards,

in spite of all my remonstrances, until his death, which took place on the fourth day from my first visit, the bilious vomiting having continued throughout. I afterwards ascertained that a second medical man had been called in the day preceding his death, and that the quack had visited him regularly during my absence, and animadverted on my treatment; persuaded the patient's friends not to give him "the doctor's pills," (calomel and opium,) as "they were very dangerous;" said the case was "nothing but jaundice," and "if it had been left to his sole treatment he would soon have cured it with a single bunch of herbs from the road-side," and that "the doctor's interference was the cause of his death;" adding, that "doctors cannot cure jaundice." The friends of the young man believed these arrogant assertions, and expressed their regret that they "had ever sent for the doctors." It is most humiliating and unjust that any medical man should be obliged, innocently, to bear the odium in such cases as this, and that no legal redress can be obtained against such ignorant pretenders; and it is still worse that the health and lives of the public should be left to the mercy of so many unqualified and unprincipled adventurers, who are allowed to *victimize* the pockets and persons of hundreds and thousands every year, to uphold the present abominable system of quackery.

The following are copies of the "*prescriptions*" and "directions" of another celebrated quack, of the name of Ferguson, who resides at or near Stirling: they are given *verbatim et literatim*, and I trust you will insert them, notwithstanding their length, as specimens of the literary knowledge and medical skill of Sir James Graham's future guardians of the public health, many of whom are already at work in this country, and, what is most surprising, are tamely submitted to by the profession in Scotland. No. 1, was given to the parents of a little boy, four years of age, who had carried him to Crieff, thirty miles from their home, to obtain "that skilful doctor's advice" for him: the father brought "the line" to me "to make up," but my remarks upon it soon convinced the dupe of that mountebank that "fools and their money are soon parted," and that the "medicines as prescribed," if given to the boy, would prove more injurious than the disease, which "the doctor had at once pronounced to be jaundice."

"No. 1, Antimonial wine ℥i; give a half a tea spoonful of the wine every ten minutes till he throw then give warm water Profusely to carry it of & give a Dose of Senna Rhubarb & Black Shugar Boiled 6 hours after the vomit & give a Dose of salts and Senna or Senna & Black Shugar every Second night till he get, Better at the Same time give a Dram glassful of the Juce of Barr Berry Bark Boiled with water & treacle to sweeten it you can after four Days usng the Barr Berry give a Jalap Powder for Physic Still usng the Barr Berry Juce if he inclines to vomit after usng the above Some time give him another vomit & continue the other medcnes as Prescribed above give light diet let him go about in the free air. When you se the Colour going away give up the Barr Berry Juce by Degrees. D. F.
Give half a tea spoonful spirits niter into a little cold water at bed time every second night till the water Change."

A farm servant called upon me lately "for some medicines for his wife." From his statements I thought the case dyspepsia, and asked if he had already used any treatment. "Yes, she has got medicines from the doctor who comes to Crieff every month, but they made her worse instead of better," was the reply, at the same time pulling two parcels and an ounce phial out of his pockets, "and I have brought them with me to see what you think of them." One of the parcels contained about an ounce of "Gregory's mixture," the other two ounces "of wormwood," and the phial was about half full of tincture of digitalis!! the rest having been taken by the poor woman, who "always felt sick and faintish after taking it." No. 2 are the "directions."

No. 2.—"Take a tea spoonful of Gregory's mixture at bed time and take a dram glass of the herbs three times a day and take ten drops of the Bottle into a glass of cold water three times a day live on Milk diet as much as possible bathe the legs and Chest with Strong Whisky once a week. D. F."

No. 3, accompanied, as "directions," a parcel which a respectable woman residing in this neighbourhood obtained from the same source. Having been affected for a year or two with spinal irritation and hysteria, and hearing of the far-famed pretender, she also must needs consult him, and accordingly went to Crieff with her husband, last year, for that purpose, and returned with "an advice" and supply of "medicines," which were assiduously applied, not merely without benefit, but to the enduring detriment of her general health, her strength having been exhausted, and the original symptoms greatly aggravated, in consequence of the extensive blistering of her back—"Repeated" "on Wher every the Pain shifts to."

No 3.—"Put as much as you Can lift on a tea spoon of Dry Mustard into half a much can of Strong Whisky let it infuse 12 hours bath all whire you feell Pain twice a Day after two Days apply afly Blister over The Center of The Back or over whire you feell most Pain Keep The bowels open with a tea spoonfull gregorys mixture at bed time, & Drink a Cup of Camomil & worm wood tea twice a Day. Repeat The blister if necessary on wher every The Pain shifts to, still Bathing The legs & wher you feell Pain with the whisky and mustard twice a Day Keep The Body Dry and Warm. D. F."

A word or two regarding the history of "that famous doctor." It is said that, until a few years ago, he was a sawyer or common labourer, but "was *always skilled* in setting bones" and "curing various diseases;" so much so, that "several *ladies* subscribed and procured a fine house for him," "where he could be more conveniently consulted, and give his whole time and attention to those requiring his aid," and where "great numbers of people flock to him from all directions for his advice." "He kept no medicines at first, but gave advice and a line to a shop," "for which the common people paid 1*s.*," "and the better sort 2*s.* 6*d.*" "Now he keeps medicines himself, especially those which cannot be got in any other place." By this system "he is making money fast," and has withal "a grand house, waiting-room, and consulting-room," "a sofa to place patients on when setting their bones," and a servant to attend and introduce, in turn, those who want his advice. Moreover he makes monthly professional visits to the towns and villages within thirty miles of his residence, remains for a few days, and on these occasions carries away "large sums of money," amounting sometimes, it is said, to "40*l.*," and yet "he was never at the college."

Quackery does not end with a few solitary instances, but exists throughout the length and breadth of the land, and goes on increasing every year in this country, and is suffered to advance, without let or hindrance. With abundant and multiplying evidences before us, then, of the sufferings inflicted and the lasting injuries entailed upon so many of our countrymen, through the malpractices of ignorant and presumptuous empyrics, well may we ask—Where is medical reform? Is it ever thought of by the profession in Scotland? Where are our medical councils and corporations hid; or are they conservative as to the present state of things? Great improvements have taken place in the *principles* of late; but away with the system which tolerates a degeneracy in the *practice* of medicine, and, alas! for the *interests* of the profession, in the nineteenth century, unless a *practical* and salutary change be speedily effected.

It was recommended, a century ago, to "let quackery alone, and it will die of itself." Has the experience of years realized that expectation? As well might we let any other nuisance alone, in order to its removal; or let garden-weeds alone, to prevent their growth. Quackery has been let alone, and it has gone on growing and luxuriating, and will continue to extend its ravages as long as deceivers and public gullibility exists. Hence the reasons why some more powerful checks and restraints ought to be resorted to by the civil magistrate, as in other cases of fraud, than have hitherto been adopted, and laid upon the one class in order to prevent their impositions upon the other.

I fear I have trespassed too much upon your valuable space; but as I wish the prosperity of our profession, I trust you will excuse me.

Aberfeldy, Perthshire, Oct. 17, 1844.

CHEMISTRY, PHARMACY, AND MATERIA MEDICA.

MAGNESIA.

M. Mialhe, in the "Journal de Pharmacie," June, 1844, has a paper on the different varieties of magnesia, which presents some points worthy of attention. Calcined magnesia is imported into France from this country, and the French practitioners find a very marked difference in the therapeutic effects of the imported and home-made magnesia, for which M. Mialhe undertakes to account. He says that the calcined magnesia which comes from London has been exposed, after calcination, either intentionally or accidentally, to a moist atmosphere, and has absorbed water to the extent of from 12 to 20 per cent. This he regards as an imperfect hydrate of magnesia. When the French calcined magnesia is made into a draught, it solidifies into a paste; the English remains permanently fluid. There is between the two magnesias the same difference as exists between lime spontaneously slaked in the air, and lime suddenly slaked by the affusion of water. The latter only is capable of forming a solid mortar, and is therefore exclusively employed in masonry.

There is a very close analogy between lime and magnesia; there is a caustic or quick magnesia, as there is a caustic or quick lime; and there is a slaked magnesia, as there is a slaked lime.

Anhydrous or caustic magnesia has very little affinity for carbonic acid; consequently, when calcined magnesia is kept in a dry place, it will remain for years without combining with the carbonic acid of the atmosphere; and even when it has attracted water, and become converted into hydrate, it has far less affinity for carbonic acid than is generally supposed. It is almost insoluble in acids; but it is in its caustic or anhydrous state that magnesia must be employed to convert balsam of copaiba into pills.

Ignorance of this point has caused several samples of copaiba to be rejected as bad, because hydrated magnesia was employed to solidify it, which it does not effect.

Caustic magnesia should never be employed in medicine, at least in large doses,—1st, Because it is more difficult of solution in the acids of the stomach than hydrated magnesia; 2nd, Because its property of combining with water, and rendering solid ten times its own weight, would, if given in large doses, be likely seriously to injure the coats of the stomach. Hence the thirst which follows the administration of calcined magnesia, and the tenesmus, from conglomeration in the lower bowels. These symptoms often oblige patients to discontinue the use of magnesia.

M. Mialhe suggests that practitioners should be careful not to employ freshly prepared calcined magnesia, or rather, that in order to have a preparation of uniform strength, calcined magnesia should be combined with one-fourth part of its weight of water, which he proposes to call magnesia hydrated to one-fifth, and he says this forms by far the best form in which magnesia can be employed medicinally.

ORIGIN OF FAT IN THE ANIMAL BODY.

The French chemists continue their experiments upon this important physiological question, being by no means willing to admit that the formation of butyric acid in fermentation from amylaceous principles, is conclusive as regards the origin of fat in the animal body. M. Boussingault has recently published a series of experiments, prefacing his paper with some sarcastic remarks upon Dr. Lyon Playfair's communication to the Chemical Society. He says that Dr. Playfair, in *four* days, tried the influence of four distinct regimens on lactation in the cow, forgetting, in his hurry, to determine the amount of fatty matters in the food, but taking, hypothetically, 1½ per cent. as their contents, whereas there was more than double that amount. Dr. Playfair's experiments Boussingault regards as valueless. In order to throw some light upon this subject, the latter carefully weighed two cows, and subjected them to a rigid diet, analyzing their food, their milk, and excrements.

Bousingault found that the cows, when fed upon beet-root or potatoes, invariably lost weight to a considerable extent, even when they had a superabundant supply. He observes upon this, that an animal's food may be insufficient from various causes. 1st, If it does not contain a sufficient amount of nitrogenous principles to supply the place of those continually separated from the organism. 2ndly. If the amount of carbon be insufficient to replace that burnt or secreted. 3rdly. If there be any deficiency of salts, particularly phosphates. 4thly. If the food be not sufficiently rich in fatty matters.

The conclusion to which his experiments have led M. Boussingault is, that the food of the herbivora should always contain substances analogous to fat, and which is destined to aid in the production of the fat of the tissues, or in the formation of the several secretions, which contain a considerable proportion of fatty matters, as the bile and milk. If cows continue to yield milk and other secretions, which, in a state of health, are the result of proper feeding, after they are supplied with food wanting in fatty principles, it must be at the expense of their own fat, and they will lose weight daily. A cow, whose food is suddenly changed to aliments deficient in fat, will perhaps continue to yield for some days the same weight of butter, but with a loss of fat from the tissues, and the health of the animal will accordingly suffer.

Other experiments on pigs, according to M. Dumas, gave the same results.

THE LANCET.

LONDON: SATURDAY, NOV. 16, 1844.

We feel it to be an imperative duty to direct the especial attention of the surgeons of this kingdom who are engaged in a general practice of their profession, to the communication of Dr. Webster, the President of the British Medical Association, and the letter signed "A General Practitioner," published at page 243 of the present number of The Lancet. If the printed "Resolutions" therein referred to had not been sent to us by Dr. Webster, and signed J. Streeten, M.D., we certainly should not have inserted the letter forwarded from Bath, although we are in possession of the name of our correspondent. When, we ask, will the general practitioners of this kingdom assume that determined and united front which they ought to exhibit in the face of all classes of their enemies, Parliamentary and Collegiate, as well as place-hunters, false friends, and traitors?

At page 245 is inserted a note from Dr. Wansbrough, relative to the funds of the Associated General Practitioners of 1815. We earnestly hope that the highly respectable gentlemen who compose the committee will *at once* step forward, and engage in those important duties which the office they hold, and the trust they were appointed to fulfil, most seriously require of them to discharge. Without incurring an enormous weight of responsibility, and placing in jeopardy the respectability of their hitherto unimpeached characters, they cannot any longer remain passive. We continue to receive numerous angry letters on the subject.

There are, probably, no subjects which train the mind to a more profound or correct course of thinking, than medicine and its accessory sciences. The investigations, throughout, are strictly analytical and inductive. They demand the closest and most searching scrutiny, and if the inquiry into any requisite elementary branch of knowledge be neglected, the intellectual superstructure is proportionally defective. Had the government of the medical institutions of this country been wisely and judiciously conducted—had there existed any authority which could have enforced early examinations of those scholars who intended to become students in medicine — early examinations as to their proficiency in the rudiments of those branches of knowledge which the practitioner of mature years ought to possess—the powers of mind which the medical profession, as a body, must have displayed at this period of our history, would have greatly surpassed the mental efforts which could be exhibited by any other class of persons in this country. Had the minds of our medical brethren been thus trained and disciplined in early life—had they been carefully taught to form conclusions by correct and laborious processes of inquiry and reasoning, we cannot believe that there would have been ten practitioners in this kingdom thus schooled in their juvenile years, who, at the age of maturity, could have expressed an approval of that clause of the Government Bill which will stand *first* in the series that we are about to quote.

The proposed establishment of a "Council of Health and Medical Education" has, doubtless, given general satisfaction. But whenever the attention of the mover or seconder of a resolution relative to that proposal has been carried beyond the mere style and title of the institution, all the expressions of approbation have been checked and qualified by an endless string of "*if's*" and "*doubts.*" Unquestionably, an enormous majority of the profession has unequivocally *condemned* the constitution of the projected Council. But a few members of the profession, at the public meetings, have been guilty of the folly and ignorance of declaring that the Bill itself is all but perfect; and the parties who have thus expressed themselves have not offered a syllable in reprobation of the constitution of the "Council of Health and Medical Education."

The conduct of these unreflecting persons is anything but creditable to the intelligence of the profession. They are, it must be acknowledged, exceedingly few in number; their discordant voices have been heard only in six or seven places. Still, we do not hesitate to assert that the conduct of which they have been guilty is a discredit to themselves, and is injurious to the profession of which they are members. It bears upon it, throughout, the impress of carelessness, ignorance, or dishonesty. That these terms are harsh, we admit, but that they are justified by the circumstances of the case, we shall prove—prove satisfactorily and conclusively—by a dissection of the materials out of which it is intended that the said Council shall be constructed.

If the few individuals who have spoken were misled by the agreeable *name* of the Council; or, if they were seduced into an expression of approbation from entertaining a strong belief of the "good intentions" of the Government towards the profession; they will, we trust, on discovering their mistake, unhesitatingly acknowledge the erroneousness of the impression under the influence of which they have acted. In a hundred letters, it has been intimated to us that a COUNCIL OF HEALTH AND MEDICAL EDUCATION is "a good thing," "an excellent thing," &c., and then there are offered to us five hundred proposals for *amending* the scheme of the Government! But that the *project*, and the *mode of carrying it into execution*, should *both* be lauded by any medical practitioner who resides externally to the walls of a lunatic asylum, is, to us, a marvellous matter, and one that we cannot comprehend, excepting by a reference to the causes which we have already specified.

The unreflecting adoption of the *title* of the institution, and the attributing to the latter all the good qualities which it *might* possess, have, we believe, been the chief sources of the error which the approvers of the scheme have committed. We boldly declare that it was the duty of *every* member of the profession to offer the strongest possible opposition to the enactment of the Government Bill, because that measure is not only an unjust one, —because it is not only an ignorantly constructed measure,—but because it is *grossly disrespectful*, and *pointedly insulting*, to the whole body of the medical profession of this kingdom. Even children are not long misled by *pretty names*, and the value of their toys is soon duly appreciated by the amusement and gratification which they afford. Not so, however, with the *medical* children who have hoisted their tiny caps and raised their little voices in favour of the Government scheme, styled "The Council of Health and Medical Education." With them the *name* is everything. They cannot discover the depth of poison which lurks beneath a gilded title. Shallow-pated boys!

We might, at once, discard all further consideration of the *name* of the Institution, and forthwith proceed to examine the *thing* itself; but really it may not be useless to ask, what even this childish portion of the profession would have said regarding the project, had it been styled "A COUNCIL OF DEATH AND MEDICAL PERSECUTION," or "A COUNCIL OF SLOTH AND MEDICAL INACTION," or "A GOVERNMENT COUNCIL OF HEALTH AND MEDICAL EDUCATION"? Even the last of these titles would not have appeared to be so pleasing and inviting as to have occasioned an entire neglect of the intrinsic qualities of the institution itself. However bright and imposing the title may seem to some, we apprehend that to others it has proved but a deceptive shadow, and entirely obscured their view of those substantial materials which ought to have been closely scrutinized.

> "What's in a name? That which we call a rose,
> By any other name would smell as sweet;"

and we should not give fragrance to a thistle by merely calling it a rose.

Let us, then, for the present, disconnect the *name* from the *thing* itself, and dissever and bring into view the materials of which the Council is to be constructed.

CLAUSE 2.

"And be it enacted, that a council shall be established, which shall be styled 'the Council of Health and Medical Education;' and that one of her Majesty's principal secretaries of state" (Sir JAMES GRAHAM) "shall be a member of the said council, in right of his office as secretary of state; and that the regius professor of medicine in the University of Oxford, the regius professor of physic in the University of Cambridge, the regius professor of physic in the University of Dublin, the regius professor of clinical surgery in the University of Edinburgh, and the regius professor of surgery in the University of Glasgow, shall be members of the said council, in right of their several professorships; and that the other members of the said council shall be one physician and one surgeon, to be chosen by the Colleges of Physicians and Surgeons of England respectively; one physician and one surgeon, to be chosen by the Colleges of Physicians and Surgeons of Scotland respectively; one physician and one surgeon, to be chosen by the Colleges of Physicians and Surgeons of Ireland respectively; and six other persons whom her Majesty" "(Sir JAMES GRAHAM)" "with the advice of her Privy Council," "(Sir JAMES GRAHAM,)" "shall deem fit to be members of the said council."

The Council, then, is to be thus organized:—

Ex-officio members:—

A principal Secretary of State.
The Regius Professor of Medicine of Oxford.
The Regius Professor of Medicine of Cambridge.
The Regius Professor of Medicine of Dublin.
The Regius Professor of Clinical Surgery of Edinburgh.
The Regius Professor of Surgery of Glasgow.

Members to be chosen by the Colleges of Physicians and Surgeons:

A Physician, by the College of Physicians, London.
A Surgeon, by the College of Surgeons, England.
A Physician, by the College of Physicians, Edinburgh.
A Surgeon, by the College of Surgeons, Edinburgh.
A Physician, by the College of Physicians, Dublin.
A Surgeon, by the College of Surgeons, Dublin.

Thus ends the *medical* constitution of the Council. How do *you* like it, GENERAL PRACTITIONERS OF ENGLAND AND WALES? How do you like it, General Practitioners of Ireland and Scotland? Do not you ALL feel greatly flattered on observing the comprehensive and respectful manner in which it is proposed to represent *you* in this Council?

But casting aside this special consideration, for a moment, what a vast constellation of *medical* learning, experience, knowledge, and independence, do we here find assembled! Heaven bless us! Five *Regius Professors* of Medicine and Surgery, elected for life, the source of their offices being *the Crown*; and six Physicians and Surgeons, chosen by the corrupt, knavish, and persecuting authorities of the detested Colleges, the grand phalanx being headed and led by our "Great Medicine Man," Sir JAMES GRAHAM.

Apart from the Government President, there is here shewn the whole *medical* constitution of the Council; and, we would deliberately inquire, what is that subject in the affairs of medicine which the medical practitioners of this country would submit to such a Board for its investigation and opinion? Who would allow such a Board to manage even the everyday *medical* affairs of an Union workhouse? Yet, *mirabile dictu*, all the medical transactions of this kingdom, the whole system of *medical* examinations, the entire *curriculum* of medical education at our Universities, Colleges, Schools, and Hospitals, all are to be ren-

dered subservient to its authority,—the *opinions* of the profession, generally, the *feelings* of the profession, the *interests* of the profession, being no more reflected, felt, or understood, in such a Council, than in a conclave of Hottentots.

But some, in angry mood, will exclaim, "The twelve just described constitute only two-thirds of the Councillors"—a declaration which is true enough; but, nevertheless, the twelve include the whole amount of the *medical* power and knowledge of the establishment. Now, then, let us ascertain how the character of the institution is to be affected by the introduction of six *other* individuals, who are to be placed there at the nomination of the Government, or, more correctly speaking, of Sir JAMES GRAHAM:—

A Poor-Law Commissioner.	Dr. HASTINGS.
Lord HOMŒOPATHY.	Mr. E. CHADWICK.
Mr. PLACEHUNTER.	Viscount HYDROPATHY.

Thus the list of *eighteen* is complete, and by it the profession may form a tolerably correct notion of the kind of materials of which the Council will always be composed, should the minister's vile project ever be enacted into a law. It is well worthy of remark, that thirteen out of the eighteen will derive their seats from the Crown, and the other *five* will be chosen by the close, corrupt, medical corporations! Oh, rare institution!

Such is the constitution of the COUNCIL OF HEALTH AND MEDICAL EDUCATION,—one of the most ill-constructed and stupidly-devised bodies that ever was suggested for the exercise of such functions as it would be called upon to discharge. Besides, it is an outrageous insult offered to the thousands of educated practitioners who, for nearly twenty years, have strenuously insisted that they ought to be invested with the *elective franchise* for the purpose of conducting the government of the medical institutions of this country.

Having thus far exhibited the true character of the elements of the Council, we come to clause 3, and we earnestly entreat our readers to note the power which, throughout the entire scheme, is lodged in the hands of the *Secretary of State*. An ingenious attempt has been made to cloak and *conceal* his authority, by adopting a net-work of diversified terms, such as "Her Majesty," "Privy Council," "Lord High Treasurer," "*One* of the principal Secretaries of State," and "the Lords Commissioners of her Majesty's Treasury." *All* the powers, which careless inquirers may split and divide amongst persons who are supposed to be represented by these terms, will be actually exercised by *a single* individual—viz., the Secretary of State for the Home Department,—Sir JAMES GRAHAM.

With the view of making this fact perfectly clear and impressive, we shall introduce the *name* of the right hon. gentleman in a parenthesis wherever an attempt appears to be made to conceal the power that he will exercise. That *connecting link* between the medical profession and the Government, which has been "HAILED WITH SATISFACTION," will be found simply to exist in the person of the right hon. gentleman, and it certainly cannot be condemned for its brevity, or want of durability. Nevertheless, we like it not in such a situation.

Having stated in clause 2, which we have already quoted, that six physicians and surgeons are to be chosen by the Colleges of Physicians and Surgeons, it is provided, in the next clause, that the HOME SECRETARY may prevent the Colleges from placing a single nominee in the first council. In other words, there may actually be in the first council twelve members *of his own nomination and appointment!*

CLAUSE 3.

"Provided always, and be it enacted, that it shall be *lawful for her Majesty*, (Sir JAMES GRAHAM,) *with the advice of her Privy Council*, (Sir JAMES GRAHAM,) to appoint ALL the members of the *first* Council of Health and Medical Education, *other* than those who will be members thereof in right of their several offices, (the REGIUS PROFESSORS;) and that at the end of the *third* and each of the *two* next following years after the first constitution of the said council, *one* physician and *one* surgeon of those first appointed on behalf of the said several Colleges of Physicians and Surgeons, shall go out of office, in such order as her Majesty, (Sir JAMES GRAHAM,) with the advice of her Privy Council, (Sir JAMES GRAHAM,) shall direct."

The provisions, therefore, of the two last clauses stand thus:—That the Council shall consist of eighteen members; that twelve of that number may be appointed by Sir JAMES GRAHAM; that at the end of the third year, two of his medical nominees shall retire; that at the end of five years two others shall retire; and, then, at the end of an additional two years,—making seven years,—the remaining two of the minister's medical nominees shall quit the Council. Thus somebody has devised a scheme which would enable Sir JAMES GRAHAM to place twelve members on the Council, and, hence, to secure a large majority, consisting of his own nominees, during the first seven years of the existence of the establishment. This *is* a "great mystery man!" Such a proposal conveys to us a tolerable intimation of the amount of confidence which is reposed in the profession. Even the *favourite* institutions of the HOME SECRETARY, the Colleges, cannot be trusted so far as to be permitted to send a single member into the Council for the *first three years*! And even at the expiration of *that* time, Sir JAMES GRAHAM has reserved to himself the power of *sending out* those members who are to retire, in the *order* that may best suit his convenience or disposition. If there be a man amongst them who is too active, or a little troublesome or independent, *out he goes.*

CLAUSE 4.

"And be it enacted, that those members (REGIUS PROFESSORS) of the said council who are members in right of their several offices shall continue to be members thereof so long as they hold the same offices respectively, and no longer, and the SIX members of the said council, appointed as aforesaid by her Majesty, (Sir JAMES GRAHAM,) with the advice of her privy council, (Sir JAMES GRAHAM,) shall continue to be members of the said council during her Majesty's (Sir JAMES GRAHAM's) pleasure, and upon every vacancy among the last-mentioned members of the said council, and their successors, it shall be lawful for her Majesty, (Sir JAMES GRAHAM,) with the advice of her privy council, (Sir JAMES GRAHAM,) to appoint another fit person to be a member of the said council during her Majesty's (Sir JAMES GRAHAM's) pleasure."

The six "other members," therefore, are to be permanently supplied to the Council by the SECRETARY OF STATE! Still, mark the cumulative powers which are heaped upon Sir JAMES GRAHAM in virtue of his office. Every clause furnishes one or more examples of the kind, making the whole scheme one of the most unconstitutional and wicked projects ever submitted to the consideration of the legislature.

CLAUSE 5.

"And be it enacted, that upon every vacancy among the members of the said council appointed on behalf of the said several colleges of physicians or surgeons, and their successors, the Royal College of Physicians or Surgeons of England, Scotland, or Ireland, as the case may be, shall appoint another physician or surgeon, as the case may be, to supply such vacancy, subject to the approval of her Majesty, (Sir JAMES GRAHAM;) and every member of the council so chosen, shall be entitled to be a member of the said council for THREE years, and shall then

go out of office, but may forthwith be re-chosen, subject to her Majesty's (Sir JAMES GRAHAM's) approval; provided always, that no president, vice-president, or examiner of any of the said colleges shall be qualified to be so appointed."

In this clause we find that the power of choosing members of the Council, which had been, in the second clause, *professedly* conferred upon the *Colleges*, is reduced to a complete nullity. In every instance named, the appointments by the Colleges are to be subject to the *approval* of the SECRETARY OF STATE.

This is the "CONNEXION OF THE PROFESSION WITH THE STATE,"—the "FRIENDLY FEELING" of the Government towards the medical profession,—the evidence of "KIND INTENTIONS" towards the profession! Thus far, every power which is to be exercised in constructing the Council is to be under the control of the SECRETARY OF STATE.

Having manufactured the machine, and secured *the working of it* at his own will and pleasure, the HOME SECRETARY can add another to his designations; and here, for the first time, it is called the COUNCIL OF HEALTH AND MEDICAL EDUCATION. Yes, his authority is now safe, he and his *twelve* nominees constituting a tolerably snug majority.

CLAUSE 6.

"And be it enacted, that the manner of choosing the last-mentioned members of the said council shall be determined in each case by orders or by-laws to be made from time to time by the said several colleges, subject to the *approval* of the council of health and medical education," (Sir JAMES GRAHAM.)

CLAUSE 7.

"Provided always, and be it enacted, that it shall be lawful for any member of the said council *appointed* by her Majesty, (Sir JAMES GRAHAM,) or *chosen* by any of the said *colleges*, at any time to resign his office, or for her Majesty, (Sir JAMES GRAHAM,) at any time, with the advice of her Privy Council, (Sir JAMES GRAHAM,) *to dismiss* any such member of the said council for notorious misbehaviour or *unfitness*, and upon any vacancy in the said council by death, resignation, or dismissal, another member of the council shall be appointed in the same manner, and for the same term, as the member by whom the vacancy shall have been made."

The word "unfitness" admits of a very large interpretation. The REGIUS PROFESSORS are not made subservient to the power of dismissal which the HOME SECRETARY can exercise towards the other members, because the right hon. gentleman well knows, that by removing them from their chairs in the Universities, he would relieve himself from their presence in the Council.

The next is an exceedingly curious clause, and exhibits, with unblushing effrontery, the determination of the authors of the Bill that even the most petty and paltry patronage shall not be exercised, under the provisions of this measure, by any portion of the profession, either in England, Ireland, or Scotland. Throughout the clause, the same distrustful feeling towards the profession, the same denial of power, and the same concentration of authority in the person of the HOME SECRETARY are furnished. The indignities and insults which are exhibited towards the profession are innumerable. The section offers to us another rare example of the confidence which the Government is prepared to repose in medical practitioners, although they *be* chosen by the Colleges to hold seats in the Council. Sir JAMES GRAHAM cannot trust a majority even of his own *medical* nominees. And as for the Councils and Senates of the various Colleges, there is no end to the slaps which he bestows upon them.

Curiously confiding and liberal are the provisions of

CLAUSE 8

"And be it enacted, that it sha.l oe lawful for the said council, (Sir JAMES GRAHAM,) with the approval of one of her Majesty's principal secretaries of state, (Sir JAMES GRAHAM,) to appoint a *principal secretary* for the said council, and also *local secretaries* for Scotland and Ireland, and so many *clerks*, and *messengers*, as the said secretary of state (Sir JAMES GRAHAM) shall deem necessary, and also, with the like approval, to *remove* at their (Sir JAMES GRAHAM's) pleasure, *any* of the said secretaries, clerks, and messengers, and appoint others in their room."

There is no disguise *here*, not even an *attempt* at concealment. The appointments, from that of principal secretary down to the lowest clerk and *messenger*, are *all* placed at the disposal of Sir JAMES GRAHAM. The appointment of *messengers!* What a noble occupation for a Secretary of State! But the duty is *forced* upon him. There was no choice. If *he* did not make the appointments, the power of making them would be exercised by some of the members of the medical profession. Such an evil was not to be tolerated. It is impossible to predict the calamities which might arise from reposing trust or confidence in any portion of such a dishonourable, disreputable, ill-educated class of men. This is another of the bright signs of the "FRIENDLY FEELING" of the Government towards medical practitioners—an additional motive for establishing a direct "CONNECTING LINK" between the profession and the state.

What next? There is something curious, we opine, in the following CLAUSE. Sir JAMES GRAHAM having appointed all the principal and local secretaries, clerks, and messengers, *somebody* must determine what salaries such persons shall receive. We know, well enough, by whom the payments will be made; but the amount is the matter for consideration here, and a friend or a dependant being put into an office, who so proper to determine the salary that he shall receive, as the party who placed him there? Accordingly, the SECRETARY OF STATE appoints to the offices, and then fixes the amount of salaries. This interesting and agreeable arrangement is made tolerably clear in the clause which we have just quoted, and in the following, being

CLAUSE 9.

"And be it enacted, that there shall be *paid* to the *members of the said council*, and to the said *secretaries, clerks*, and *messengers*, such salaries as shall be from time to time allowed by the Lord High Treasurer, (Sir JAMES GRAHAM,) or Commissioners of her Majesty's Treasury, (Sir JAMES GRAHAM,) who may also allow such reasonable *travelling expenses* as may have been incurred by any member of the said council, or any secretary, clerk, or messenger, in the performance of his duties under this Act, and such other reasonable expenses of putting this Act into execution, as the said Lord High Treasurer, (Sir JAMES GRAHAM,) or Commissioners of her Majesty's Treasury, (Sir JAMES GRAHAM,) shall think fit."

Thus the appointments are all to be made, and the salaries all to be fixed, by Sir JAMES GRAHAM. When are we to discover any of those "ADVANTAGES" which are to result from connecting the *medical profession* with the Government? In describing the union of another profession with the State, the title has stood "CHURCH AND STATE." In the new combination, the order must be reversed thus, "STATE AND PHYSIC;" and thus far we are at a loss to perceive a single circumstance which could make the latter rejoice at the alliance.

We had long since imagined that the projector of the Bill had entirely exhausted his ingenuity in inventing contrivances for investing Sir JAMES GRAHAM with any additional authority in the Council. But we were in error, and the like misfortune has again befallen us.

CLAUSE 10.

"And be it enacted, that the said secretary of state (Sir JAMES GRAHAM) shall be president of the said council, and shall be empowered, from time to time, to nominate one of the members of the council appointed, as aforesaid, by her Majesty (Sir JAMES GRAHAM) to be vice-president of the council, and to act

as president in his absence; and, at every meeting of the council, in the absence of the president and vice-president, some other member, to be chosen by the council from the members then present, shall be empowered to act as president."

This provision is truly typical of all that has gone before in relation to the utter contempt in which the medical profession is held by the promoters of the Bill. The poor devils of Councillors are not to choose their own President, or their own *messengers!* and the SECRETARY OF STATE is empowered to nominate a *Vice-President*, to act for him in his absence. But pray notice from which of the *three* classes composing the Council the *Vice-President* is to be selected by the HOME SECRETARY. From the REGIUS PROFESSORS, who are medical men? No. From the physicians and surgeons chosen by the Colleges? No. But from amongst the six nominees of SIR JAMES GRAHAM!

Thus, the Bill provides for a *permanent* president in the person of the SECRETARY OF STATE FOR THE HOME DEPARTMENT, and a *permanent Vice-president*, chosen by the same hon. gentleman, apparently for no other purpose than to prevent a *medical practitioner* from ever occupying the presidential chair,—another strong proof, we presume, of the "FRIENDLY FEELING" which the promoters of the Bill entertain towards the members of our profession.

CLAUSE 11.

"And be it enacted, that the said council shall be holden in such places and at such times as the Secretary of State (Sir JAMES GRAHAM) from time to time shall appoint; and that all acts of the council shall be decided by (Sir JAMES GRAHAM) the votes of the majority of the members present at any meeting, the whole number not being less than seven; and at all such meetings the president for the time being (Sir JAMES GRAHAM) shall have a second, or casting, vote in all cases of equality of votes."

In this clause it is undisguisedly provided that Sir JAMES GRAHAM alone shall have power to determine *when*, and *where*, the Council shall meet; that in *him* shall be vested *absolute* authority as to the periods when the members shall assemble. Are we living under a representative system of government? The Home Secretary may determine whether the members of the Council shall be convened once a month, or only once in five years, all the *power*, all the *authority*, in that respect, being absolutely vested in *his* will and judgment! It is suggested that the Council should occasionally meet in *Edinburgh*. The SECRETARY OF STATE objects. There ends the proposal. The same with respect to *Dublin*.

It would be absurd to dwell on the fact that the *President* is to have *two* votes in all cases where there is an equality of the numbers; because we have already proved, beyond doubt, cavil, or dispute, that ALL the power that such a Council can wield is virtually lodged in the PRESIDENT. It would, therefore, be idle to attach any importance to so trivial a privilege as the one to which the concluding portion of the clause refers.

We have now quoted at length the NINE clauses which provide for the *constitution* of the Council. In the first of them it is unobtrusively stated that *one* of her Majesty's principal Secretaries of State shall be a "member of the Council,"—a very modest commencement for that huge growth of authority which is discoverable as the work of *creation* proceeds.

Presently, it is perceived that *all the officers*, including the *local* secretaries for *Scotland* and *Ireland*, the clerks, and downwards to the very *messengers* of the Council, are to be *appointed* by Sir JAMES GRAHAM. That all the *members* of the Council, the secretaries, the clerks, and the messengers, shall be paid such *salaries* and *travelling expenses* as shall be recommended by Sir JAMES GRAHAM. Then is presented the repulsive and extraordinary provision that the SECRETARY OF STATE, as *President*, shall be empowered to choose a *Vice-President*, always to act in his stead, when he is not present, with the additional odious stipulation, that such vice-president shall be selected by him *from amongst his own nominees*. And, lastly, it is provided that whether the council shall assemble at JOHN O'GROAT'S, or at the Land's End, every month, or only once in five years, shall be determinable by the sole and absolute dictum of—Sir JAMES GRAHAM.

Such, then, is the *constitution* of the MONSTER to which the promoters of the Bill have had the audacity to apply the dignified style and title of "THE COUNCIL OF HEALTH AND MEDICAL EDUCATION;" and, after having bestowed upon it an honest, careful, searching examination, we know not which it is that produces in our minds the strongest feelings of indignation and disgust,—that vicious and stupid scheme, or the silly and sycophantic RESOLUTIONS which have contained expressions in approval of so odious and detestable a project.

Respecting the high *functions* which this Council is required to perform, we have not yet uttered a sentence. Our labours, this week, have been strictly confined to a development of the materials of which that body is composed. And here let us for a moment submit them to the view of the reader, in as animated a representation as type will permit:—

THE COUNCIL OF HEALTH AND MEDICAL EDUCATION,

CHAMBERS OF THE POOR-LAW COMMISSION OFFICE, SOMERSET HOUSE, September, 1845.

The first meeting of the members of this newly-constituted Council was held here this day. The reporters for the press applied for admission, but they were politely informed that no strangers could be suffered to enter the room. They were, however, enabled to learn that there were present—

Sir JAMES GRAHAM, *President.*	Dr. SEYMOUR,	Lord HYDROPATHY, *Vice-President.*
Dr. KIDD,	Mr. WELLBANK,	A POOR-LAW COMMISSIONER,
Dr. HAVILAND,	Dr. ALISON,	Mr. EDWIN CHADWICK,
Dr. WM. STOKES,	Sir GEORGE BALINGALL,	Mr. PLACEHUNTER,
Professor SYME,	Dr. GRAVES,	Sir JOHN HERBALIST,
Dr. JOHN BURNS,	Dr. JACOB,	Lord HOMŒOPATHY.

Secretaries.

Dr. HASTINGS, (*Principal.*) Dr. MAUNSELL, (*Ireland.*) Dr. STREETEN, (*Scotland.*)

We sincerely believe that the names here set down, indicate, with tolerable accuracy, what would be the intellectual and scientific character of the Council, if the Government Bill, as it is now framed, were enacted into a law. Decapitate this body,—remove Sir JAMES GRAHAM, in whom all the power of the establishment is to reside,—and what have we left, in the shape of a *medical* institution, which can obtain the confidence, or command the respect, of the profession? What *medical* question is there which the profession would refer to such a conclave? The great body of the profession—the GENERAL PRACTITIONERS of the empire—are cut off from all connexion with, are utterly dissevered from, such an institution. Between it and them there can be no identity of interests, no influence of opinion, no reciprocity of feeling.

Let us, then, leave this incongruous Council until next week, when, in examining the other clauses of the Bill, we shall endeavour to shew the highly-important national and professional functions which such a defective and crazy piece of machinery would be called upon to discharge if such a curse should ever befal the profession as the enactment of the Government Bill into a statute of the realm.

WE have seen the newspapers which contain reports of the late proceedings at the GENERAL HOSPITAL, BIRMINGHAM. But before writing any additional observations on the subject, we are anxious to learn in what character Messrs. J. W. and G. WHATELEY applied for, and obtained, the opinion of the ATTORNEY-GENERAL respecting the legality of the election proceedings in March, 1843. Were the Messrs. WHATELEY on that occasion the professional advisers of Mr. CROMPTON? Was Mr. CROMPTON, in fact, their client, and did they apply to the ATTORNEY-GENERAL expressly and solely on his behalf? Or, had they, for clients, the weekly or the quarterly Board of Governors? Did the Messrs. WHATELEY act professionally on the behalf of one or both of these bodies? In a word, in what character, and for whom, did the Messrs. WHATELEY apply for, and obtain, the opinion of the ATTORNEY-GENERAL?

IF a palpable and incontestible proof was needed to satisfy any man of the necessity for new and more vigorous efforts to advance the science of Chemistry, it was furnished by the late Meeting of the BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE, at York. The papers read at the meetings of the chemical section were strikingly characteristic of the present state of the science in this country, and the inference is irresistible, that chemistry is at a very low ebb amongst us. The following list of papers indicates the results of chemical investigations there made known:—

1. Mr. West, on the Mineral Springs of Yorkshire.
2. Dr. Daubeny, on the Phosphorate of Estramadura, and the Presence of Fluorine in Bones.
3. Mr. Hunt, on the Influence of Light on Plants.
4. Dr. Bateman, on the Detection of Adulteration in Tobacco.
5. Dr. Tilley, on a peculiar Condition of Zinc, produced by long continued exposure to a high temperature.
6. A Report on a Hydrogen Furnace for Vitrifaction.
7. Professor Matteucci, on the Measure of Nervous Force produced by a Current of Electricity.
8. The Rev. J. Exley, on the alternate Spheres of Attraction and Repulsion observed by Newton and Boscovich.
9. Mr. Lucas, on Yorkshire Limestones.
10. Mr. Hunt, on the Energiatype.
11. Mr. Warrington, on Guano.
12. Dr. Schunk, on some colouring Matters found in Lichens, which may be useful to Dyers.
13. Dr. Bowring, on the Theory and Practice of the Amalgamation of Silver.
14. Dr. Forchammer, on some Species of Sea-weeds.
15. Mr. Ibbotson, on Electrotype.
16. Mr. Muspratt, on a new Acid from Indigo, and Disproving the Derivation of Valerianic Acid from that substance.
17. Sir John Herschel, on the Amphitype, a new Photographic Process.
18. Dr. Wood, on Photography.
19. Mr. Jordan, on a Plan for Increasing the Intensity of the Oxy-hydrogen Blowpipe.
20. Mr. West, on Heating with Steam.

Thus it appears that during the last twelve months not a single fact has been added to that department of the science in which we are more especially interested—namely, organic chemistry—that is worthy of publication in Great Britain. If these papers afford any trustworthy indication, it is apparent that the direction in which the efforts of our chemists are exerted, is towards improvements in the production of commercial articles, the means of obtaining, by the shortest road and the easiest means, the end of their labours—money. When any striking or valuable discovery is made, if it be in any way susceptible of becoming profitable, it is patented and appropriated, whilst only the merest trifles are conceded to the science. But it may be asked, Is there no other channel, through which chemists publish their investigations, than the Meetings of the British Association? Assuredly there is. Take the publications of the Chemical Society. Since the establishment of that Society in 1841, it has published 114 papers. If we except such of those papers as are from the pens of German chemists, and those written in the Giessen laboratory by pupils of PROFESSOR LIEBIG, there is scarcely one which possesses any interest for physiologists, pathologists, or medical practitioners. The Chemical Society, indeed, seems to derive its chief value from its making known in this country *somewhat* of the progress of the science on the Continent; but, unfortunately, at the same time it supplies a pretty strong proof of its stagnation in England.

Since the device and perfection of that incomparable instrument, "The Apparatus for Organic Combustion," the study of organic chemistry has been pursued in Germany with signal success. The objects to which it is applicable are, as we well know, innumerable; the results which must follow its employment by qualified hands, when a sufficient number of such persons is engaged in this field of research, are incalculable. What has already been done cannot be a thousandth part, in importance, of that which will yet be accomplished. Already the most distinguished disciples of LIEBIG are becoming the heads of numerous schools, wherein the means and methods devised at Giessen are brought into operation. Müller at Utrecht, Wöhler at Göttingen, Redtenbacher at Prague, Bunsen at Marburg, Mitcherlich at Berlin, Fresenius at Erlangen, above all, Dr. Will, in the new Laboratory at Giessen, and Dr. W. A. Hofman, and many others in various parts of Germany, are working this mine by the hands of numerous pupils. As these inquirers are more or less successful, that portion of the press which is devoted to chemistry makes known throughout the world the names of those who succeed in their investigations, and stimulates them to further exertions, by a just appreciation of their labours.

What physiologists and pathologists need, are accurate and repeated analyses of all organic substances, nervous matter, muscular fibre, bile, blood, &c., in their normal state, and in every condition of disease; we want to know the elements that are introduced into the system in every article of food, the changes they undergo, the offices they subserve, and the state in which they are finally eliminated, together with the part they perform in diseases. We want, too, to know of what our remedies consist, and what changes they pass through in their uses, the part they take as compounds, or what functions their components severally perform

in the innumerable chemical processes, the decompositions and re-compositions of organic substances, incessantly going on within a living organism. All this is almost, if not altogether, unknown. Now who can we expect will enter upon these investigations? Obviously, no individual can undertake a hundredth part of them. The metropolitan and provincial schools of medicine have professors of chemistry; but those professors discharge in them no duties but those of lecturing and demonstrating. The College of Chemistry, to which we have before called the attention of our readers, was instituted expressly to supply the want that we have indicated. It seeks pecuniary assistance from the landed proprietor, the merchant, the wealthy and benevolent, to promote a purely scientific design, which, if pursued with any measure of success, will, amongst its best achievements, confer a great and important boon on practical medicine.

On Wednesday, Oct. 23rd, an interesting case, involving the difficult question of homicidal insanity, was tried before the Central Criminal Court. William Ross Touchett, aged 21, brother to Lord Audley, was placed at the bar, on an indictment charging him with feloniously shooting at Thomas Smith, with intent to murder him.

At the beginning of July last, the prisoner entered a shooting-gallery, kept by Mr. Smith, in Holborn, apparently with the view of trying his skill in pistol-shooting. After firing a few shots, he deliberately discharged a pistol, which he had just received, at Mr. Smith. The ball passed through the thoracic cavity. Mr. Smith's life was long despaired of, and he still remains in a precarious state. Mr. Smith exclaimed at the time, "You rascal, you have shot me!" to which the prisoner replied, "I did it on purpose, for I wish to be hanged."

It was contended, for the defence, that the prisoner was of unsound mind, and several witnesses were called to substantiate the assertion. The most important evidence was given by the prisoner's brother, and Dr. Monro, from which we shall extract the facts bearing most directly on the point at issue.

"Lord Audley, the prisoner's brother, stated,—My father died in 1837, and before his death the property of the family had been subjected to a protracted litigation, which has gone on since. The result of the litigation has been particularly adverse to the interests of the family. The prisoner from his youth has been remarkable for a peculiar sensitiveness of mind, especially since the death of a companion named Weston, who died abroad at the early age of 16 years. The death of Weston made a strong impression upon the mind of my brother, the prisoner—a much stronger impression than a person under such circumstances would generally exhibit. The prisoner has not been educated with a view to any profession, but was from time to time acquainted with the embarrassed situation of the family, and these circumstances appeared to make a deep impression on the prisoner's mind. I was in Ireland during the whole of the year 1843, and during that time I did not see my brother, nor until the month of April last, when we lodged together in the same apartments, but occupying different bed-rooms. The circumstances of the family produced on the prisoner, who is of a peculiar temperament, a manifest depression of spirits. I have sat with him in the same room many hours, and he was invariably much reserved, and seldom spoke. When together, my brother always sat in a pensive manner; and in April I observed a manifest change in his countenance; his eyes were very much suffused, and the general expression of his countenance was very much dejected. The prisoner frequently complained to me that he was the subject of observation by the neighbours. This, in reality, was not a fact. I have walked out with the prisoner, and have noticed the heedless manner in which he walked through the streets. He was in the habit of leaning his head upon my shoulder, and this habit went to such an extent as to become an annoyance to me. He seemed to desire to avoid observation, and became extremely restless if I stopped to look into a shop-window or at anything that was exhibited in the street. The mother of the prisoner was a daughter of the late Admiral Sir Ross Donnelly, who, unhappily, had become insane, and was so pronounced upon proceedings which were taken by the late admiral's family. He died about two or three years ago, and the commission of lunacy was executed at a time when he was between 75 and 80 years of age. My brother, the prisoner, was aware of the circumstance, and in conversation with me has alluded to it. Since the year 1841, I have noticed that his mind was disturbed. While in Dublin with me, the prisoner went to Sharpe's auction-rooms, and he told me that he there met with a book relating to an ancestor of our family, which had become the matter to his mind of deep reflection. On that occasion the prisoner spoke of the unfortunate blood in his family, and that he felt it himself sometimes. He complained of a pain in his head, of giddiness, and that he passed sleepless nights, and I advised him to consult a physician, but he seemed indifferent about the matter. Since this unfortunate occurrence I have had occasion to examine a box belonging to the prisoner. It was locked, but on breaking it open I found a phial which had contained laudanum and a quantity of acetate of morphia. Formerly he was remarkably neat in his dress and person; but latterly he has neglected his person, and allowed his beard to grow without shaving. I did not think it necessary to put any restraint upon him.

"Dr. Monro stated,—On the 8th of July last I was called upon to pronounce an opinion upon the prisoner's state of mind, and I visited him in Clerkenwell Prison. I have visited him ten or twelve times since then, and yesterday I saw him in Newgate. On five or six occasions I was accompanied by Dr. Warburton. I was aware that the prisoner was the grandson of the late Sir Ross Donnelly, whom I had attended professionally for several weeks previous to his death. I also gave evidence on the occasion of the commission of lunacy issued against Sir R. Donnelly five years ago. The late admiral was most decidedly of an unsound state of mind, but that unsoundness was not the result of old age and imbecility. He laboured under delusions, which remained with him until his death, from dropsy. I have heard the testimony which has been adduced to-day, and from it, as well as from the interviews I have had with the prisoner, I am clearly of opinion that the prisoner is of an unsound state of mind. On the 8th of July I saw the prisoner in a small cell for nearly an hour. The prisoner said he had no knowledge of Mr. Smith, the prosecutor, that he wished to be hanged, and that he had been brooding over suicide for some years. He added, that he had taken laudanum—that he had also taken morphine—that he had no occupation or companions, and that he had been brooding over melancholy subjects for years. He also stated that every event of a horrible description occupied his attention, and that he cut out of the newspapers all the horrible events of which the narrative was recorded; and he mentioned the case of a policeman who had been killed at Brighton. He further stated, that these events struck his mind, and that he should do something of the same kind, in order to get himself hanged. The prisoner also stated to me, that he was watched, not only by his family, but by the neighbours, and that the clock at his lodgings had several times said to him not to attempt it. He also told me on one occasion, that if he had a pistol he would shoot any person who came near him. He further added, that he had sought comfort in religion, but had found none; and I am clearly of opinion that the prisoner is now, and was at the time this occurrence took place, labouring under mental derangement. In my experience I have seen cases in which insanity has been simulated, but the whole history of the life of the unhappy young gentleman at the bar gives the lie to any such supposition. The prisoner is a downright melancholic, and ought not to be trusted at liberty for a single hour. My opinion is, that if set at liberty he would commit a similar act again. I think he understands what is now going on, but he is in a state of apathy, and wholly indifferent. With reference to the state of mind of the late Sir Ross Donnelly, it is notoriously known the madness was hereditary.

"Mr. Justice Maule summed up the case to the jury, who, after a short deliberation, *acquitted* the prisoner on the ground of insanity."

In this instance, as well as in several others which we have latterly noticed, the criterion fixed upon by the assembled judges evidently fails, or at least has not been acted upon by the jury. There was nothing in the evidence to prove that the prisoner was not conscious, when he perpetrated the crime, of the difference between right and wrong. He had for some time determined on committing suicide, and had even purchased poison with that intent. Not having, however, the courage to destroy himself, he hit upon the expedient of killing another person, in order that the laws of his country might put an end to his own existence. Such conduct shews, no doubt, a strange *perversion of the moral and religious feelings*; but it does not shew that the prisoner had

lost sight of the distinction between right and wrong. This being the case, according to the judge's interpretation, he ought to have been considered guilty, and hanged. It becomes, therefore, of considerable importance to determine whether or not the jury were right in acquitting the prisoner, the more so, as it may be thought possible that the persons who composed it were unconsciously influenced by his rank and social position.

After maturely weighing the facts of the case, and the evidence, we believe that in this instance the plain common sense of the jury has again triumphed over the difficulties with which it had to contend, and that a verdict was given perfectly consistent with the present state of science on the one hand, and with the interests of society on the other. The labours of modern pathologists have much improved our knowledge of insanity, and more especially of its incipient stages. It is true that we cannot point out the *precise* limit which separates a healthy from a diseased action of the brain, but we have arrived at a much clearer notion of the conditions which constitute the one and the other. Those disorders of the moral feelings which, when they are unaccompanied by hallucinations, or incoherence of the ideas, were considered by writers even of the last century not so much to constitute insanity as to lead to it, and were generally designated under the head of "*melancholia*," are now universally allowed to form one of the most important species of insanity. Described by PINEL and ESQUIROL as forms of monomania, this kind of insanity has been still more carefully investigated by Dr. PRICHARD, who has termed it, moral insanity. The range of moral insanity is very great, as it extends from mere eccentricity to complete perversion of all the moral feelings and sentiments. Great difficulty, therefore, will always be felt in legislating for those who are labouring under this disorder. There can be no difference of opinion as to the "legal irresponsibility" of those who become a prey to hallucinations, to acute mania, and of those whose ideas and words are incoherent; they must be considered as completely irresponsible; they are lunatics. This is not the case with reference to those whose moral feelings only are perverted; we cannot consider them as *always and necessarily* irresponsible; the degree of insanity may be so slight as to be scarcely recognisable, or the crime may have been committed under the influence of well-founded anger, revenge, jealousy, or any other passion. In doubtful cases of this kind, we believe that much must be left to the jury, and to a common-sense view of the individual facts of the case; the jury must weigh all the circumstances which transpire, consider how far the criminal can be assimilated with an ordinary offender, and act accordingly. It is, however, of the greatest importance, that, in the exercise of their common sense, the members who compose the jury should not be fettered or led astray by any such extraordinary doctrine as that lately laid down by the judges.

There can be no doubt but that for a considerable time Mr. TOUCHETT had been "morally" insane. He thought his friends had turned against him; he was gloomy, miserable, and unhappy, without a *sufficient* cause; he had latterly neglected his person, and had long entertained ideas of suicide. The evidence of his brother also shews that he had once or twice laboured under hallucination. Another important point is, that there had been insanity in his family. At last, he coolly assassinates a man against whom he entertains no enmity whatever, and whom he knows not, in order that he may be hanged, as he said at the time. Such a man could not be made responsible for his actions; his death by the law would have been a judicial murder, from which society would have derived no benefit. It must always be kept in mind that the object of criminal law is not to *punish* the culprit, but to deter others from committing the like offence, or to separate him from society, where his presence might be a continual source of danger. If Mr. TOUCHETT had been condemned, he would have obtained what he, in his insanity, wished — death. So far from his punishment deterring others, it would have shewn to those whose minds may now be deranged, perhaps without their friends being aware of the fact, and who may be pursued by the same ideas of suicide and murder, that unprovoked assassination was a means of gratifying their wishes, through the medium of the law. That the details of Mr. TOUCHETT's case will meet the eye of some such persons is far from improbable, when we recollect how fond individuals thus affected are of reading horrible trials, as evidenced by Mr. TOUCHETT himself. If so, his confinement for life in a lunatic asylum will certainly tend to prevent them from attempting to imitate his tragical conduct.

THE GOVERNMENT MEDICAL BILL.

MEETINGS OF THE MEDICAL PROFESSION.

MEDICAL PROTECTION ASSEMBLY.

EXETER HALL, NOV. 11.—MR. GEORGE ROSS IN THE CHAIR.

THE committee was numerously attended. We have not space to report the discussion.

It was moved by Mr. WAKLEY, and carried unanimously, that Dr. LYNCH be requested to open a communication, immediately, with the presidents, or secretaries, of some of the chief medical associations, requesting to be informed whether they are desirous that there should be a meeting of medical delegates in London, and at what period they consider that it would be most convenient and most useful for them to assemble.

Dr. LYNCH stated that he would at once set to work for the discharge of the duty which the committee had assigned to him.

The adjournment stands for Monday evening next, at 8 o'clock.

RESOLUTIONS RELATIVE TO THE BILL FOR THE BETTER REGULATION OF MEDICAL PRACTICE,

Adopted by the Royal College of Physicians of Edinburgh, at an Extraordinary Meeting, held on 11th October, 1844.

1. That the College testify their satisfaction that the bill for the better regulation of medical education and practice, so long expected, has at length been laid before the House of Commons, and has had a first reading.

2. That this satisfaction has been increased by the knowledge, that the two great principles of the measure—viz., a uniform standard of education and qualification, and the abolition of all local privileges, are those, for the recognition of which the College have on various occasions contended, and expressed the same opinion in petition to the legislature.

3. That the principles now specified, if carried fully into effect, would confer a great benefit on the profession and the public, and would remove the evils and remedy the abuses now existing, and of which, for a long time past, there has been too good reason to complain.

4. That in thus providing the public with a supply of fully-qualified general practitioners, the College are of opinion that Government is undertaking all that can be properly attempted by legislative interference.

5. That the College have, with regret, observed that the part of the bill which proposes to abolish the practice of prosecuting unlicensed and unqualified practitioners, has given rise to great alarm and a good deal of opposition. The College are inclined to doubt the practicability of restraining unlicensed practice by penal enactments, or the expediency of attempting to do so by such means, and in this view they are strengthened by the fact, that such powers, although vested in some of the public bodies in Scotland, have for many years been allowed to lie dormant without any practical inconvenience. But notwithstanding that these are the sentiments of the College, yet, if it shall appear that it is the desire of a large proportion of the intelligent members of the profession to attempt to restrain such practitioners by penal enactments,—rather than endanger the final success of a measure otherwise so beneficial, the College are disposed not to urge strongly their own opinions on this head.

6. That while the College approve most cordially of the general spirit and principles of the bill, they allow that in various details it may be desirable to introduce certain changes and modifications not affecting its principles or leading details, and which, so far from impairing the efficacy of the measure, would tend materially to facilitate its practical application.

7. That the best thanks of the College be conveyed to Sir James Graham for the trouble and attention which he has bestowed in the preparation of this bill, accompanied by a copy of the foregoing resolutions, and an expression of the hope entertained by the College, that the measure may be, at an early period of the ensuing session of parliament, brought under the consideration of the legislature, and finally passed into a law.

R. RENTON, President.

REPORT OF THE ROYAL COLLEGE OF SURGEONS, EDINBURGH.

On "A Bill for the better Regulation of Medical Practice throughout the United Kingdom." (Approved of, Oct. 4, 1844.)

THE Royal College of Surgeons of Edinburgh have observed, with the greatest satisfaction, that the grievous impediments to the practice of the healing art, arising from the faulty state of the laws affecting the medical profession, of which the College have so long unavailingly complained, have engaged the attention of her Majesty's advisers; and that a legislative remedy, proposed by them, has been read a first time in parliament, and has been printed for the information of all who take an interest in the subject of it.

It is satisfactory to the College to discover, that the proposed bill is based on the great general principles which they have so repeatedly urged upon the legislature as being of paramount importance and necessity—viz., uniformity and sufficiency in the amount of education required of candidates for medical qualifications; uniformity and sufficiency in the strictness of the examinations to which such candidates are subjected; and uniformity in the privileges to which successful candidates are introduced, in whatever division of the United Kingdom their education and their qualifications may happen to have been acquired.

It is also a leading and a most important principle of the bill to give to the persons thus qualified the advantage of exclusive eligibility to medical offices in hospitals and other public institutions, and to give to the public the advantage of knowing what practitioners *are* qualified, by the registration and publication of their names at stated periods.

It is the opinion of this Royal College that no measure of medical reform ought to be satisfactory, either to the profession or to the public, which does not embrace all these general principles, and which does not utterly abrogate those partial and exclusive rights of medical incorporations, which, in certain parts of the United Kingdom, have operated so injuriously as impediments to the selection, by the public, of well-educated medical men for the performance of professional duties for which they would otherwise have been preferred.

The College regret to find that the proposed bill has been objected to by many respectable medical men, on account of its not containing provisions for restraining unqualified persons, by penalties, from practising the profession. The College consider this matter to be subordinate in importance to the great leading features of the bill already alluded to, that neither of the two opposite views of it ought to be urged in such a way as to endanger the measure. On the point itself, the College have seen no cause to alter an opinion which they expressed *unanimously*, in a report which they published four years ago—an opinion upon which they have uniformly acted for a very long term of years, "that prosecutions will be found to fail in accomplishing the object proposed," that "they may render the unqualified more cautious in practising on public credulity, without making them less successful;" that they may even impart to their pretensions a degree of fame and of importance, which those pretensions would never acquire without such assistance, and that "they may have an unfavourable impression on the character of the qualified, who will be more likely to stand well with the unprofessional part of the public if they have the magnanimity to despise this species of artificial protection, and to rest their claims to public confidence solely upon their professional talents and qualifications." In this view, the College find themselves fortified by the concurrence of Sir James Graham, of Mr. Warburton, and of most of those members of parliament who have given attention to the subject. The College trust that the arguments on both sides will be dispassionately considered by the committee on the bill, by whose decision, whatever it may be, they are perfectly willing to abide.

The College farther resolved,

1st, That the Medical Reform Committee be authorized to give every possible assistance, by petition or otherwise, to the passing of the bill of Sir James Graham, with such alterations as may seem expedient; provided always, that the great principles on which it is based are in no degree impaired by such alterations.

SHEFFIELD.

THE following is a copy of a petition at present in course of signature in Sheffield and the neighbourhood, which has already received the signatures of a very numerous and influential body of the regularly-educated practitioners of medicine and surgery:—

"To the Honourable the Commons, &c.

"The Petition of the undersigned Medical Practitioners of Sheffield and its neighbourhood, humbly sheweth,—

"That your petitioners are legally qualified members of the medical profession, resident in Sheffield and its neighbourhood.

"That they desire to express their high approbation of the general principle of the bill lately introduced into your honourable house by Sir James Graham, for the better regulation of medical practice throughout the United Kingdom.

"That for themselves, they utterly disclaim, as impracticable, any attempt to suppress quackery by law; and ask for no protection to their profession further than what the said bill guarantees.

"That as to the public welfare, this they are thoroughly convinced cannot be consulted in any better or surer way than by promoting the education, and consequent elevation, of the medical practitioner.

"This important end, they are of opinion, will be effectually accomplished by the said bill; and therefore humbly pray your honourable house that the same may pass into law, with such modifications in the constitution of the 'Council of Health and Medical Education,' as your honourable house may deem proper, in order more completely to identify the said council with the interests of the general body of medical practitioners.

"And your petitioners will ever pray," &c. &c.

YORK.

AT a meeting of the medical profession of York, held at the Dispensary, Oct. 26, 1844, for the purpose of taking into consideration the bill introduced into Parliament by Sir James Graham, —Dr. GOLDIE in the chair,—the following resolutions were adopted:—

1. That this meeting views with satisfaction the attention directed by her Majesty's Government to the state of the medical profession, and tenders its thanks to Sir James Graham for allowing its members a full opportunity of considering the details of the Bill for the better Regulation of Medical Practice.

2. That this meeting believes that the establishment of a Council of Health and Medical Education, and of a system of registration, will greatly benefit the profession, but is of opinion that the general practitioner should be fully represented in the proposed council.

3. That in the opinion of this meeting it is expedient that the body of general practitioners take part in the examination of the practitioners of their own grade, and for this purpose that the licentiates in medicine and surgery of each division of the United Kingdom should be incorporated.

4. That in the opinion of this meeting the public cannot competently estimate the skill of the regular and irregular practitioner, and hence no bill will adequately meet the wants of society, and protect the interests of the profession, which shall not contain provisions for preventing the practice of medicine by those who have not undergone the examinations required of the registered practitioner.

5. That as laws have been enacted against the practice of medicine by unqualified individuals, and enforced from time to time in this country and in France, the Netherlands, Germany, Italy, and other European nations, it is expedient that an inquiry be made into the operation and results of these laws, so that past legislative experience may be rendered subservient to more effectual legislation.

6. That petitions, in conformity with these resolutions, be presented at the commencement of next session, to both houses of parliament.

7. That copies of these resolutions be sent to Sir James Graham and to the members for the city.

8. That the following gentlemen be appointed a committee to watch the progress of the bill, and to take such steps as shall appear expedient—viz., Drs. Goldie, Laycock, and Thurnam; Messrs. Anderson, Husband, Williams, and William Matterson, jun.

BATH.

AT a meeting of the medical profession of the city of Bath and its vicinity, held at the Assembly Rooms, on Tuesday, October the 29th, for the purpose of taking into consideration "A Bill for the better Regulation of Medical Practice throughout the United Kingdom,"—GEORGE NORMAN, Esq. F.R.C.S., Senior

Surgeon to the Bath United Hospital, in the chair,—the following resolutions were submitted:—

1st.—Moved by Mr. SODEN, and seconded by Dr. DANIELL—

"That this meeting, deeply impressed with the necessity of new legislative enactments for the government of the medical profession, as well to uphold the just privileges of its members, as to secure the interests of the public, feel much indebted to Sir James Graham, Bart. M.P., her Majesty's principal Secretary of State for the Home Department, for bringing the subject before Parliament, and also for the time afforded for its due consideration."—Carried unanimously.

2nd.—Moved by Mr. WALDRON, and seconded by Mr. GEORGE—

"That this meeting regards with satisfaction the proposed institution of a Council of Health and Medical Education; but is of opinion that the nomination of six members by the Queen in council would give an undue influence to the state in the government of the profession; and considers that the minutes of the proceedings of the council should be, at all reasonable times, open to the inspection of every registered medical practitioner."

Amendment, moved by Mr. FERNANDEZ, and seconded by Mr. FLOWER—

"That this meeting entirely approve of the formation of a Board of Health; but strongly recommend that it may consist of men of medical knowledge, as it is to consider medical subjects and medical interests only."

Lost, six hands only being held up for it; the original resolution then passed.

3rd.—Moved by Mr. BROWN, and seconded by Mr. GORE—

"That the plan of registering all qualified practitioners is entitled to the approbation of this meeting, who regret, however, to find that its advantages are counterbalanced by that part of clause 18 of the proposed measure which compels a physician or surgeon, who has obtained letters testimonial in one part of the United Kingdom, to pay the usual fees on joining the medical or surgical college of another, should he remove thither for the purpose of practice."—Carried, with one dissentient.

4th.—Moved by Mr. FLOWER, and seconded by Mr. GEORGE GOLDSTONE—

"That this meeting submit to the consideration of Sir James Graham and her Majesty's Government, that as the army, navy, hospitals, prisons, workhouses, and all public charities, requiring medical and surgical assistance, will be protected by the bill against unqualified practitioners, so should the public at large possess equal advantages. It therefore regards with alarm the entire abolition of the protection afforded by the Apothecaries' Act, limited as that protection was to one branch of the profession, without the substitution of some more enlarged provision to defend the public against the nefarious practices of ignorant and unskilful pretenders to medical and surgical knowledge."—Carried unanimously.

5th.—Proposed by Dr. CARDEW, and seconded by Mr. CRANG—

"That this meeting views with abhorrence the baneful and too often fatal effects produced on her Majesty's subjects by the use of quack medicines, and would earnestly pray that should her Majesty's Government still deem it expedient to continue their support to that which this meeting considers both disgraceful to the nation and injurious to the public, they will at all events cause the contents of all such medicines to be examined by the Board of Health, that, if injurious, they may be forbidden."—Carried, with one dissentient.

6th.—Proposed by Mr. ORMOND, and seconded by Dr. J. H. PRING—

"That a copy of the above resolutions be sent to Sir James Graham."—Carried unanimously.

7th.—Proposed by Mr. BAYLEY, and seconded by Mr. BAGSHAWE—

"That a permanent committee of seven gentlemen be formed, to prepare a petition to both houses of parliament at the proper time, agreeably to the above resolutions; to confer with the members for the city and adjoining counties; and to call a meeting hereafter, should anything occur during the progress of the bill to render it advisable. That Mr. Norman, Mr. George Goldstone, Mr. Ormond, Dr. Cardew, Mr. Gore, Mr. Bartrum, and Dr. Tunstall, the hon. secretary, do form such committee."—Carried unanimously.

The thanks of the meeting were then unanimously given to Mr. Norman, for his kind and courteous conduct in the chair, and to Dr. Tunstall, for his valuable services as honorary secretary and treasurer.

CHICHESTER.

On Thursday, the 31st of October, 1844, a meeting was held, at the Chichester Infirmary, of the medical practitioners of Chichester, the western part of Sussex, and eastern part of Hampshire, for the purpose of taking into consideration "A Bill for the better regulation of Medical Practice throughout the United Kingdom," which was lately presented to the House of Commons by Sir James Graham,—Dr. M'CAROGHER, in the chair.

It was proposed by Dr. TYACKE,* seconded by Dr. Smith, and resolved unanimously,—

"That we hail with great satisfaction the introduction of legislative measures for the better regulation of the medical profession, as lately propounded by her Majesty's Government, and concur with Mr. Warburton, Mr. Macauley, and the other speakers on Sir James Graham's bill, in approval of the principles, and of some of the details, of its proposed enactments."

Proposed by P. J. MARTIN, Esq. seconded by J. P. GRUGGEN, Esq. and resolved unanimously,—

"That we consider that the present distribution of the practice of medicine among the several classes of physicians, (or doctors of medicine,) surgeons, and general practitioners, has arisen out of the natural wants of the public, and that the legal recognition of these several denominations (the latter being comprised in the title of licentiates) is natural and proper, so long as one common test of qualification is maintained, and no strict rules prescribed to their several lines of practice in an art, the principles of which are common to all its branches."

Proposed by R. ELLIOTT, Esq. seconded by G. PESKETT, Esq. and resolved unanimously,—

"That we do not withhold our approbation of the constitution of a general superintending body, as a Council of Health, and of appeal in all cases of medical polity; but we are firmly of opinion, that such a body, to possess the confidence of the profession at large, should have the character of a "Senatus," in which each grade of medical practitioners should find its proper representative; and we think that, in this sense, the Council, as proposed by the bill before us, does not possess that great requisite, nor will enjoy (for the benefit of the public for which it is to minister, or for the profession which it is to regulate) that power of self-government which is necessary for its perfect utility, or, indeed, for its own conservancy."

Proposed by J. T. KIRKMAN, Esq. seconded by ABRAHAM DUKE, Esq. and resolved unanimously,—

"That we are also of opinion, that the great and important body of general practitioners, or licentiates in medicine, (with whom now rests, and, for a great time at least, must continue to rest, with the occasional assistance of the consulting physicians, the care of the great mass of the sick population,) are not duly represented in the constitution of the above-mentioned Council of Health, and that, if the test of qualification so beneficially exercised for the last thirty years by the Apothecaries' Company be removed by the repeal of the Act of 1815, some equivalent power of control should be restored to that body, or somewhere delegated, so that so wholesome a provision should not be lost to the profession, and through it, to the public safety."

Proposed by HENRY COLLET, Esq. seconded by W. HARRIS, Esq. and resolved unanimously,—

"That we deprecate most strongly that part of the proposed bill which removes all effective restrictions on the practices of unqualified persons, without the substitution of some equally stringent enactments in their stead; and as the principle of compulsory enactments for the preservation of life is recognised in the laws of pilotage, quarantine, the regulations of public vehicles, and many other matters of public health, and especially in the late penal enactments against inoculation for small-pox, and in favour of vaccination, it would seem to us like retrogression in legislation to let loose all quacks and pretenders, to prey on the weakness and the credulity of the public, (no person being more credulous than the sick man, devoid of all knowledge of his own animal economy, however well educated in other respects.) We consider, also, that the legislation which levies a tax in the form of a registration fee, or otherwise, on the members of any profession, without the equivalent of due protection of their rights and immunities, is a dereliction of the reciprocal duties which bind the relations of the governed and governing bodies, and we would suggest that a clause to the following effect be embodied in the proposed bill—viz., That as great difficulty has always been found in carrying out that part of the Act of 1815 relating to the

* We should like to see these gentlemen. Where were they born and educated?—ED. L.

punishment of illegal practitioners, any person practising medicine or surgery, unless duly qualified, shall be considered guilty of misdemeanor, and liable to be punished accordingly."

Proposed by ABRAHAM DUKE, Esq. seconded by ALLEN DUKE, Esq. and resolved unanimously,—

"That a memorial, embodying the substance of these resolutions, be sent to Sir James Graham, signed by the chairman, on behalf of this meeting; that copies of them be personally presented to the members of parliament by those practitioners in communication with them, (with such explanation of the views entertained by the medical profession generally as may be required in their support;) that a committee be appointed to watch the progress of the bill, and prepare petitions to parliament, if need be, in further prosecution of the views of this meeting."

Proposed by J. P. GRUGGEN, Esq. seconded by L. BUCKELL, Esq. and resolved unanimously,—

"That Dr. M'Carogher, Messrs. Martin, W. Gruggen, Abraham Duke, and the Secretary, form such committee."

Proposed by W. PESKETT, Esq. seconded by W. GRUGGEN, Esq. and carried by acclamation,—

"That the thanks of this meeting be given to the chairman for the manner in which he has conducted the proceedings."

MANCHESTER.

AT a general meeting of medical practitioners of Manchester and its neighbourhood, held at the Town Hall, King-street, on Wednesday, the 6th inst., for the purpose of considering the provisions of Sir James Graham's Medical Reform Bill,—Dr. BARDSLEY, sen., in the chair,—the following resolutions were adopted:—

Moved by THOMAS TURNER. Esq. F.R.C.S., and seconded by JOHN WINDSOR, Esq. F.R.C.S., F.L.S.—

1st.—"That this meeting, acknowledging feelings of gratitude towards Sir James Graham and his colleagues in the Government, for the introduction of a bill into the House of Commons for regulating the medical profession, cannot but express its surprise and regret at the character of certain provisions in the bill."

Moved by Dr. LYON, and seconded by JAMES E. PARTINGTON, Esq.—

2nd.—"That although this meeting approves of the institution of some central body for the government of the profession, it cannot regard with satisfaction the constitution of the proposed "Council of Health and Medical Education," inasmuch as no provision is made for representing therein the opinions and wants of the great body of general practitioners."

Moved by WILLIAM JAMES WILSON, Esq. F.R.C.S. and seconded by Dr. RADFORD—

3rd.—"That this meeting is glad to see recognised in the proposed measure the principle of registration of the duly qualified practitioner, but regrets the absence of any compulsory enactment in this respect, as this omission would seriously detract from the value and utility of the proceeding."

Moved by P. H. HOLLAND, Esq. and seconded by M. SINCLAIR, Esq.—

4th.—"That this meeting regrets that there is no power of summary punishment of those who falsely pass themselves off as licensed practitioners, not being so; the only remedy provided being the difficult one of indictment for misdemeanor."

Moved by Dr. JAMES LOMAX BARDSLEY, F.L.S., and seconded by Dr. FLEMING—

5th.—"That this meeting cannot but see in the proposed withdrawal of all effective restriction upon unqualified practice, a defect so important as to nullify any probable benefit to result to the public or the profession from other parts of the bill."

Moved by JOHN JESSE, Esq. F.R.S. and seconded by R. T. HUNT, Esq.—

6th.—"That the following petition, founded upon the above resolutions, be adopted by this meeting, and forwarded to Mark Philips, Esq. M.P., for presentation to the House of Commons:—

"To the Honourable the Commons, &c.

"The petition of the undersigned legally-qualified Practitioners of Medicine and Surgery in Manchester and the neighbourhood, humbly sheweth,—

"That your petitioners have long felt the necessity for a reform in the medical profession, and were prepared to welcome with cordiality the introduction of any bill into your honourable house for that purpose; but that a careful perusal of certain provisions of a bill recently introduced by Sir James Graham, has occasioned to your petitioners disappointment and regret.

"That whilst your petitioners approve of the institution of some central body for the government of the profession, they cannot regard with satisfaction the constitution of the proposed Council of Health and Medical Education, because therein the interests of the general practitioner are not adequately represented.

"That your petitioners are glad to see recognised in the proposed measure the principle of registration of the duly qualified practitioner, but are of opinion that without some compulsory enactment in this respect, the value and utility of the proceeding will be materially lessened.

"That your petitioners have observed, with deep regret, the proposal to withdraw even existing restrictions upon unqualified practice, without substituting any effective measure for the punishment or prevention of offences in this respect—an omission so important, in the opinion of your petitioners, as to nullify any probable benefit to result to the public or the profession from other parts of the bill.

"That your petitioners humbly pray your honourable house to supply these several defects in the proposed bill, and to enact a law that shall secure her Majesty's subjects against the injurious pretensions of unqualified persons, protect the privileges of the properly educated and duly licensed practitioner, and thereby uphold the dignity of an honourable profession.

"And your petitioners will ever pray."

Moved by A. M. HEATH, Esq. and seconded by D. NOBLE, Esq.—

7th.—"That deputations be appointed to wait upon the members of the county and borough, and upon such others as are resident in the district, with a view to obtain their support in their places in parliament, of the principles embodied in the foregoing resolutions."

Moved by GEORGE GARDOM, Esq. and seconded by JOHN WALKER, Esq.—

8th.—"That the following gentlemen be appointed a committee, to watch the progress of the bill in Parliament—viz., Dr. Bardsley, sen., Dr. Radford, Dr. J. L. Bardsley, Dr. Ashton, Dr. Fleming, Dr. Lyon, Mr. Wilson, Mr. Windsor, Mr. Jesse, Mr. Noble, Mr. Hunt, Mr. Walker, Mr. Ker, Mr. J. A. Ransome, Mr. Mann, Mr. Hatton, Mr. Gardom, Mr. Slack, Mr. John Leigh, Mr. Turner, Mr. Dorrington, Mr. Franklin, Mr. Southam, Mr. Nursaw, Mr. Boutflower, Dr. Satterthwaite, with power to add to their number."

Moved by HENRY KER, Esq. and seconded by JOHN KENWORTHY, Esq.—

9th.—"That this meeting present its thanks to the public press, for so ably supporting the character and efficiency of the profession; and more especially to the Editors of 'The Times' newspaper, for their powerful aid in the present crisis."

Moved by Dr. TURNER, of Stockport, and seconded by Dr. STRANGE, of Ashton—

10th.—"That these resolutions be forwarded to the following periodicals—viz., THE LANCET, 'Medical Gazette,' and 'Provincial Medical and Surgical Journal,' for insertion; and that they be advertised in the 'London Times,' and in all the Manchester papers."

Moved by THOMAS TURNER, Esq. F.R.C.S. and seconded by Dr. LYON—

"That the cordial thanks of this meeting be presented to Dr. Bardsley for the zeal he has invariably evinced for the interests of the profession, and for his able and courteous conduct in the chair this day."

REPORT OF THE COUNCIL OF THE GLASGOW MEDICAL ASSOCIATION ON SIR JAMES GRAHAM'S MEDICAL BILL.

THE Bill contains five provisions which we regard as boons:—

1st. The Bill creates a supreme medical council directly connected with Government; and, as this will be open to remonstrances on the part of private practitioners, of medical associations, of medical journals, and of members of parliament, it cannot fail, however arbitrary its composition, to be often influenced in favour of the unincorporated practitioners.

2nd. The Bill invests the council with stringent control over the universities, and the medical corporations; and although this control will be chiefly exerted in arranging difficulties among these bodies, yet it will often compel them to moderate their assumptions of superiority over the rest of the profession; and the very fact of its existence, and occasional exercise, will lessen that superiority.

3rd. The Bill introduces a decided tendency to an uniformity

of educational expense, and to an uniform minimum of qualifications for general practitioners; and these two kinds of uniformity are fitted to elevate the scientific attainments of the profession in general, and to purify it from the jobbings and undersellings by which incorporated teachers have so often disgraced it.

4th. The Bill prevents non-medical persons from recovering at law any charges for attendance or medicine, in medical or surgical cases, and prohibits courts of law from according any medical character or authority to their certificates or evidence; and this provision is useful, because it is a kind of discouragement to unprofessional practitioners for the three kingdoms alike. And,

5th. The Bill repeals every local jurisdictional restraint on the practice of qualified medical men, and secures to all of them the unquestionable right of practising wherever they please throughout the empire.

Now, although these five provisions differ in the measure and application of their respective capabilities for doing good—although, while all useful to the general profession, the last will be more important than the rest, and the first two will alone be more especially in favour of the unincorporated practitioners—still all of them are innovations, which, in some way, and to some extent or other, will be boons.

Yet, notwithstanding these boons, we do not approve of the Bill, and for these three reasons:—

1st. While it repeals the penalties of the Apothecaries' Company's Act, it merely enacts penalties for falsely pretending *to be registered*, and omits to apply public prosecutions, and to attach penalties to persons who falsely assume the usual titles, or the usual external appearances of qualified medical men, or who, without licence, practise any of the branches of the healing art for money. Hence, it is a charter for unprofessional practitioners which will actively increase their numbers, and, therefore, it will not only cause the health and lives of thousands in society to be wantonly sacrificed, but will subject the whole medical profession to a degrading and pernicious competition.

2nd. Dividing the present incorporated practitioners into the two classes of physicians and surgeons, the Bill continues them in all their several corporations, as universities and colleges—selects them alone from the whole profession, for supplying men to form nearly two-thirds of the council—upholds and enhances their exclusive privileges in medical teaching and medical licensing; and, in fact, is so much occupied about them alone, as to be little else than a new code of rules for guiding them in the exercise of those privileges, and in their new relation to the council. And,

3rd. Maintaining the present division of medical men into incorporated and unincorporated practitioners, and constituting the latter into a third and separate class, under the new name of licentiates in medicine and surgery, the Bill not only does not admit these licentiates into any of the class privileges of the physicians and surgeons, but does not convey to them any one privilege as a class: it just continues them what they now are—viz., a mere crowd of individual citizens, who, in their profession, are devoid of legal government, of legal union, of political status, and of political privileges; and despite of their numerous and repeated applications as medical reformers, and although they form nineteen-twentieths of the medical profession within the three kingdoms, it is truly for them a non-medical reform Bill.

Whether, then, we memorialize the home secretary, or petition parliament, or address the public, or communicate with kindred associations, we think, that since we do not approve of the Bill for the reasons stated, we should exert ourselves in order that it be not regarded by the public, and in parliament, as a medical reform Bill; that the number and value of the boons which are awarded by it, such as they are, may be increased, and that it might serve as a means for once more divulging, explaining, and, if possible, promoting medical reform. At the same time, instead of formally opposing it, we would simply propose amendments, to the effect—that, even as a non-medical reform Bill, it be improved, and that, in its essential character as a code of rules for the corporations, it on the one hand be not a charter for unprofessional practitioners, and, on the other hand, be combined with a comprehensive scheme of medical reform. And, as it is a ministerial Bill, and in all probability will be directly opposed by other parties, for many extreme and discordant considerations, with which we are not likely to concur, we may presume that a simple statement of amendments, such as we have suggested, may obtain, in influential quarters, a degree of attention which will be denied to violent and factious opposition.

Statement of amendments to be proposed,—

1st. Inasmuch as doubts are entertained whether section 31st applies to those persons who abstain from directly professing to be registered, but who falsely assume any of the usual titles, or any of the usual external appearances of qualified medical men, we propose that the section be so altered as to include such persons, and, generally, all unqualified persons, who shall practise any of the branches of the medical profession *for fee or reward*; and, moreover, that prosecutions under this section be conducted by some public prosecutor, such as is provided for in section 29th.

2nd. We propose that section 2nd be so altered as that the colleges of physicians and surgeons do not appoint any member to the council; that those who are members, *ex-officiis*, and by nomination of the crown, be nine in number; that all registered physicians, surgeons, and licentiates in medicine and surgery, be constituted electors for appointing the other nine members; that the electors in Scotland appoint two, those in Ireland three, and those in England four; and that the nine members thus appointed be physicians or surgeons, or licentiates in medicine and surgery, according as the electors shall think proper. And,

3rd. We propose that there be added a section to this effect—that all existing unincorporated practitioners be constituted into a new corporate body, under some such designation as "The Imperial Medical College," that, after the passing of the Bill, all registered persons, not associates or fellows of the existing colleges, nor professors in the Universities, become members of this new college in virtue of their registration; that its offices and laws be in accordance with the free nature of its constitution, as well as with the general regulations of the council; that all its members be co-equally electors for, and co-equally eligible to, its offices; that its members be recognisable as legal teachers of the medical sciences; and that, whether the licensing powers of the Apothecaries' Company be, or be not transferred to it, it be a licensing body on a par with the licensing bodies mentioned in the Bill.

And now to conclude: should the first amendment be adopted, but not the two last, the Bill will be improved; but, as unincorporated practitioners, we shall be so little benefited by it that we shall be under the obligation of continuing to advocate and urge medical reform; should the second be also adopted, but not the third, the same obligation will lie upon us, although the constitution of the council would be exceedingly liberalized. But should the third be also adopted, medical reform would substantially be carried. And our conviction of this is the reason why we have said that the Bill, viewed as a code of rules for the incorporated bodies, is quite compatible with medical reform.

Glasgow, September 27th, 1844.

WESTMINSTER MEDICAL SOCIETY.

Saturday, November 2, 1844.

DR. REID, PRESIDENT.

NEW APPARATUS FOR FRACTURE OF THE CLAVICLE.

Mr. Hancock exhibited a new apparatus for fracture of the clavicle. After enumerating the various modes now in use for the treatment of this accident, and observing in what particular they appeared to be deficient, he thus described his own invention:

The apparatus, which consists of two rings for the shoulders, connected by a strap and buckle, is to extend and draw back the shoulders, and serve as pads for the axilla. This differed from Mr. Abernethy's, in the rings not being entire circles of padding, the padding being only sufficient to extend from the top and back of the shoulder to the posterior border of the axilla, the circle being completed by strong webbing. He thought this an improvement, as the projecting pads made it uncomfortable for the patient when he lay in bed, upon his back, and moreover, in this position, opposed our endeavours, by pressing the injured shoulder forwards. The rest of the apparatus consisted of a sleeve long enough to extend from a couple of inches below the margins of the axilla to three inches beyond the fingers. To the digital extremity, which was closed, was attached a piece of webbing, or common bandage, three yards long, and from two inches and a half to three inches wide, and to the outer and back margin of the humeral extremity was attached a second piece of webbing, of the same width as the former, and from three-quarters of a yard to a yard in length. In the back of the sleeve, at five or six inches from the humeral extremity, is a hole to allow the point of the patient's elbow to project through: this should be bound on the outer surface, to prevent the binding irritating and pressing on the skin. This completed the apparatus, which was well adapted for injuries about the shoulder-joint, whether fracture of the clavicle or of the coracoid, acromion, or cervix scapulæ. For fractures of the clavicle he proposed to apply it in the following manner:—The patient's shoulders being drawn back by the rings and strap, his injured arm was to be placed in the sleeve, with his elbow projecting through the hole,

and his hand drawn up, and placed with the palm on the opposite shoulder, or coracoid process. The digital bandage was then to be carried obliquely downwards, across the back, round the outside of the injured elbow—binding the latter firmly to the thorax—under the sound axilla, again round the back, and over the injured arm, until the bandage is ended. This being done, the elbow was to be supported and raised by the humeral strap, carried obliquely upwards, across the back, over the sound shoulder, and fixed firmly to the sleeve and digital bandage in front. For fractures of the cervix scapulæ a different pad was required; it should be wedge-shaped, and extend from the axilla to the elbow, and, supported by two pieces of tape, carried round the opposite side of the neck; the thin edge of the pad was to be placed in the axilla, and the sleeve applied, with the patient's elbow bent at right angles, and his arm carried horizontally across the front of his body, with his thumb directed upwards. The digital bandage was then carried obliquely upwards, across the back, over the injured shoulder, then obliquely downwards, across the front of the chest, under the sound axilla; then across the back, under the elbow of the injured side, and obliquely upwards, across the chest, and over the sound shoulder, to fasten behind. The elbow was then to be supported by the humeral strap, carried upwards, over the sound shoulder, to fasten in front of the body.

He was now employing this apparatus in a case of fractured clavicle, and he found it to answer extremely well. It appeared to him to have the advantage over some of the others he had mentioned, in its simplicity, and the facility with which it could at all times be made at a moment's notice; any one who could sew could make it, as nothing was required but a piece of linen or old sheeting, or, if it could be obtained, a piece of bed ticking. It would therefore, he trusted, prove serviceable to the profession at large, and to those surgeons especially who, being located in remote country places, or whose practices lying among the poorer classes of society, were unable, or unwilling, to avail themselves of the more complicated and expensive inventions.

The apparatus was applied, and appeared to give satisfaction to most of the members present, several of whom spoke in high terms of its simplicity and completeness. Mr. Hancock stated, that he had given his invention to Mr. Simpson, of the Strand, who would be happy, he did not doubt, to shew it to any surgeon who might wish to examine it.

Mr. Burford Norman admitted the value of Mr. Hancock's apparatus, inasmuch as it seemed to answer all the indications required, but did not see that such an one was really wanted. He had often wondered why eminent surgeons, such as Mr. Abernethy and Mr. Earle, were puzzling themselves so much to invent new means of treating this fracture. Perhaps this might arise from his (Mr. Norman's) limited experience. But, so far as that had gone, he considered that a much more simple and more accessible apparatus, answering at the same time all the required indications, was in the hands of all surgeons, and in daily use. He had treated many cases of fractured clavicle by it, and, he believed, with complete success. It consisted of a roller or two, an axillary pad—which, in lieu of a regular one, might be made of a pair of stockings, folded up,—and a half-handkerchief. The forearm was to be encased in a roller, and being bent at an acute angle on the arm, the roller was to be continued up to the border of the axilla, and there secured by a pin; the pad, being folded in the half-handkerchief, was to be placed in the axilla of the injured side, and secured over the opposite shoulder by the ends of the handkerchief. The head of the roller being again freed, it was to be carried successively round the bandaged arm and forearm lying on the chest, (the hand nearly reaching the sound clavicle,) and thus fixing them; and further to be carried also under the elbow, and over the shoulder of the uninjured side. To prevent the apparatus from slipping, it might be painted over with starch. This apparatus permitted, in an equal degree with any other, the inspection, by the surgeon, of the site of fracture, as it left it quite uncovered.

FISTULA IN ANO.

Mr. Hird mentioned the following pathological fact, to shew that a statement made by Sir B. Brodie, in some lately-published lectures, was not correct. He (Mr. H.) had a short time since attended a gentleman, twenty-four years of age, who had died of phthisis. He suffered also from a fistula, which opened on one side of the anus. An abscess had formed in this neighbourhood, two or three months previously; this had been opened and the matter evacuated. On the most careful and minute examination after death, no internal orifice to the fistula could be found, neither were the parietes of the bowels unusually attenuated. Now this single fact completely disproved the assertion of Sir B. Brodie, that an internal opening always existed, and might be found if the examination were carefully conducted, or if necessary, repeated.

Mr. Hancock considered the statement put forward in so unqualified a manner by Sir B. Brodie was likely to be injurious, as it might lead, in some cases, to repeated examinations, which would produce irritation and mischief, and then, of course, fail in finding that which did not exist. He was quite convinced that he had seen cases of fistula in which there was no internal opening.

Mr. Burford Norman thought the pathological fact mentioned by Mr. Hird one of great interest at the present time, when the minds of surgeons were much astounded at the positive declaration of Sir B. Brodie on this subject. One fact, such as that now related, was worth a thousand theories, coming even from ever so high an authority. It amounted to a demonstration, and thus confirmed a doctrine equally supported by reason and analogy. In other parts of the body—as the axilla, for instance—abscesses formed, opened of themselves, and gave rise to sinuses; they were the same in nature with fistulæ about the anus: why should not a similar event take place in the perineal fossæ? Again, in some of these fistulæ, in which a cure was sought by the use of stimulating injections, the injected fluid never found its way into the rectum, and the purulent discharge from them was as free from discoloration, or fæcal fœtor, as that from a sinus in the groin or axilla. These were reasons that would induce him (Mr. N.) to doubt the truth of the dogma enunciated by Sir B. Brodie.

Saturday, November 9, 1844.

MR. SNOW IN THE CHAIR.

Mr. Dunn related the following

CASE OF EFFUSION INTO THE VENTRICLES, AND OF PURULENT DEPOSIT IN THE SUBSTANCE OF THE BRAIN OF A CHILD.

The patient was a little boy, nearly four years old, one of a family of nine children, of whom five are now dead, and all died under the age of seven years. They appear to have been of a strumous diathesis; all to have sunk under effusion of the brain; and some of them to have been afflicted with abscesses in different parts of the body for some time before their death. They were all born healthy and fine children, and continued to do well until the period of dentition. The first three are now living, and seem to have outgrown their early weakness; still the eldest son, now seventeen years of age, has only the appearance of a youth about twelve years old. He did not walk alone until he was six years old, and for some time had to wear irons, on account of the weakness of the osseous system. The parents have not the appearance of being unhealthy. The father, though not a strong man, has enjoyed uniformly good health. They were married early, the mother being only sixteen or seventeen years of age, and she is now a good deal broken down from child-bearing, and domestic cares and duties. He (Mr. Dunn) attended the mother in her accouchement of this little boy, who died about ten days ago. He was born a fine, strong child, and continued to thrive until two years old, when he had an attack of measles. At the invasion of the attack, he was remarkably well; and although the measles proved of a mild form, and he went favourably through the disease, without any inflammatory complications, they were followed by a cachectic state of the constitution. From that time, the child became stunted in his growth, and he was never again so healthy and strong as he previously had been. He was, in consequence, sent into the country for a month or two, and was brought to him, (Mr. D.,) on his return, with pustules of porrigo in different parts of the body, and a good deal of constitutional disturbance. The porrigo proved very troublesome, and it was months before it entirely disappeared. In the early part of the present year, he was sent to school, but he could not bear the bustle and noise of the other children, and complained so much of the pain in his head, that the school was soon given up. In August, he sickened for small pox: the attack was preceded by so much nervous excitement and pain in the head, that three or four leeches were applied to the temples before the eruption appeared. He had not been vaccinated, in consequence of a prejudice in the minds of the parents to cow pox; but it proved a very mild form of the disease, and he suffered little. At the beginning of the last (October) month, when he appeared to be quite convalescent, he was suddenly seized with a diffused swelling of the right knee and thigh, which subsided, after a few days, into a circumscribed tumour just above the knee-joint, on the outer part of the thigh, and which, in despite of fomentations, leeches, and poultices, gradually appeared to progress to suppuration and the formation of abscess. Fluctuation could be distinctly felt to the touch. The child, up to this time, had suffered little from fever or constitutional disturbance, and his appetite was excellent. At this time, he was suddenly seized with drowsiness, pain in the head, sickness of stomach, with entire loss of appetite. Great prostration of

strength followed; the pulse became quick, but very feeble; frequent rigors; and a constant sense of chilliness upon the surface of the body—asking for more clothes, and to be well covered up: there was great intolerance of light and noise. He continued in this state for about ten days, when decided symptoms of effusion supervened, and he gradually sunk. Before death, the tumour on the thigh had nearly altogether disappeared.

On opening the head—the only part of the body examined—five or six ounces of serous fluid escaped from the left lateral ventricle. The substance of the brain was soft and flabby, and on the posterior lobe of the left side, beyond the boundary of the ventricle, when it was laid open, there was a patch of ramollissement, resembling scrofulous degeneration of the cerebral substance. In the opposite ventricle, the thalamus opticus appeared larger than the other, and on making an incision into its substance, a small cavity was observed in the central part, about the size of a large pea, and filled with pus. The same thing was met with in one of the lateral lobes of the cerebellum, and there was found purulent deposit on the floor of the third ventricle.

The author thought that the important point for consideration was, whether the purulent deposit in the brain had any connexion with the absorption of matter from the abscess on the thigh.

A discussion of some length followed the narration of the case. It seemed to be the general opinion of members, that the condition of the brain was altogether independent of the femoral abscess, and that it had its origin in sub-acute inflammation.

MEDICAL SOCIETY OF LONDON.

Monday, November 4, 1844.

DR. THEOPHILUS THOMPSON, PRESIDENT.

DR. ALFRED B. GARROD read a paper

ON THE EXISTENCE OF HIPPURIC ACID IN THE URINE IN HEALTH AND DISEASE.

It had been, for some time, supposed that benzoic acid, or some acid very similar to it, existed in the urine of herbivorous animals. Prout observed, also, that human urine gave evidence of the existence of these compounds, but as organic chemistry was then but little advanced, the exact nature of that acid could not be readily determined, and the subject consequently excited but little attention. Liebig afterwards proved that the acid contained in the urine of herbivorous animals was different from benzoic acid, although it belonged to the same series of compounds, and he called it hippuric acid, this acid, during the putrefaction of urine, becoming converted into benzoic acid. So early as 1831, Professor Wöhler had suspected that hippuric could be formed by the digestion of benzoic acid—an opinion founded on some experiments which he had made on a dog. More recently, Mr. Alexander Ure found that the same acid was formed in the human subject when benzoic acid was taken internally. His statement appeared first in the "Medico-Chirurgical Transactions" of 1841. In that paper he also states that the benzoic acid, in becoming converted into hippuric acid, destroys the uric or lithic acid which is naturally contained in human urine, and the conclusion he draws is, that the administration of benzoic acid, or any of its salts, will prevent the formation of deposits of urates which form the so-called tophaceous concretions, or gout stones, for in gout there seems to be always a great increase in the formation of uric acid in the system. Soon after the appearance of Mr. Ure's paper, Dr. Garrod tried several experiments on the changes which benzoic acid undergoes when taken internally, which experiments in part confirmed, and in part disproved, Mr. Ure's statements. The result of the experiments was read before the Chemical Society, in January, 1842, and they were published in the "Memoirs of the Chemical Society," part 2; but these Memoirs circulating only amongst the members of the society, accounts for the disproval of some of Mr. Ure's statements not being generally known amongst medical men. Dr. Garrod found that the benzoic acid was always converted into hippuric acid, so far confirming Mr. Ure's experiments, but he found that the uric or lithic acid was not destroyed, but that it appeared in the urine, in the same proportion that it does when no benzoic acid has been taken. In detailing the properties of hippuric acid, Mr. Ure mentions that of its giving a red colour when heated with nitric acid: now this is not one of the characters of hippuric acid when pure, but the colour is owing to the presence of uric acid, mixed with the hippuric acid, and thus Mr. Ure himself disproves his own statement.

EFFECT OF BENZOIC ACID ON THE URINE.

If a scruple or half a drachm of benzoic acid is taken, and the urine examined which is passed three or four hours afterwards, it is found to possess the following properties—viz., unusually acid, reddening litmus powerfully; if the urine is smaller in quantity, then the addition of about $\frac{1}{12}$th of its weight of hydrochloric acid, will cause, after a short time, the formation of beautiful crystals of hippuric acid in the liquid, and after a little time these long crystals become studded with minute granules, which are crystals of uric acid deposited on the long crystals of hippuric acid. If the urine passed shortly after the digestion of the benzoic acid is large in quantity, then the fluid will generally require to be concentrated by evaporation before the addition of the hydrochloric acid. If alcohol be added to these crystals, we find that a small portion—viz., the minute crystals which studded the large ones—remains undissolved; this portion consists of uric acid, which is insoluble in alcohol. Hippuric acid has for its composition, $C_{18}\ H_8\ N_1\ O_5$; it occurs in long four-sided crystals, with dihedral summits, soluble in about 400 times its weight of water, very soluble in alcohol, slightly so in ether; when heated, it evolves the odour of the Tonquin bean, and gives off nitrogen in form of ammonia, and carbon remains behind. Now, as it has been proved that benzoic acid, when taken into the system, does not either unite with the uric acid, or destroy that body, and as it has been proved that it is converted into hippuric acid, how is the change effected? It occurred to Dr. Garrod, that as lactate of urea was stated to be contained in the urine, by Cass and Henry, this conversion might arise from the benzoic acid uniting with that compound; and on comparing the formula for lactate of urea with that which was required to be added to benzoic acid, to form hippuric acid, he found that two atoms of benzoic acid, with the addition of the elements of one atom of lactate of urea, gave the formula for two atoms of hippuric acid. About six months after the publication of Dr. Garrod's paper, Professor Liebig's work on the Chemical Physiology of Animals appeared, and Liebig there has given the same formula, to explain the conversion, as Dr. Garrod had given before. Keller, also, has since again disproved Mr. Ure's statement of the uric acid being destroyed by the benzoic acid, for he also has found uric acid in the same quantities in urine containing hippuric acid.

Recently, Pelause has repeated the experiments of Cass and Henry on the existence of lactate of urea in urine, and has found that no such body can be isolated; and Liebig, more recently, has disproved the existence of lactic acid in healthy urine, but that will not influence the correctness of Dr. Garrod's original statement, for he there said that it united with the elements of lactate of urea. Now, as starch, destrine, and sugar, have similar composition to lactic acid, and as these substances are taken into the system, probably in the state of destrine or lactic acid, and must exist as such for a short time in the blood, and as urea also exists in that fluid in traces, and is formed in the blood, and not by the kidneys, so the benzoic acid entering the blood meets with the elements required, and forms hippuric acid, which is excreted by the kidneys. Mr. Ure has objected to Dr. Garrod's hypothesis, because cinnamic acid is also converted into hippuric acid; but if we look at the constitution of cinnamic acid, we find that it belongs to the benzoyle series, and that when it comes into contact with oxidising bodies it becomes converted into these: it is easy to explain how it is converted into hippuric acid, passing first into the state of benzoic acid.

CASE IN WHICH LARGE QUANTITIES OF HIPPURIC ACID WERE FOUND IN THE URINE.

About two years since, when examining the urine of a man for the purpose of estimating the proportion of uric acid contained in it, having added hydrochloric acid in small quantity, and allowed it to stand to deposit the uric acid, Dr. Garrod found the tube filled with crystals of hippuric acid, and on these large crystals, smaller ones, composed of uric acid, were deposited; for several days he found as much as half a drachm of hippuric acid in about six ounces of urine. Afterwards it gradually disappeared; requiring considerable evaporation before crystals were deposited, and then at last it totally disappeared, at least to the ordinary tests of that acid. During the time the hippuric acid was voided, the patient complained of pain in the loins, and the symptoms of atonic dyspepsia, with flabby, white, furred tongue, &c., and had previously suffered from voiding excess of urea, and deposition of triple phosphate of magnesia and ammonia in the urine, for which he had been taking small doses of the hydrochlorate of morphia; and it was during the administration of that medicine that the hippuric acid existed in such large quantities in the urine. This case Dr. Garrod believes is the only case recorded in which hippuric acid existed in human urine in any quantity. It has been suspected to occur in some cases, as in diabetes, but it was before the nature of hippuric acid was understood; and Dr. Prout suggests that in such cases it might have

been lactate of urea, which was supposed to be hippuric acid. The uric acid in this case was found in the urine in quantities quite as great as in healthy urine, thus confirming his original statement, that the two acids existed independent of each other, and that the one was not formed at the expense of the other. In his experiments he always noticed a deficiency of the urea in the urine when benzoic acid had been taken; this should be the case if his supposition of the benzoic acid uniting with the elements of starch, or lactic acid and urea, be correct.

In a communication on the constitution of the urine in man and carnivorous animals, published in THE LANCET in June last, Professor Liebig has shewn that hippuric acid always exists in the healthy human urine.

Hippuric acid is found in the urine of all herbivorous animals, as the elephant, horse, ox, sheep, goat, beaver, &c.; in these animals it exists in considerable quantities. In the carnivorous animals, he (Dr. Garrod) was not acquainted with any experiments proving its existence. In man it exists naturally in very small quantities in the urine, but occasionally, as in the case that he had given above, in very large quantities.

The practical deductions, with regard to the administration of benzoic acid, to be drawn from the preceding facts, are these:—Benzoic acid is of no service when given with the same purpose for which it was originally proposed—viz., for preventing the formation of gout stones, or tophaceous deposits, for these consist of urates of soda as their chief constituent; and as benzoic acid has no influence in preventing the formation of this acid, or in destroying it when formed, it cannot prevent these deposits. The same may be said with regard to its use in cases of uric acid diathesis, where calculi of this substance were apt to be formed. He had repeatedly tried the effect of this acid in such cases, but without the slightest benefit: it is very likely to produce a deposition of uric acid by rendering the urine very acid, and thus causing the uric acid to be set free, and rendered less soluble. The property that benzoic acid has of causing the urine to become more acid, seems to be one of its most useful qualities. It causes the urine to become slightly irritating, and when given in cases where there is a deposition of a granular kind of mucus mixed with the phosphates, it is often very efficacious.

EFFECTS OF BENZOIC ACID IN URINARY DISEASES.

Dr. GOLDING BIRD said, that he had long ago ascertained that the idea of benzoic acid being a chemical remedy for gout, by converting uric into hippuric acid, was quite a mistake; and the experience of Drs. Addison and Barlow had fully confirmed him in this opinion. Benzoic acid, by combining with the azotised and effete elements of the blood, and forming hippuric acid in the urine, might be of benefit in some forms of uric acid deposits. It was utterly valueless as a remedy in phosphatic deposits; it was often of service in cases of catarrh of the bladder, but not from any chemical influence it exerted, its action being purely physiological. It had been long known to have a powerful influence on the skin and mucous membranes. With respect to the case related by Dr. Garrod, in which the urine was remarkably full of hippuric acid, he (Dr. Bird) had heard of no similar case, and only one in which it existed in any quantity from the mere ingesta of vegetable food; this case was related to him by Professor Liebig himself. The patient was an hysterical girl, and ate a large quantity of apples: the urine was alkaline, and contained hippuric acid. He had confirmed, by experiment, a statement lately made by Liebig, that lactic acid was not to be detected in urine; that which had been mistaken for lactic acid, had as yet received no name, but was a highly azotized carbonized material.

Mr. HEADLAND remarked, that we should pause before we determined so decidedly that benzoic acid was not of service in cases of urinary disease. The phosphatic diathesis, it must be remembered, was often dependent on constitutional causes, and was not likely to be benefited by remedies applied to the urine direct, but rather to some remote cause, as disorder of stomach, &c. Benzoic acid might, by restoring the system to its healthy standard, diminish, if it did not completely remove, the phosphatic diathesis.

Mr. HIRD had employed benzoic acid in cases of gout concretions without any effect whatever. In cases of catarrh of the bladder this remedy was far inferior to buchu.

Dr. G. O. REES could, perhaps, explain why benzoic acid relieved some cases of phosphatic diathesis, and failed to relieve others. This diathesis was of two distinct and different kinds; in one the phosphate was produced by the bladder itself, in the other it had its origin in the system. Cases presented themselves to us, in which the urine was alkaline, full of mucus and the phosphates; we administered acids, and we found them of no benefit, the urine still continued alkaline. If we gave our patients liquor potassæ and tincture of henbane, the phosphates would decrease in quantity, but the urine would be still alkaline. Presently, we leave off the medicine, and the urine becomes acid and healthy in composition. Now, the bladder in these cases poured forth something containing a large quantity of ammonia. This kind of case depended on a disordered condition of the bladder itself. Dr. Prout had spoken of these cases. In the more common cases of phosphatic deposit, acids were of service.

Dr. RISDON BENNETT had found the remarks of Dr. Rees to be borne out by his own experience, and that acids were not always applicable to cases of alkaline urine.

Dr. GOLDING BIRD thought there was an easy mode of diagnosticating between the two causes of phosphatic deposits in the urine, as mentioned by Dr. Rees. Thus he had found, that where the presence of deposits of phosphates is independent of the irritation of a calculus, or of organic disease, it is most abundant in the urine passed in the evening, (urine of digestion,) and absent or replaced by uric acid, or urates, in the morning urine, (urine of the blood,) the urine being always of tolerably natural colour, never below, and often above, the mean density. Where the presence of phosphatic salt depends on the irritation of a calculus, or of organic mischief in the urinary passages, the urine is pale and whey-like, of a density below the average, often considerably so, and the earthy deposit is nearly equally abundant in the night and morning urine.

Dr. REES remarked that this mode of diagnosis was not of avail in the cases he had alluded to, for in those the specific gravity of the urine was *not* low. He knew of no mode of forming an opinion of the true nature of these cases, except by observing the effects of remedies.

Mr. DENDY made some remarks on the necessity of attending to the condition of the chloporetic viscera in cases of urinary disease.

Monday, Nov. 11, 1844.

SIR JAMES GRAHAM'S BILL.

The society was occupied this evening, it being a general meeting, with discussing those clauses of Sir James Graham's intended bill, which had reference to the constitution of the Council of Health, and the withdrawal of all protection from the qualified practitioner of medicine. It was the general opinion that these points of the intended bill were highly objectionable, and calculated not only to injure most deeply the public, but to destroy the character of the profession, and altogether to subvert the provisions contained in the preamble of the bill. It was ultimately determined that a deputation should be appointed to wait upon Sir James Graham, to explain to that gentleman the views of the society.

HOSPITAL REPORTS.

LONDON HOSPITAL.

TWO CASES OF SEVERE FRACTURE OF THE CRANIUM, WITH DEPRESSION, TREATED WITHOUT OPERATION.

EXTENSIVE DEPRESSED FRACTURE OF THE CRANIUM.

CASE 1. T. D——, aged thirty, labourer, was admitted into the London Hospital, under the care of Mr. Luke, having met with the following accident:—On May 16th, he was standing in the hold of a ship, when a large stone, weighing twenty-seven pounds, fell from the deck, a height of sixteen feet, directly upon his head, and stunned him; he was brought to the hospital in the course of an hour. Upon examination of the head, there was found to be an obvious depression of the cranium, apparently to the extent of a crown-piece, the surrounding part of the scalp, and that opposite the fracture, being very much contused. The depression corresponded to the right parietal bone, near its junction with its fellow and the occipital bone. It did not appear at all probable at the time that it could be a case of effused blood simulating a fracture, which is known to all experienced surgeons not unfrequently to occur; for, in this instance, so marked was the depression, that when a finger was placed upon it, and another upon the corresponding point on the other side of the head, the alteration in the level was evident to the eye; it was also to be taken into account that the appearance of depression was found immediately after the accident, and not, as in many of the fictitious cases, a few days after, when the blood had become hardened, or fibrin effused in the surrounding part, and giving the impression to the finger of an edge of bone; the conclusion thus arrived at was, as will be seen, justified by the result of the case, in the edge not disappearing as the blood effused was absorbed, but becoming more distinct.

The patient appeared, when brought to the hospital, to be just recovering from a rather severe concussion: he was sensible when spoken to, but somewhat confused. Neither voluntary movement nor sensation generally was destroyed; the iris acted freely upon the stimulus of light, and the patient vomited several times. There was hæmorrhage from the right ear; he complained of pain in the head, and had no recollection of the accident occurring. As there were no symptoms of compression, it was resolved to perform no operation on the bone; some purgative medicine was prescribed, regular doses of calomel to be at once commenced, the head to be shaved, and cold to be applied. On the 17th, he was pretty well, but complained of pain in his head, and of sickness. On the 18th, however, he was much worse, and the symptoms appeared likely to become such as to call imperatively for the use of the trephine; he experienced great pain in the head; did not sleep, but was continually drowsy, and lay with his eyes shut; the pupils were slightly dilated; he appeared to be rather deaf, and answered questions very slowly; but the chief symptom existed in the fact that the pulse, which had previously been normal, and beating about seventy strokes per minute, had sunk to fifty, and become very feeble. Leeches having been applied, and the purgative repeated, it was resolved to bleed him. At the termination of the bleeding, the pulse beat rather more rapidly, but fell back, in a short time, to the fifty strokes; the pain, however, was much relieved.

The next day the patient was much better, and improved from this time; the mercury, in a short time, produced ptyalism, with great relief to the symptoms, and the pulse gradually became normal. When the blood had become entirely absorbed, the edge of the fracture could be traced in its whole extent, and shewed the depression to be greater than it at first appeared, the diameter of the circular depression measuring three inches. The patient left the hospital quite well on the 30th of July, with the intention of remaining quiet in the country for a time, until he might safely return to his work.

The patient was kept upon a milk diet for a long period.

DEPRESSED COMPOUND FRACTURE OF THE CRANIUM.

CASE 2. J. H——, aged nine, was flying a kite at a back window, when he pitched out, and fell on his head; the window was twenty-five feet from the ground. The accident occurred on the 5th of June, and the patient was almost immediately brought to the London Hospital, and admitted under the care of Mr. Luke. There was a crescentic wound, two inches in extent, over the frontal bone, its convexity looking downward towards the face, and the most depending part being two inches from the root of the nose; the integument above was indented in a circular form, the size of a crown-piece. The bone was fractured, and depressed in the following manner:—As far as was apparent, there was a ridge of undepressed bone, extending across from one side to the other, for more than an inch in extent, and seen through the wounded integument; the bone was tolerably thick; both tables were broken through, and the fracture was evidently higher than the frontal sinuses; above the ridge, the bone was depressed to the extent of the size of a half-crown piece, the part contiguous to the fracture having its outer table forced lower than the inner table of the undepressed portion, the remaining part gradually inclining up to its proper level. There was no protrusion of brain, nor was there any hæmorrhage beyond a few drachms of blood. The boy was perfectly sensible, and had no paralysis, did not vomit, nor, in fact, were there any symptoms either of compression or concussion when admitted; if any concussion had occurred, which is most probable, he had recovered at once from its effects. He complained, however, of pain in the head. Besides the fracture of the skull, two ribs and the lower end of the right radius and ulna were fractured. The wound of the scalp was closed by means of suture and plaster, the other fractures being treated in the usual manner: some purgative medicine was given at once, and calomel commenced in successive doses. The wound was dressed on the fourth day, when the greater part had united; a slight blush of erysipelas extended between the eyes, but soon subsided; the wound closed entirely in a short period, and the calomel was carried merely to the slightest effect. The boy recovered, without one unfavourable symptom, and left the hospital on July 11th.

The diet was rigorously attended to, and merely milk and bread allowed.

Remarks.—Both cases are interesting, from the extent to which they bear out the principles of modern surgery, in its rules with regard to the trephine, or even the elevator. In both cases, the fracture was such as not to leave a doubt that an amount of pressure must have been exerted on the brain: in the first, from the extent of the depression; and in the second, though not so extensive, yet from the mode in which the depressed bone was driven in upon the encephalon. As there were no symptoms of compression following the reception of the injury, and the patients recovered without any unpleasant consequences, we may justly infer that the use of the trephine, or any attempt, however mild it may be thought, to interfere with the bone, would not have accomplished any good purpose, and might, perhaps, by inflicting additional injury, have led to unfavourable results. The occurrence of the symptoms, on the second day, in the first case, which seemed to indicate that some cause of more severe compression was arising, is also interesting, inasmuch as they were checked by antiphlogistic measures, without having recourse to the more severe treatment. Certainly, from the experience which has been obtained in this kind of cases, abstinence from all excitement by food or drink for a considerable period after the return of the patient, to all appearance, to sound health, is most important; the first case fully exemplified this doctrine, for, on the patient indulging in an extra amount of diet, he had an attack of severe pain in the head, which was speedily relieved by resuming a more moderate plan.

THE INCORPORATION OF GENERAL PRACTITIONERS ABSOLUTELY NECESSARY.

THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, AND SIR J. GRAHAM'S BILL.

(LETTER FROM DR. WEBSTER.)

To the Editor of THE LANCET.

SIR,—I have been anxious to address a few remarks to my fellow-reformers—now, I am rejoiced to think, a most numerous class—on Sir J. Graham's bill, and to draw their attention to the conviction which occurring events have forced upon my mind that nothing will now save the general practitioners from absolute ruin and degradation but their incorporation into a College of Medicine and Surgery. The idea of a faculty of medicine to comprehend the whole profession, must, for the present at least, be given up. It is clear that the Government and the Colleges are determined to draw the line of distinction and separation between the general practitioner and pure surgeons and physicians more strongly than ever; instead of union, they will insist upon disunion and degradation. Well, if it must be so, let it be so. I exceedingly regret the spirit which has been evinced in high places towards the mass of the profession, and I have done all which I could do in my limited sphere to avert such an evil. It remains now only for the general practitioner to fight for his existence, and to look to his own interests. I cannot do more at present than to inclose the copy of a letter which I have felt it my duty, as a member of the Provincial Medical and Surgical Association, to address to the secretary previously to the meeting about to be held at Derby, and specially summoned to consider Sir J. Graham's bill. I sincerely hope it may have some little effect in preventing the meeting from greatly injuring instead of advancing the cause of medical reform. As the letter contains some of my views of Sir J. Graham's bill and the main remedy for our grievances, I am induced to beg a corner for it in THE LANCET, promising to aid my brother reformers, to the best of my abilities and energies, for the attainment of their just rights and privileges.

I remain, with best thanks for your exertions in the good cause,

Your obedient, faithful servant,

GEO. WEBSTER.

Dulwich, Nov. 12, 1844.

(COPY.)

To Dr. STREETEN, *M.D., Secretary of the Provincial Medical and Surgical Association, and Editor of their Journal.*

DEAR SIR,—I am much obliged to you for the circular copy of the "Resolutions intended to be submitted to the Meeting of the Provincial Medical and Surgical Association, to be holden at Derby on Thursday next." I deeply regret that I see no prospect of my being able to attend this meeting, which I consider to be more important than any former one, because fraught with more of weal or of woe to the future welfare and respectability of the great majority of the members of the association. I cannot, therefore, allow such a momentous occasion to pass without addressing a few words to my respected fellow-members, and I beg that you, as the organ of the association, will do me the favour either to insert this letter in this week's journal, or read it to the meeting, so that it may reach the eyes or ears of those who shall attend.

I have no wish unnecessarily to depreciate or disparage Sir James Graham's Bill; on the contrary, I have, in conjunction with my colleagues of the council of the British Medical Associa-

tion, carefully dissected the bill, and published resolutions, giving the Home Secretary the full benefit of all the *good* that could be found in it. I wish, from my heart, we could have given it our unqualified approbation, that these worse than unprofitable agitations and discussions, so foreign to the habits and pursuits of our profession, might have been for ever laid at rest. But on calmly considering the measure, the conviction was forced upon us, that its numerous evils, its glaring defects, and its partialities towards certain classes of the profession, *greatly overbalanced the good* which it contained.

It may fairly be asked, Why, then, try to modify and amend so defective and injurious a bill? Simply because all former attempts at medical legislation by individual members of parliament have failed; because the sanction and support of government are likely to ensure its success; and, moreover, that if the Government become disgusted by violent or unnecessary opposition, and the legislature annoyed by repeated fruitless attempts, many years may elapse before we gain even a moderate measure of reform. These considerations, I have no doubt, have operated in the production of the very *mild* and (I would say it without offence) *defective* resolutions which have been passed at some of the meetings. And this brings me to notice those about to be submitted to the meeting at Derby.

I confess that I have read the intended resolutions with no little regret and disappointment. I am quite aware that my views of medical reform may be more ardent than those of our excellent president at the central council, though in all important leading points we perfectly agree. I have ever respected the motives for the *very cautious*, not to say the sometimes *timid*, policy pursued by the reform committees and central council, because, doubtless, they thought it their duty to follow, rather than to lead, the cause of medical reform; but I was not prepared, at such a critical juncture, when the truth ought to be boldly and firmly declared, for resolutions so general as to lose their force; so undecided, as scarcely to point to a single remedy for our grievances; and, above all, so laudatory and eulogistic, as to deceive Sir James Graham into the belief that the 1600 members of the Provincial Medical and Surgical Association "approve of the general spirit and principles of the bill," with the single exception of the want of a clause to restrain unqualified practitioners.

But suppose that all the remedies sought for, or rather *indicated*, in these resolutions, and more boldly claimed by other associations and meetings, were fully granted, what would be the effects of the bill on the profession, but especially on the general practitioners? It must be evident to any one who has attentively considered the bill, and who has read the charter of the College of Surgeons, with the bye-laws enacted by the council, that the great object of all this medical legislation is to confer and secure certain exclusive privileges and hitherto unknown distinctions on a favoured class—viz., pure surgeons and physicians. They only are to govern; they only are to elect the governors; they only are to form the council of health; they only are to superintend the education of the whole profession; they only are to be teachers; they only are to be examiners; and they only are to fill all the medical offices to which importance, honours, and emoluments, are attached.

Now for the *boons* to be conferred on general practitioners, who form, in fact, (numerically, at least,) *the* profession, and to whom, in reality, is confided the health of the vast bulk of the community. He is henceforth to be constituted into a distinct and a degraded class; he is only a general practitioner, therefore his education and acquirements may easily be completed at twenty-one years of age; he is unworthy of a seat at the "Council of Health and Medical Education;" he is altogether unfit to be admitted into the Council of the College of Surgeons, nor can he be a Fellow unless he have been a dresser or house-surgeon to an hospital; he cannot be a teacher, far less can he be an examiner; he is not to have a title, for I presume he will be punished if he use one for which he is not registered, and "licentiate" would sound but oddly before his name; he will be debarred from all official emoluments, as well as honours, always excepting those of poor-law unions! But above all, as he will have no name, neither will he have a local habitation. He is to be governed, taught, and examined, by other bodies, but he is to belong to none; he is to have no representative, none to watch over his interests, to hear his grievances, and to redress them. The general practitioner, then, under Sir J. Graham's bill, with all the amendments generally prayed for, would be the same isolated, unsatisfied, unrepresented, and unreformed member of the profession which he now is; and I ask—Is he to remain contented with such a state? I trust not.

This naturally leads me to that which I consider as *the only remedy* to prevent the perpetration and the continuance of such evils, and in one word, that is—INCORPORATION. This is the point which, above all, I am most anxious to press upon my fellow-members of the Provincial Association, and my medical brethren in the three kingdoms. I firmly believe that nothing will save the general practitioners of this country from threatened degradation and ruin, but their union and incorporation into a distinct body, (which might be called the Royal College of Medicine and Surgery,) with power to elect a representative council, *and to appoint their own examiners*, such examiners to be selected from either college, or from their own body, according to their qualifications.

Till lately I have contended for the union of the *whole profession* into *one body* or faculty of medicine, and I still think this would be by far the best plan. After an active experience, however, of ten years, in medical reform affairs, I am most unwillingly *forced* to the conclusion, that with the feelings and actions of the Colleges, and especially the College of Surgeons, *such an union is, at present, impracticable.* I shall, therefore, use my best energies in assisting to promote the consolidation of the general practitioners into a body corporate, and I would at once urge all medical reformers to pass resolutions for such an object, and to pray for it in all their petitions to parliament. Of course, application for a royal charter must be made to the Crown in the usual official manner, and I am persuaded that no minister could with any propriety resist so just and reasonable a prayer. The metropolitan associations, I am convinced, will immediately act in the matter, some of them having already broached the subject, and I am persuaded that the Society of Apothecaries, from the tendency of their admirable "Address to the General Practitioners," which they have just published, would readily unite their efforts for so laudable and necessary an object. I know, also, that at least one large and influential association in Scotland would join us.

I cannot at present enter into details, even if it were prudent; these must be settled at a conference of members delegated by the numerous associations and meetings. I sincerely hope that this important matter will be duly considered and discussed at Derby—first, by the council, and then at the meeting; but should the council decline to act in it, I trust that some gentleman, when you read this letter at the meeting (for I fear it is too late for the journal) will propose a resolution on the subject; or, if it can be done consistently with form and the rules of the association, I would beg *you* to propose the following as my resolution, which I hope some friend to the cause will second:—

"Resolved,—That it would greatly tend to the welfare, respectability, and usefulness of general medical practitioners, to unite them into a separate college or body corporate, by royal charter, with powers to manage their own affairs upon the representative principle."

If thus once united, I should have no fears for the future conduct and safety of general practitioners, and I believe that nothing would facilitate more the further and more intimate connexion between them and the present colleges, than the legal equality and the possession of powers, rights, and privileges which a charter would confer upon them.

Much has been said of Sir James Graham's *good intentions* towards the profession. I willingly give him full credit for the very best intentions, and doubtless he is an honourable and consistent statesman and legislator, as his whole political and official conduct has shewn. But we have *facts* to deal with as well as good intentions, which are frequently frustrated. Sir James Graham has apparently been chiefly guided in the construction of his bill by those bodies against whose mal-administration he must have so frequently received complaints from the profession; he has not taken advice from the complainants when offered to him with all deference, sincerity, and respect; he has procured royal charters, with increased privileges and honours for the colleges complained against; he has given to those very colleges the power to continue, to increase, and to perpetuate the evils and injuries complained of; he would not even grant the modest and humble request of these complainants *merely to defer* the bestowal of powers so injurious, until parliament could hear both sides of the question, and judge of their merits; and, lastly, he has, with his one-sided advisers, concocted a measure which, if passed into a law, would most injuriously affect the public health, and would utterly ruin and degrade the great majority of the profession. I now leave my fellow members of the Provincial Association to judge whether the resolutions about to be submitted to them, which view with so much satisfaction the bill of Sir James Graham, and accord to him so cordial a vote of thanks for his medical labours, are exactly those of which they will heartily approve.

The bill of Sir James Graham, and the charter for general practitioners, may be considered and treated either separately or unitedly. The sentiments of the government, as to the bill, should be ascertained immediately, and if the necessary amend-

ments are refused *it must be petitioned against in toto*; but under any circumstances a charter must be prayed for, or we are lost. Believe me, dear Sir, yours faithfully,

GEO. WEBSTER, M.D.

Dulwich, Nov. 11, 1844.

"RESOLUTIONS

RELATIVE TO THE BILL FOR THE BETTER REGULATION OF MEDICAL PRACTICE, INTENDED TO BE SUBMITTED TO THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, AT A SPECIAL GENERAL MEETING, TO BE HOLDEN AT DERBY, ON THURSDAY, NOVEMBER 14, 1844.

1st. THAT the Association testify their satisfaction that the Bill for the better regulation of medical education and practice, so long expected, has at length been laid before the House of Commons, and that opportunity is afforded to the members of the medical profession for considering its provisions previous to its passing into a law.

2nd. That this satisfaction is much increased by observing that a uniform standard of education and qualification, and the right to practise by all qualified persons, without respect to local privileges—principles for the recognition of which the Association has, on various occasions, contended, and especially in petitions to the legislature, and memorials to her Majesty's government—are two of the great leading principles of the measure.

3rd. That these principles, if carried fully into effect, would confer a great benefit on the profession and the public, in the removal of many existing evils; and that, in thus providing the public with a supply of fully qualified medical practitioners, the Association are of opinion the Government is doing much towards the remedy of abuses of which, for a long time past, there has been great reason to complain.

4th. That the Association view with alarm and deep regret that part of the Bill which proposes to abolish all restriction in the practice of medicine by unqualified and unlicensed persons; and that although there may be some reason to doubt the practicability of altogether preventing unlicensed practice by general enactment, the Association are of opinion that the illegality of such practice should be unequivocally declared, and some simple and effective means of restraint be adopted.

5th. That while the Association approve, with this exception, of the general spirit and principles of the Bill, they feel that in various details it may be desirable to introduce certain changes and modifications, which would improve the general efficacy of the measure, and tend materially to facilitate its practical application.

6th. That among these a fuller recognition of the representative principle in the formation of the governing body, as heretofore contended for on various occasions by this Association, is much to be desired; and that, while the Association is sensible of the advantages which the profession will derive from a direct connexion with the Government, they cannot but consider the proposed constitution of the "Council of Health" as deficient, in affording no express representation, either of the physicians and surgeons resident in the provinces, or of the great body of licentiates of medicine throughout the country.

7th. That the best thanks of the Association be conveyed to the Right Hon. Sir James Graham, Bart., for the trouble and attention which he has bestowed in the preparation of this Bill, accompanied by a copy of the foregoing resolutions, and an expression of the hope entertained by the Association, that the measure may be, at an early period of the ensuing session of parliament, brought under the consideration of the legislature, and, with such amendments as shall be necessary to render it acceptable to the great body of the profession, and beneficial to the public, finally passed into a law.

ROBERT J. N. STREETEN, Secretary."

THE LAUDATIONS OF SIR JAMES GRAHAM.

To the Editor of THE LANCET.

SIR,—In the last LANCET you have asked who are the Doctor RILEY and the Doctor DILLON, who dared to move a vote of thanks to Sir James Graham as an acknowledgment of his atrocious Bill? I shall furnish you with some account of the meeting at another time. I snatch a moment now, to tell you what I have this instant learned; you and the profession ought to know it instantly. I have just been informed, on undoubted authority, that the resolutions which were moved here, at Bristol, and at other places, in favour of the Bill, came from Hastings, of Worcester, and that they were signed by Streeten, the secretary, and editor of the Journal. My friend also told me that he had been informed, by one in the secret, that resolutions, at the same time, ready printed, were to be sent to Derby, for the meeting to-morrow.

As my friend remarked, "Is not this most d——e?" What is to become of us if we are in such hands? You have justly said that we are betrayed.

If the general practitioners do not combine among themselves, we shall, as you say, all be sacrificed. When a physician or surgeon, coming from Edinburgh or Dublin, has a free lodging in the first floor of every chemist and druggist, and there acts as his assistant, or per centage partner, then, I suppose, the general practitioners will open their eyes, and will be enabled to see the ruin that stares them in the face.

What you have written for the last three weeks against the Bill should be reprinted in letters of gold. Your leading article, containing the trials, with Mr. Sharpset, has been, beyond all description, the best thing yet put forth. If the account I have given you should prove true about the resolutions, what will the profession think of Drs. Hastings and Streeten? Their journal ought to be torn in pieces, and thrown in their faces, or stamped in the mud. They blow up the Bill in their periodical, and then send "resolutions," thanking Sir James Graham for bringing it in. All I can say is, that if the profession countenance such men, they deserve the ruin that will fall upon them.

Excuse this haste. Pray caution the members of the Association this week. I remain, Sir, your very obedient servant,

A GENERAL PRACTITIONER.

Bath, November 13, 1844.

THE STUDY OF MEDICINE IN THE SCHOOLS AND HOSPITALS OF PRUSSIA.

To the Editor of THE LANCET.

"Sine ira et studio."

SIR,—Induced by your notice of my letter in No. 26 of THE LANCET, page 771, I will no longer hesitate to make a few remarks on the articles concerning the organization of the medical profession in Germany, in the former numbers of your valuable journal, to prove my assertion, that the report of Dr. Hoefer, upon which the articles in question are founded, contains erroneous statements with regard to Prussia, "notwithstanding the importance which has been attached to this report in France."

Omitting, as leading too far, all that is said "on the public medical functionaries" in Prussia, and "military hierarchy," I will confine myself to a few remarks on what is stated respecting the character of the medical students in that country, on the opportunities offered to them of acquiring practical information by the medical faculty of Berlin, and of the examination for the degree. Thus, among others, we read at page 420 of THE LANCET, "That during the first two or three years of their university residence, they (the students) do little or nothing, devoting their time to amusements and idleness." "Out of a hundred pupils," says Dr. Hoefer, "there are not five who seriously employ the entire period allotted to study."

Now it is evident that it was quite impossible for Dr. Hoefer, whose journey through the whole of the German empire lasted only four months, to obtain the matter to such a statement by his own experience; and not less improbable is it that he has learned it by the best judges on this point—that is, from the mouth of the professors and teachers, as none of them would blame in such a manner their pupils and "commilitones carissimos" in the eyes of an agent of a foreign government. But let us consider only two points: First, it is a fact that at least two-thirds of the students are anxious to pass the "tentamen philosophicum" after the expiration of three, or at latest of four, semestres of their "quadriennium academicum." The following branches of science are objects of this examen, and the following gentlemen but a few years since, and perhaps still, constitute the board of examiners at Berlin—viz., Logic and Psychology, Professor Stephens; Physics, Professor Ermann; Mineralogy, Professor Weiss; Botany, Professor Kunth; Chemistry, Professor Mitscherlich; Zoology, Professor Lichtenstein. The Dean of the Faculty of Philosophy (not the Dean of the Faculty of Medicine, as erroneously mentioned in the report) presides over the board.

May it not justly be asked, how the students of two years' standing are able to pass such an examination before such board, if it be true, that during the first two or three years "they do *little* or *nothing*"? Another fact is, that perhaps two-thirds of the students are desirous, when once entered on the clinical lectures, (which generally is the case at the beginning of the third year,) to become as soon as possible "practicantes." Now every one who once has witnessed a clinical lecture in Prussia, and has acquired a right notion of what is understood by this name in Germany, must know the different questions put on this occasion daily to the practicant by the lecturer, not only in regard to the special case at the side of the sick bed, the diagnosis, prognosis, and cure, but also in regard to pathology, therapeutics, materia medica, &c., in

general. Every one thus acquainted with the proceedings will at the same time fully feel how a student, with a little self-esteem, must be ashamed, and blamed by his fellow-students, not to be able to give satisfaction when thus examined in their presence, and will agree with me, that students "devoting their time to amusement and idleness," will not be likely to expose themselves to such an examination, (not being obliged to do so by any law.) For this, and for many other reasons, I do not hesitate to declare this statement in the report to be quite wrong and erroneous.

In the same page we read—"The dissecting-rooms are seldom crowded with pupils." The anatomical rooms in Berlin are supplied with subjects as well as any institutions of this kind in the world, and I have been acquainted with the proceedings there during many years, but I have always found that the large number of subjects was still insufficient to supply the daily demand for the students, and many of them have often been consequently obliged to go several days without dissecting at all. That the dissecting-rooms in Berlin are not crowded with pupils, although about £3 4s. is paid for each semestre, I totally deny.

At page 421 of THE LANCET we read—"The hospital in which are the clinical wards, subordinate to the faculty, (of Berlin,) is the Charité," yet not a word is mentioned of other clinical institutions belonging more exclusively to the faculty, as—First, the Royal Clinical Institution for Surgery and Ophthalmology, with many beds, and a large number of out-patients, (in former years under the direction of the late V. Graefe, at present, of the celebrated Dieffenbach,) in which nearly all operations are performed by the students themselves, from the slightest to the severest, they being at the same time entrusted with the after-dressing, and obliged to have the care of the patient during the whole period of his treatment, even to watch at his bed during the night, if required. Second. The Polyclinicum, for medicine and surgery, under the direction of Professor Truestaedt. Third. The so-called University Clinicum, for medicine, in former times under Hufland and Osaun, now, I believe, under Professor Romberg, with a large number of out-patients, the students being at the same time obliged to visit at their own homes patients who are unable to attend. Fourth. The excellent institution for midwifery and female diseases, under the direction of Professor Busch, called "Die Entbindungs Anstalt der Universitaet," to distinguish it from the other institution of this kind in the Charité, containing many beds and out-patients, and in which, doubtless, every opportunity is offered for the students to obtain a full practical information in these branches of our science. But even in regard to the Charité, which, it may be noticed, was originally founded for the medical pupils for the army only, it must be remembered that the patients for the medical wards are always selected by the professors out of the whole number of patients in the house, and scarcely one of them will be allowed to object "to being seen or examined," as erroneously stated in the report. These patients nearly all belong to the lowest order of society, and perhaps amongst fifty of them, not one will be found who pays the expenses of his residence in the hospital out of his own pocket, except perhaps in the division for mental diseases; and, moreover, the statement in THE LANCET, "that the cases are nearly all acute," is founded in nothing but a mistake, as every one can convince himself, by looking a little closer around in the rooms. Further, it must be noticed, that with the clinical wards for diseases of the eye, (in the Charité,) and for diseased children, a large number of out-patients is constantly connected, the latter being under the direction of my beloved teacher, Professor Barez. And I beg to mention, that a pupil who has listened to the clinical lectures of this eminent teacher, without having acquired a certain degree of practical information for the future, will find instruction nowhere.

This brief sketch, Sir, may prove, perhaps, to your readers, that the clinical studies in the faculty of Berlin will bear a closer inspection, and that all possible opportunities are offered to the students to accomplish themselves in every form and branch of our noble science.

One of the most striking errors, however, into which Dr. Hoefer has fallen, is in regard to the examination for the degree. Thus we read in THE LANCET—"The examination for the degree is a mere formality." "It consists in a written and in an oral trial." Now it is evident that the author has confounded the "tentamen medicum" with the examen itself, "the examen rigorosum." Every candidate for the degree of the medical faculty, after having produced the required certificates, is obliged to pass before the same, the so-called "tentamen medicum," which consists in a written and an oral trial, but is by no means a mere formality, as it depends on the result of this examen whether the dean will give permission to the candidate to enter into the examination for the degree, or advise him to continue his studies for a longer time.

The "examen rigorosum," or the examination for the degree which follows the "tentamen medicum," consists only in an oral trial, but by no means contradicts its name. It lasts from five to six hours, the following branches being objects of the examen; and the following gentlemen used to constitute the board of examens at Berlin a few years back—viz., Anatomy, Physiology, and Comparative Anatomy, Professor Müller; Operative Surgery, Professor V. Graefe; Surgery, Professor Rust; Materia Medica, Professor Link; General and Special Pathology and Therapeutics, Professor Bartels; Comparative Physiology and Medical Zoology, Professor Schultz. Besides this, the dean, who presides, chooses some subject in which he himself examines.

May I ask now, Sir, if the gentlemen I have mentioned, and whose names are known to the scientific world, are likely to be satisfied with "a mere formality" when called forth as legal examiners? Three of them, V. Graefe, Rust, and Bartels, are no more among the living, but there is no doubt other not less learned and worthy men have taken their places.

These remarks will suffice, *pro virili parte*, and to corroborate my own statement, leaving it to others who may find interest in it to examine more closely the report of Dr. Hoefer. Dixi et animam salvavi. With all due regard, I remain, Sir, your most obedient, humble servant,

J. H. STEINAU, M.D.

City-road, Finsbury, Sept. 22, 1844.

*** We admire the feeling which has prompted Dr. Steinau to come forward to defend the institutions of his "alma mater," and have therefore willingly given insertion to his letter. It will, however, be observed, that his "corrections" have reference nearly exclusively to the extent to which the students make use of the opportunities afforded them, and to the degree of severity shewn in the university examinations. Considering that Dr. Steinau confesses himself unable to comprehend how "the professors and teachers could blame their pupils and commilitones carissimos in the eyes of an agent of a foreign government," (whether deserving of blame or not, we suppose,) we cannot look upon the doctor as a very impartial witness. On comparing Dr. Steinau's letter with the account which we gave of medical education in Prussia,* our readers will see that our statement of the medical regulations is correct, even according to the doctor himself. On the other hand, we would ask,—If the Prussian students are so laborious, and the university examinations so severe, how is it that the government does not consider the university M.D. degree a sufficient guarantee of their medical knowledge to allow them to practise, but obliges them subsequently to pass a serious examination before a "superior medical board," specially appointed by the ministry, and independent of the university, thus making their M.D. degree merely a honorary title?—ED. L.

ABUSES IN THE ELECTION OF DRESSERS AND HOUSE SURGEONS AT UNIVERSITY COLLEGE HOSPITAL.

To the Editor of THE LANCET.

SIR,—Permit me a small space in your valuable journal,—and I am sure you will do so the more readily, when you know that the purport of my letter is to expose, and, if possible, to correct, an abuse which now exists in University College. You have always shewn the kindest sympathy for this institution, and have always striven to raise it in the estimation of the world, and therefore you are worthy of the deepest gratitude from all the students.

The abuse exists in the election of dressers and clerks of the hospital. You well know that these offices are given to those who have most distinguished themselves at the college in obtaining medals and certificates of honour. No one can deny the fairness of this plan; but then, it is abused, and how it is so is the object of my letter.

Many students come up to this college with the laudable intention of signalizing themselves among their colleagues; but some of them having more time, or more money, or more of both combined, can afford to stay in London many sessions longer than those with whom they so unjustly enter into the field of competition. One year they go in for physiology or chemistry, or any other class, and work at one subject alone for that session. What chance, then, have those students who work at all their subjects generally, and in doing so, cannot afford to give up the whole of a session to one special branch of their profession; another year they work exclusively for another medal, obtain it, and so go on successively every session until they have reaped quite a golden harvest; and after they have been at the college four or five, or

* See LANCET, June 22nd, 1844.

even six years, they then think that they may try with certainty for a dressership or clerkship, and as these offices are awarded to those who have gained the most honours, they obtain their object, to the exclusion of those men who have vainly competed with them. No one can deny the injustice of such a proceeding; but what do these *senior* students do then? many of them merely obtain these offices (especially the dressership) for the sake of the certificate from the surgeon or physician, and with the idea of being one day enrolled amongst the *Fellows* of the Royal College of Surgeons! caring very little for the practical knowledge that must accrue to them from such an office. They, perhaps, at the time, are working for some other medal—for they are insatiable in this respect; they consequently cannot attend to their duties, and therefore employ deputies to do their work, and then have the impudence to ask for a certificate from the surgeon or physician, which, of course, can never be refused to men of such high standing, as they are considered. In this respect they very much resemble the "dog in the manger."

Now, Sir, I really think that such an abuse ought to be corrected; and one way of effecting this purpose I will humbly suggest. The plan I propose is, to consider a man who has been at the college for three years, as one who ought to have finished his education, and if he competes for a dressership or clerkship in his fourth year, the medals and honours he has obtained during the previous three years ought not to be taken into consideration, and that he ought to be considered as a first-year's man. Then would the hard-working practical man stand some chance against these medal-hunters, as Mr. Teague justly terms them. I remain, yours obediently,

A DRESSER.

University College, London, Nov. 11, 1844.

INCONSISTENCIES IN THE PRIZE SYSTEM AT UNIVERSITY COLLEGE, LONDON.

To the Editor of THE LANCET.

SIR,—The letter of Mr. James Teague, inserted in THE LANCET of November 9, has powerfully exposed some of the evils attending the present regulations for prizes at University College. A further exposition of these glaring inconsistencies may not be useless.

1st. There is a rule which states that no students shall be allowed to contend for prizes, except those who have regularly attended the weekly examinations held in the different classes. This rule is never observed.

2nd. There is no rule which disqualifies medical practitioners from contending for these prizes. Hence it is a common thing for members of the College of Surgeons to enter the lists against the young apprentice. Doubts may be expressed as to whether these "members" increase their reputation by this honourable rivalry.

3rd. Students who reside in London, or those who have much time to spare, and who have been attending the classes for five, six, or seven years, are allowed to contend with others, who perhaps can only stay two sessions in London. Is this an equal contest?

4th. Students who have taken degrees, honours, and exhibitions, in the University of London, may return, and do return, to the scene of their studies, and compete with youths just commencing their medical education.

I take the liberty of troubling you with these remarks, and I do this without hesitation, knowing that abuses like these have only to be pointed out to ensure your powerful assistance in their removal. I have not mentioned the remedies for this state of things; they are simple, of easy application, and will probably be noticed hereafter. I remain, Sir, your obedient servant,

JOHN ELLIOTT WOOD.

University College, Nov. 9, 1844.

THE MIDDLESEX HOSPITAL.

(NOTE FROM MR. ROGERS, OF WARDOUR-STREET.)

To the Editor of THE LANCET.

SIR,—On Monday last, the 11th inst., being in the neighbourhood of my old hospital, the Middlesex, I thought I would go in and see what was going forward, when I found that Mr. Arnott intended amputating the thigh of a male patient. Having a little spare time, I determined on seeing the operation, and for that purpose adjourned to the theatre, where a number of gentlemen, new-comers, and therefore strangers to me, were assembled. I walked into the front row, where I found two old pupils like myself; and casting my eyes upwards, I found written opposite to me a notice, to the effect that former house-surgeons, old pupils, who came as visitors, and the dressers to the other surgeons, were allowed to stand there. I thought this included myself, but I was presently undeceived, and that, too in the most uncourteous manner possible; for on Mr. Arnott entering the theatre, he at first gave a short clinique on the case, but suddenly pulling up, he turned upon me, saying, in a manner I have above alluded to, "You have no business here—go out." I immediately withdrew, (observing, as I went, "I am an old pupil,") and then took up my station at the top of the theatre, amidst the tittering of the students, who doubtless thought me an intruder. After the operation was over, I inquired of Mr. Arnott why I had been so insulted? when he observed he did not know me. I then told him he had signed my certificate; I forget the exact words he then uttered, but it was something to the effect that I was not known to him the more for that. He then inquired whether I practised in London, to which I replied, Yes; when he observed, I was only admitted there by courtesy. I will take care how I again expose myself to his *courtesy*.

I call attention to this, as I do not think I ought to have been so unceremoniously treated, even supposing I had been a stranger; and I question whether a like insult would have been offered to any respectable well-conducted person visiting any other hospital in London. I would farther recommend the above-named gentleman to be a little more courteous, if possible, to the students in general, as I remember being insulted by him on two previous occasions during my pupilage.

I do not believe I was wholly unknown at the above hospital during the five years I was there, nor shall I be to my old fellow-students when they see me sign myself yours respectfully,

J. ROGERS, M.R.C.S., &c.

Wardour-street, Soho, Nov. 13, 1844.

THE FUND OF THE ASSOCIATED APOTHECARIES AND SURGEON-APOTHECARIES OF ENGLAND AND WALES.

(NOTE FROM DR. WANSBROUGH.)

To the Editor of THE LANCET.

SIR,—As one of the thirteen hundred and twenty-three members of the "Associated Apothecaries and Surgeon-Apothecaries of England and Wales," which was formed in 1812, and ceased its labours in the cause of medical reform in 1823, I should like to know what has become of the amount of stock in the three per cents. Reduced, which then stood at four hundred and twenty-five pounds?

The last officers on the 2nd of July, 1823, were—

President—Joseph Hayes, Esq.

Vice-Presidents—James Upton, Esq.; Lewis Leese, Esq.

General Committee—Henry Blatch, Esq.; Thomas Alcock, Esq.; John Brown Eyles, Esq.; Thomas Hurst, Esq.; W. M. Gaitskill, Esq.; James Morrah, Esq.; John Parrott, Esq.; George Rodd, Esq.; W. Henry King, Esq.; Ebenezer Randall, Esq.; Charles Shillitoe, Esq.; George Woolley, Esq.; Henry Coombe, Esq.; Thomas Clarke, Esq.; William Hillman, Esq.; C. T. Haden, Esq.; John Hingeston, Esq.; Edward Leese, Esq.; John Hunter, Esq.; Thomas Parkinson, Esq.; John Hurlock, Esq.; N. Wells, Esq.; William Robins, Esq.; — Williams, Esq.

Treasurers—J. S. Parkinson, Esq.; J. Upton, Esq.; J. Hunter, Esq.

Bankers—Messrs. Gosling and Sharpe, Fleet-street.

Secretary—John Powell, Esq., 1, Keppel-street, Russell-square.

Perhaps the treasurers, if alive, or survivors of the "general committee," will inform us whether the said sum of four hundred and twenty-five pounds remains still invested, and to what purpose the interest, two hundred and sixty-seven pounds fifteen shillings, has been applied during twenty-one years, as no balance-sheet, to my knowledge, has appeared since the 2nd of July, 1823! I am, Sir, your obedient servant,

T. W. WANSBROUGH, M.D.

Chelsea, Nov. 12, 1844.

THE ORTHOPŒDIC INSTITUTION.

THE Editor of THE LANCET is, of course, aware that in consequence of the bad management (to use a mild term) of the Orthopœdic Institution, No. 6, Bloomsbury-square, the following resignations have taken place:—The president, the Right Honourable the Earl of Eldon; the Earl of Arundel and Surrey, Dr. Stromeyer, of Hanover, Amos Swaysland, Esq., Frederick Heisch, Esq., Frederick Heisch, jun., Esq., vice-presidents.

Why this fact is kept a secret by the committee is best known to themselves. The truth of the above can be confirmed by application to any of the parties named.

A CONSTANT READER.

Oct. 4, 1844.

NEWS OF THE WEEK.

At a late meeting of the Council of University College, London, the Fellowes' Clinical Gold Medal for the Summer Session, 1844, was awarded to Mr. Robert D. Harling, of Chester.

A course of six lectures, illustrative of Geology and Palæontology, by Dr. Gideon Mantell, was commenced being delivered at the London Institution, Moorfields, on November 14th, and are to be continued, weekly, to December 19th, beginning at seven o'clock on each evening. They are likely to form a very interesting and instructive series of discourses.

PRIZES GIVEN AT APOTHECARIES' HALL.—At the late examinations in Botany and Materia Medica, the results were as follow:—Botany: Mr. Daniel Hooper, Guy's Hospital, first prize, gold medal; Mr. Henry, University College, second prize, silver medal, and books; Mr. Arlidge, King's College, third prize, books.—Materia Medica: Mr. John Newton, University College, first prize, gold medal; Mr. Daniel Hooper, Guy's Hospital, second prize, silver medal. A dinner was given at the Hall, on the 9th of November, at six o'clock, after which the prizes were distributed by the master, before a large company of members of the profession.

On Tuesday last, the friends and former pupils of Dr. Watson, presented to that gentleman a handsome candelabra, in testimony of the esteem and respect which they entertain for him as a teacher, and practical physician. Mr. Lonsdale, in an appropriate address, enlarged on the merits of the learned physician, and alluded to the great esteem in which Dr. Watson's lectures were held by the profession. The candelabra was manufactured by Messrs. Smith, of Duke-street, Lincoln's-Inn-fields.

THE MEDICAL SERVICE OF THE ARMY, NAVY, AND EAST INDIA COMPANY.—(OCTOBER.)

Army.

War Office, Oct. 22.—1st Life Guards—Assist.-Surgeon Thomas Tardrew, from 80th Foot, to be Assist.-Surgeon, vice Colclough, deceased.

Navy.

PROMOTION.

Surgeon—W. R. Sloggett.

APPOINTMENTS.

Surgeons—J. O. M'William, M.D. (1837), to Hyderabad convict ship; Robert Guthrie (1819), to St. Vincent, vice Drummond; W. Sloggett (1844), to Larne; A. Neill (1839), to Dædalus; John King (of Tortoise), (act.), to Star, vice Folds, invalided.

Assistant Surgeons—Henry Edmonds (1839), to Mutine; T. Tait (1837), to Cruiser; O. T. Miller (1840), to San Josef; J. Patrick (1841), to Minden; G. I. Willes (1844), to Firebrand; Gerald Yeo (1843), and Alexander Barr, to Penelope; Alfred Clarke, M.D., of San Josef, to be assistant surgeon of Alfred; John Bernard (1841), to Dædalus; Thos. Wm. Rimell, Godfrey J. A. M'Cullagh, and R. C. Russell, to the San Josef, for service at the Royal Naval Hospital, Stonehouse.

DEATHS.

July 18, at Montreal, Canada, Surgeon Robertson, h. p. 41st Foot.—Sept. 11, at Wexford, Dr. Cavanagh, h. p. 62nd Foot.

East India Company.

BENGAL.

MEDICAL NOTIFICATIONS.

Mr. Assist. Surg. H. M. Elton to officiate as civil assist. surg. of Malda, during absence of Mr. J. Lamb, on med. cert. or until further ord.—Mr. T. A. Wethered to be civil assist. surg. of Shahjehanpore.—Assist. surg. R. H. L. Bird appd. to civil station of Boolundshehur; and assist. surg. T. A. Wethered to civil station of Shajehanpore.—Surg. J. Mackinnon, M.D., rem. from 25th to the 1st N. I.; and Surg. F. Fleming from latter to former corps.—Assist. surg. J. B. Macdonald rem. from 1st N. I. to the 16th Grds.—Surg. T. W. Burt, M.D., rem. from 49th to the 8th N. I.—Assist. surg. H. N. Elton to med. ch. of civil station of Malda.—Assist. surg. J. M. Hay, M.D., to med. ch. of Kotah contingent.—Assist. surgs. G. B. Seely, J. C. Graham, M.D., A. Simpson, M.D., and H. B. Buckle, to proceed to Umballa for gen. duty.—Surg. H. Guthrie, M.D., rem. from 69th to 20th regt. N. I.—Surg. G. Angus confirmed in appoint. of garrison surg. at Allahabad.

ASSISTANT SURGEONS ARRIVED IN INDIA ADMITTED TO THE SERVICE.—Messrs. J. R. Bedford, J. A. Nisbed, M.D., and J. Allan.

MADRAS.

Mr. Assist. Surg. James Sanderson to act as port and marine surg. dur. abs. of Surg. S. Rogers on med. cert. or till further orders.—Assist. surg. A. J. Scott, M.D., removed to do duty with 1st Madras Fusiliers.—Surg. J. Lawder posted to 1st regt. N. I.; Surg. J. Kellie to 4th batt. art.; and Surg. J. J. Purvis, to 8th cavalry.—Surg. J. M. Kenna removed from 1st N. I. to 6th cav.; and Surg. De B. Birch, M.D., from 4th batt. art. to 1st Madras Fusiliers.—Assist. surg. J. M. Jackson removed from 49th to 44th N. I.—Assist. surg. T. F. Fernandez, M.D., from 1st Fusiliers to 5th N. I.—Assist. surg. J. C. Burton, M.D., from 44th to 49th N.I.—Assist. surg. A. Wilkinson, from 2nd light cav. to 5th cav.—Assist. surg. E. James, removed to do duty with 2nd batt. art.—Surg. J. Eaton, M.D., to return to Europe on med. cert.—Assist. surg. C. Richardson, removed from doing duty with 41st N. I. to do duty with 2nd N. I.—Assist. surg. R. Dickie, dec. at Vizagapatam on 5th Aug.

CADETS ARR. ASSIST.-SURGEON ADMITTED TO THE SERVICE.—*Cavalry*: Messrs. E. Clerk, C. R. W. F. Harris, J. B. Dunbar, and W. A. Houston.—*Engineers*: Mr. C. E. D. Hill.—*Infantry*: Messrs. J. A. Gallwey, and G. Hearn.—*Medical Department*: Mr. W. Williamson.

BOMBAY.

Mr. Assist. Surg. W. Campbell, M.D., app. civil surg. to Ratnagherry in the Persian Gulf.—Assist. surg. D. Grierson, M.D., to medical charge of the lunatic asylum at Colaba.—Assist. surg. M. Thompson, attached to 5th regt. N. L. I., and Assist. surg. C. O Bloxham to 16th N. I.—Assist. surg. Hosken directed to join 6th N. I. in Scinde, and Assist. surg. Manisty, the 1st batt. of art. at Ahmednuggur.—Assist. surg. Dimock and Sproule directed to proceed to Bombay for general duty.—Surg. R. Brown, M.D., allowed a furlough to Europe on private affairs.—Assist. surg. Boyrenson, app. to the duties of agency surg. at Bhooj.—Assist. surg. H. Pitman, directed to proceed to Ahmedabad for general duty.—Assist. surgs. Forbes and Sproule directed to return to Scinde by the first opportunity.—Assist. surg. A. Durham, M.D., ret. to duty from furlough to Europe, and app. to medical charge of 11th N. I.—Assist. surg. Mahaffy, now with the 11th N. I., placed at the disposal of superintending surg. north west div. of Guzerat for general duty.—Assist. surg. E. Wallace, app. to do duty in the Eur. general hospital.—Assist. surg. J. J. Faithful, placed at disposal of super. of Indian navy.

DEATHS.

Allahabad, Aug. 15, Dr. Wm. Scott, H.C.S., aged 26.—Kamptee, Aug. 5, Assist. surg. R. Dickie, M.D., med. depart.; Sept. 2, Assist. surg. C. Don, 7th regt. N. I.

MORTALITY TABLE.

The deaths in the metropolis for the week ending November 2, 966. The weekly average of the last five years is 946, of the last five winters, 999.

Zymotic (or epidemic, endemic, and contagious) diseases....	213
SPORADIC DISEASES—	
Dropsy, cancer, and other diseases of uncertain or variable seat	101
Diseases of the brain, spinal marrow, nerves, and senses	147
Diseases of the lungs, and of the other organs of respiration	287
Diseases of the heart and blood-vessels	30
Diseases of the stomach, liver, and other organs of digestion	61
Diseases of the kidneys, &c.	8
Childbirth, diseases of the uterus, &c.	19
Rheumatism, diseases of the bones, joints, &c.	10
Diseases of the skin, cellular tissue, &c.	2
Old Age	65
Violence, privation, cold, and intemperance	15
Unspecified cause	5
Total	966

APOTHECARIES' HALL, LONDON.

Names of gentlemen who have obtained certificates of qualification to practise as Apothecaries:—Thursday, November 7, 1844.—George Yates, Birmingham; John Davison Geldard, Worthing; Edward Bishop, Heckmondwike, near Leeds.

CORRESPONDENTS.

The account of the dissection of a partial dislocation of the shoulder upwards, by *Mr. Alfred Smee*, shall be inserted in an early number.

The case of Wry-neck, in which the sterno-mastoid was divided by Mr. Liston, is in the hands of the printer. So, also, is the division, "Treatment," of Dr. J. A. Wilson's paper on Acute Rheumatism.

The questions of *Argus* to Mr. Chisholm, respecting a singular species of weekly puffs, shall appear next week.

The letter of *Medicus* on the temporary lull in the angry feelings of the members of the College of Surgeons, respecting the proceedings of the Council under the new Charter, shall be inserted next week.

A Hater of Humbug and Irregularity (Chester) must authenticate his statements by a confidential communication of his name and address to the Editor.

The results of the eleven cases of poisoning by arsenic treated with the hydrated peroxide of iron, as an antidote, by *Mr. Thos. Underhill, Jun.*, shall be inserted.

Would *An Enemy to Humbug* favour us confidentially with his name and address. If he will not comply with this request, still we should like to hear from him again. Why should the "brush" be confined to the West?

Richard Scratch is informed that we have ascertained that the institution to which his letter referred does actually exist, and that the lady of a highly respectable practitioner residing in the neighbourhood is the treasurer; that there are also four surgeons belonging to it, besides the consulting surgeon, all of them very respectable practitioners. It is not at all unusual for charities of such a description to be without any *house* establishment.

(From a Correspondent.)—In a late number of an obscure medical print appeared a distich, which was thus imperfectly filled up:—

"Worth makes the man, the want of it the fellow;
All the rest is but *Leather*," &c.

The verse completed, naturally stands thus:—

"Worth makes the man, the want of it the fellow;
The rest is naught but W. COSTELLO."

A Looker-on will hear the particulars in due time.

Several further communications have reached us respecting the appropriation of two beds in the Royal Free Hospital for the *special* treatment of cases of calculus. Some of the letters refer rather to private than to public transactions; but the subject is exciting, and has already elicited very considerable attention, not only in the immediate locality of the hospital, but amongst the officers of some of the other medical institutions of the metropolis, one of whom (*Chiron*) has addressed to us an exceedingly clever letter, for which we regret that we cannot find space in the present number of our journal. *Chiron* asks what would be said by the surgeons of Guy's Hospital, and their friends, and the governors of that institution, if King Harrison had allotted ten beds in that establishment for a similar purpose, and had allowed a person, not being a member of any one of the Colleges of Surgeons, to place *his own patients* in them, and render them the subjects of operations? Our answer to such a question would be, that King Harrison had exercised a power which could only be legitimately wielded by the governors themselves, and one that could not *properly* be employed by any individual:—that the surgeons of Guy's Hospital would justly feel that they had been injured, and that in *their* persons the regular practitioners, generally, might fairly consider that *they* had been insulted.

A General Practitioner (Bristol and Ipswich.)—We refer our correspondents to the letter of Dr. Webster, printed at page 241, and the communication dated Bath, at page 243 of this week's LANCET.

Mr. Workman's letter is in type, and will be given next week.

LECTURES
ON
ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE

University of Giessen.

BY JUSTUS LIEBIG, M.D., PH. D., F.R.S., M.R.I.A.

Professor of Chemistry in the University of Giessen.

CYANOGEN AND ITS COMPOUNDS CONTINUED—CYANATE OF POTASS—FULMINIC ACID—CYANURIC ACID.

GENTLEMEN,—In my last lecture I explained to you the nature and properties of cyanogen, and one of the compounds which it forms with oxygen—namely, cyanic acid; and I further treated of some of the salts of cyanic acid, especially cyanate of ammonia, and of UREA. Permit me now, before proceeding to the consideration of other subjects, to offer you a few remarks upon another of the cyanates—namely, cyanate of potass. This salt may be obtained in the process described in the last lecture for the production of urea from ferrocyanide of potassium. Cyanate of potass is readily produced also by projecting some easily reducible metallic oxide—oxide of lead, for instance—into cyanide of potassium in a state of fusion. The litharge immediately is reduced, and metallic lead and cyanate of potass are obtained.

Cyanate of potass is readily soluble in water, but it cannot be re-obtained from its aqueous solution; for, upon evaporating this solution, the cyanate of potass decomposes completely, forming new products, ammonia and bicarbonate of potass, and this decomposition takes place even upon simply exposing cyanate of potass to moist air. If you expose a fine crystal of cyanate of potass to the atmosphere, you have, after the lapse of eight days or a fortnight, bicarbonate of potass, retaining the same form which the cyanate of potass presented.

Cyanate of silver and cyanate of lead are insoluble in water. The insolubility of these salts furnishes us with another means of producing urea. If to the solution of cyanate of potass—obtained in the course of the process recommended, in my last lecture, for the production of urea—you add acetate of lead, you obtain a precipitate of cyanate of lead: this must be well washed, and then digested with carbonate of ammonia; by these means you obtain carbonate of lead, and in the solution there remains nothing but pure urea. This is a method which may be advantageously employed for the production of urea, in cases where the rinsing of large masses of precipitate is a matter of no moment.

Cyanic acid forms neither double salts nor acid salts; consequently there exists no acid cyanate of potass, nor any double compound of cyanate of potass, with cyanate of magnesia, for instance, or with any other cyanate. The reason why there exist no acid cyanates (bicyanates) is very simple and obvious; the formation of a bicyanate presupposes the presence of free cyanic acid, and we know that this acid is decomposed immediately upon coming into contact with water.

We have now to treat of two other compounds which cyanogen forms with oxygen—viz., of fulminic acid and of cyanuric acid. Fulminic acid exists in certain fulminating compounds of silver and mercury discovered by Howard. Fulminate of silver and fulminate of mercury, which latter is at present so largely used in the fabrication of percussion-caps. These salts are prepared by dissolving silver or mercury in nitric acid, adding a certain amount of alcohol to the solution, and heating the mixture to boiling; as soon as it boils, the fire may be withdrawn, since the boiling continues spontaneously: a crystalline powder precipitates, consisting of fulminate of silver, or fulminate of mercury. These preparations have been analyzed, and, among other re-actions and phenomena, it has been observed that, upon mixing moist fulminate of silver with magnesia, and heating the mixture in a glass tube, bicarbonate of ammonia is obtained, and this in the proportion of two equivalents of carbonic acid to one equivalent of ammonia. This observation led to the assumption that the substance combined with the oxide of silver might be of similar constitution with cyanic acid, since the cyanates alone yield, upon heating, carbonic acid and ammonia, and this in the proportion existing in the bicarbonate—viz., two of carbonic acid to one of ammonia.

The correctness of this assumption has been confirmed by the results of the analysis of dry fulminate of silver. When dry fulminate of silver is burned with oxide of copper, a gaseous mixture is obtained, consisting of one volume of nitrogen and two volumes of carbonic acid, in every three volumes; and this is the same gaseous mixture which is evolved upon burning cyanates, and from the evolution of which, in fact, we may in most cases conclude that the burned compound was a cyanate. The relative amount of nitrogen, carbon, and silver existing in fulminate of silver, has been quantitatively determined; and, in short, it has been proved by the most positive experiments, that fulminate of silver has exactly the same composition, and also the same atomic weight, as cyanate of silver.

Thus we see that these two substances are isomeric, as it is commonly termed—i. e., that they contain the same elements in the same relative proportions; but how different are they in their properties! Fulminate of silver detonates with extraordinary vehemence, whilst cyanate of silver may be subjected to friction, to concussion, to a tolerably high degree of heat, without its undergoing the slightest alteration. At 202° cyanate of silver begins to ignite, but without any detonation, and yields carbonic acid and nitrogen gas. Cyanic acid, as I have already observed, cannot be obtained from its salts in a state of isolation, since it is impossible to exclude those fluids with which this acid decomposes or combines. Nevertheless, there remains not the slightest doubt or uncertainty with regard to the *existence* and constitution of this acid, since we are enabled to infer these from the constitution of its compounds: the same remarks apply to fulminic acid. The deportment of the fulminates is highly characteristic: whilst cyanic acid does not form any acid salt or double salt, fulminic acid forms both acid salts and double salts, and even an acid salt of silver. This deportment is very uncommon in chemistry. Fulminic acid forms double salts with all bases, no matter whether these bases are isomorphous or not. The following are some of the acid salts and double salts formed by fulminic acid.—($\overline{F}$. designates fulminic acid.)

$\overline{F} + Ag\,O$ = fulminate of silver.

$2\,\overline{F} + \left.\begin{matrix} Ag\,O \\ H\,O \end{matrix}\right\}$ = acid ditto.

$2\,\overline{F} + \left.\begin{matrix} Ag\,O \\ K\,O \end{matrix}\right\}$ = double fulminate of silver and potass.

$2\,\overline{F} + \left.\begin{matrix} Ag\,O \\ Cu\,O \end{matrix}\right\}$ = ditto ditto ditto, and copper.

$\overline{F} + Cu\,O$ = fulminate of copper.

$2\,\overline{F} + \left.\begin{matrix} Cu\,O \\ K\,O \end{matrix}\right\}$ = double fulminate of copper and potass.

Upon heating fulminate of silver with metallic copper, the silver separates, and the copper replaces it, and the salt of copper also forms corresponding double salts. We have not hitherto met with an acid exhibiting this peculiar deportment. We have had occasion to speak of double salts formed by isomorphous metallic oxides, and also of double salts, in which an atom of water is replaced by an equivalent of another neutral salt: thus, for instance, sulphate of magnesia contains seven atoms of water, six of which separate at 212°, whilst the seventh separates only upon the application of a red heat; but upon bringing sulphate of potass into contact with sulphate of magnesia, the seventh atom of water is expelled, and one atom of sulphate of potass takes its place. (Graham.) We have likewise had occasion to speak of acid salts,—acid sulphate of potass, for instance. We assume acid sulphate of potass to be a combination of sulphate of potass with the hydrate of sulphuric acid; well, upon saturating this acid sulphate of potass with soda, the acid salt separates into two salts, which crystallize apart; the soda here dissolves the union existing between the sulphate of potass and the hydrated sulphuric acid, and combining with the free acid, gives rise to the formation of sulphate of potass and sulphate of soda, which crystallize apart. Were sulphate of potass and sulphate of soda isomorphous substances, we should, perhaps, have obtained double salts; but with the acid fulminates, as bifulminate of copper, or bifulminate of silver, for instance, you may saturate the second atom of the acid with whatever base you like, whether isomorphous with that of the fulminate or not; you obtain invariably a double salt.

The fulminates are decomposed by mineral acids, especially by the hydrogen acids, and this decomposition is attended with evolution of hydrocyanic acid, and the formation of new acids, which contain chlorine, if hydrochloric acid has been used; or sulphur, in cases where sulphuretted hydrogen has been employed: these new acids have, however, not yet been investigated. You see that the deportment of fulminic acid, in this respect, is very different from that of cyanic acid. Upon decomposing cyanates by means of mineral acids, the elements of the water combine and transpose with the elements of the cyanic acid; but in the decomposition of fulminates, the constituents of the decomposing acid combine with the elements of the fulminic acid, giving rise to the formation of products entirely different from those obtained in the decomposition of cyanates.

All fulminates detonate by concussion, friction, and also by being brought into contact with concentrated sulphuric acid. It is a remarkable circumstance that there exists no potass salt of fulminic acid, containing potass alone; no barytes salt, containing barytes alone—nay, not even any double salt of such metallic oxides, which are reducible with difficulty; thus we have, indeed, a double fulminate of iron and lime, of zinc and barytes, but none of lime and barytes, nor a simple fulminate of potass or of lime, &c. &c.; all attempts at the formation of such compounds result in the decomposition of both the salt and its acid. We shall have occasion subsequently to return to this subject, but we have first to treat of the deportment and properties of a third compound of cyanogen and oxygen—viz., cyanuric acid, an acid possessing the same constitution as cyanic acid and fulminic acid, and yet manifesting a deportment and properties entirely different from those of the latter acids.

Cyanuric acid has been known for some time; it was first produced by Scheele, who obtained it in the distillation of uric acid. It was at first designated empyreumatic-uric acid. Serullas, who obtained it in the decomposition of the solid chloride of cyanogen by heat, described it as cyanic acid. He believed the new acid to be different in constitution from our common cyanic acid, considering it to be a compound formed by two atoms of oxygen to one atom of cyanogen. It was owing to this view of the constitution of the new acid that the name of cyanic acid was assigned to it, whilst our common cyanic acid went by the name of cyanous acid. Now this acid (of Serullas) was subsequently recognised as a product of the decomposition of urea by heat, and the view which Serullas had formed of the constitution of his acid altogether failed to account for the result of this decomposition. Upon exposing urea to a dry heat simply, two products were obtained—viz., ammonia, which escaped, and a solid white substance, consisting of the cyanic acid of Serullas. Now, according to Serullas' analysis, his acid contained double the amount of oxygen existing in the cyanic acid which we may suppose to exist in urea; consequently, according to this analysis, there remained, as a product of the decomposition of urea, a substance containing one atom of oxygen more than the urea could yield.

Cyanic acid.		Water.	
$C_2 N O$	+	$H O$	}
Ammonia	=	$N H_3$	} =Urea.

Urea fuses at about 248° F., and at a still higher temperature it seems to boil; but this boiling is only apparent, being simply occasioned by the evolution of ammoniacal gas. If you subtract the elements of ammoniacal gas from the formula of urea, there remain the elements of cyanic acid and water—i.e., of hydrate of cyanic acid; but instead of this, there remained the cyanic acid of Serullas, composed, according to his analysis, of $C_2 N O_2$; instead of $C_2 N O_2 H$; it was therefore completely inexplicable what had become of the hydrogen. This problem was subsequently solved; it was shewn that Serullas, in his analysis, had altogether overlooked the hydrogen; and thus it became apparent that the cyanic acid of Serullas is nothing more than an isomeric modification of the common cyanic acid—in short, that it contains the elements of the common cyanic acid, only arranged in a different manner. As I have already stated, the name *cyanuric* acid has been assigned to this third modification of cyanic acid. The further consideration of this acid I will defer till next lecture.

THE TREATMENT OF ACUTE TONSILLITIS BY GUAIACUM

was warmly advocated a year or two ago. We then found, after a fair trial, that guaiacum, as remedial agent in this disease, scarcely deserved the name. Dr. Morris, however, in the last number of the *Edinburgh Monthly Journal*, says, that "the rapidity with which this treatment (guaiacum combined with aperients) gives relief, is quite extraordinary." He quotes four cases, which *appear* to give support to this conclusion. They afford a striking instance of one great source of fallacy in our therapeutical as in other inquiries—viz., a propensity to attribute effects to some chosen antecedent as a cause. Thus, acute tonsillitis is a disease which very often spontaneously gets well within a week; it rarely lasts beyond a fortnight. Now, in Dr. Morris's cases, one patient had been ill seven days, and in four days after the administration of the remedy, was convalescent. Another had been ill five days, and was convalescent on the eleventh. A third, ill a week, was convalescent in four days. Thus, each case had a duration of eleven days, a period which would be above the average, if the same patients were allowed to gargle their throats with warm water, and to take a dose or two of purgative medicine. We see no grounds, therefore, in the histories of Dr. Morris's cases, for changing the opinion which we formed when this agent was first recommended for the cure of tonsillitis.

PRACTICAL SURGERY.

A COURSE OF LECTURES
ON THE
OPERATIONS OF SURGERY
AND ON
DISEASES AND ACCIDENTS REQUIRING OPERATIONS,

DELIVERED AT UNIVERSITY COLLEGE, LONDON, IN THE SESSION OF 1844,

By ROBERT LISTON, Esq., F.R.S.

Senior Surgeon to the University College Hospital, and Professor of Clinical Surgery in the College.

Lecture XII.

Opening of the external jugular vein.—Tracheotomy; circumstances under which it is required.—Extraction of foreign bodies from the œsophagus and pharynx.—Wry-neck.

At the conclusion of the lecture yesterday, I spoke of bronchocele, and exhibited a drawing of one of these tumours, with great enlargement of the veins over the whole neck and chest, and also a dissection of the same tumour. The great distention of the superficial veins shews the vascular character of these swellings, and the danger of any operation not well considered and devised. You recollect that there are four arterial trunks, very large, in the natural state of the body, entering into it. These and their ramifications are of course immensely enlarged when the gland is in a state of hypertrophy: even the veins pour out a great and alarming quantity of blood very rapidly, though not with great force.

Now, it is desirable that you should be able to distinguish the swellings of the thyroid body from the other tumours that occur in the neck. An old gentleman presented himself at the hospital yesterday with a tumour on one side of the neck. To any surgeon over-fond of operating, it was very inviting; the skin was loose over it, and it moved very easily; but on examining it carefully, you could perceive that it was connected with the larynx, and that it was, in fact, an enlargement of one lobe of the thyroid body. How are you to ascertain this? You discover that the tumour rises with the larynx; you can convince yourself of this by placing your fingers over the prominent part of the thyroid body, and then, desiring the patient to swallow his saliva, you find that it moves rapidly upwards under your fingers, and there is then no longer any doubt about the case.

I saw a case, not long since, of tumour at the lower part of the neck, in which distinct pulsation could be perceived. It had many of the characters of an aneurism. It had been noticed a short time previously, of the same size, however, and had not increased. It moved with the larynx, and the vessels of the neck—the patient a man advanced in life—were enlarged and tortuous, as is often the case; from these the pulsation was conveyed to the swelling.

I have stated that, under peculiar circumstances, some of these tumours of the thyroid body, or portions of them, may be removed by ligature. You cannot dissect them out; you would certainly encounter an hæmorrhage, which there would be no possibility of controlling, but you can dissect off the integuments, get to the base of the tumour, transfix it with a needle and ligature, and tie it tight. The swelling will then, in all probability, come away without any unpleasant consequences.

I have met with several cases of encysted tumour lying upon, and connected with, the thyroid gland in children and young people, which, from causing deformity and inconvenience, demand surgical interference. These can sometimes be removed entire if the dissection is gone about carefully. Listen to the following reports of cases occurring in the hospital:—

CASE I.—"ENCYSTED TUMOUR ON THE THYROID BODY.

"E. M——, aged two and a half years, admitted under Mr. Liston, August 21.—A healthy child, and since the birth, never suffered from any disease. The rest of the family, of which this is the fifth, are perfectly healthy, never having had swellings or morbid growths about them.

"From the birth, a round swelling, about the size of a hazelnut, existed in front of the trachea, or rather, upon the box of the larynx itself, an inch below the hyoid bone, and the pomum Adami could be just felt above it.

"It never has caused any uneasiness or impediment to respiration or deglutition, being perfectly mobile, soft, and elastic, and by its fluctuating feel, evidently containing fluid. The cyst is firm, and perhaps some of the fibres of the platysma cross it at its lower part.

"In the act of deglutition the tumour rises and falls, and, save that it looks unsightly, and is increasing in bulk slowly every day, being frequently subject to pressure from external causes, it is not a source of discomfort. The tumour is now about the size of an apple, having the characteristics before mentioned, and loosely connected. The skin over it is not discoloured. The child is in good health.

"*Operation.*—Mr. Liston, after having the head fixed down, and the chin drawn back to stretch the platysma-myoides and the muscles of the neck, (the child being laid on its back,) proceeded to pinch up a fold of integument and fascia across the tumour, and run the scalpel through, cutting from within outwards; and the parts being held asunder, the tumour was taken by the fingers and carefully dissected round from the adjacent tissues, being turned uninjured out of its bed, with but very slight bleeding.

"*Examination.*—On looking at the tumour, it was found to be an oval sac, containing a thin pellucid fluid, probably serum, perfectly diaphanous. The coats were thin. On the right side it seems to have been held down by the sterno-hyoid muscle, the dissection of which, with the thyroid cartilage and the upper rings of the trachea are seen in the wound. The child being removed, the wound was kept open for a couple of hours, and the head elevated to arrest all subsequent bleeding. The cold-water dressing was applied. One arterial twig was tied, and a few hours after, an interrupted suture was inserted, to bring the edges of the wound together, aided by a few straps of isinglass plaster, and the patient kept quiet.

"August 22nd.—Child doing very well; no fresh bleeding; skin cool; and the secretions natural.

"24th.—Around the wound there is some slight redness and tenderness; no fever. The first dressings have been removed.

"26th.—On account of some swelling and redness about the throat, and some inflammation about the wound, a poultice was ordered, and the water dressing afterwards applied.

"28th.—Wound looking much better; swelling gone down; water dressing. The greater part allowed to heal by granulation.

"30th.—Wound doing very favourably: to become an out-patient.

"Sept. 25th.—Child brought to the hospital to shew the perfect cure. Discharged."

A precisely similar case was presented the other day. The cyst was taken out entire without the evacuation of its contents, and little doubt need be entertained that a radical cure has at length been effected.

CASE II.—"CYSTIC TUMOUR ON THE THYROID BODY.

"W. D——, aged ten, admitted under Mr. Liston, Nov. 9th.—A thin, spare child, of pallid complexion, but on the whole has enjoyed good health. From the birth has had an enlargement in front of the throat, which had been noticed by his parents, gradually enlarging for five years before he was subjected to any medical treatment.

"Being five years old, by the advice of his friends he was taken to Sir Astley Cooper, who punctured the cyst, and intended further proceedings for radical cure, which, however, were prevented by that eminent surgeon's decease very shortly afterwards.

"The patient then got into the hands of a practitioner, under whose treatment he was for three years; several setons were during this period passed through the tumour, and some fluid escaped, and it became for a time smaller, not to any purpose, however, for it soon collected.

"A second practitioner now being consulted, made an incision over the tumour, and turning aside the flaps, passed a seton through it: this reduced it for the time, but with as little ultimate success as the last.

"From that time to the present he has been a patient at an hospital, where several operations with cutting instruments and caustics have been performed. Latterly an attempt was made to cut out the cyst. Either before or during the operation, the contents were evacuated, but the mother was assured that it was entirely removed—in fact, that a radical cure would be the result.

"Notwithstanding this, four months have now elapsed, and the tumour is the same as ever; indeed, it has been observed to grow more rapidly, and cause more inconvenience to the motions of the throat.

"In the present state the tumour is about the size of a small hen's egg, the longest diameter lying transversely across the thyroid body, on which it is perfectly moveable above, less so however, below, where the tumour is scarred and irregular—the mementos of the previous unsuccessful practice.

"With the motions of deglutition the tumour rises and falls. It is elastic under the fingers, and transparent; the skin covering it is rather redder than that surrounding, and in its lower part is less free than above, being a good deal scarred there. No pain or impediment to respiration on deglutition is experienced, and the health has not suffered from it, though the child is delicate.

"November 11th.—Mr. Liston, on the child being placed on the table, and the neck stretched, the chin drawn backwards, proceeded to pinch up a fold of the integument across the tumour, and pass in the scalpel, cutting from within outwards. The flaps were then drawn aside, and the cyst carefully dissected out. More obstacles than usual presented themselves, on account of the former handling of the tumour. The bleeding, which was rather copious during the operation, ceased on the patient's head being raised. No vessels required ligature when the child was taken to bed, and the edges of the wound in the course of the evening were dressed with the isinglass plaster, and brought together. Patient now doing well."

The dissection of cysts from this region is not so simple a matter as might at first be imagined. The motions of the chest, of the larynx, and of the jaw, embarrass an operator much; and besides, when the connexions of the skin to the tumour, and of the cyst to the surrounding parts, have been rendered intimate and firm by inflammatory action—the result of repeated operations—it is no easy matter to dissect the cyst clean without injuring it. The certainty of removing the whole morbid secretory surface, however, will depend very much upon the cyst being taken out entire.

What is to be done with those malignant tumours that are met with in this situation? I should say, the less the better; but it will not always do to give the patient over at once, to refuse to prescribe, to tell him that it is impossible he can recover—that he is labouring under a malignant disease for which there is no remedy. You must give a guarded prognosis, a cautious answer to inquiries about the case, or the probability is, that the patient will fly off, incontinently, to some practitioner less scrupulous than politic, who will encourage his hopes of a cure even up to the very termination of the disease. The consequence of speaking quite conscientiously to a patient may be, that he will fall into the hands of some one who will humbug him, hold out hopes to him, and, what is worse still, may possibly, by some foolish interference, hurry on the disease. He will perhaps promise a cure under the most desperate circumstances, and give medicines which may sometimes by chance have had a good effect in other cases, but certainly not in those of malignant disease. There is no doubt whatever that tumours of all kinds are now and then hurried on by the imprudent exhibition of deobstruent medicines and applications. Common scrofulous swellings of the neck, instead of going back under this treatment, often come forward with greater rapidity; and this will be more especially the case if they are puffed and heated, shewing that there is some considerable degree of vascular action going on in them. You often find these tumours increase rapidly under the exhibition of the iodide of potassium, or the exhibition of iodine in the form of tincture; and the same happens in malignant diseases. No doubt numbers of patients have died many months sooner than they would otherwise have done, in consequence of the treatment pursued. It has often been my misfortune to see malignant tumours, many of which have been greatly aggravated by being treated actively. There was a gentleman under my care some time since, from whom I removed a small warty excrescence on the cheek, at the side of the nose, by the application of nitric acid. It came away quite clean, and the cicatrix looked smooth and healthy, but he returned to me afterwards with a small glandular swelling in the neck. I forget whether it was on the same or on the opposite side. I advised him to leave it alone; I treated it lightly, and did nothing for it. He was not content; but went, it appears, forthwith to another surgeon, who set to work to treat him actively by internal and external means. I saw him again, in a couple of months, in consultation, and then the disease had taken on all the characters of cancer; it was a firm, stony tumour, closely adherent, not at all moveable: the treatment was gone on with, but there was no advantage resulting from it. I did not see him again till some months afterwards, when I was called in, in consequence of the patient bleeding from a tremendous cancerous cavern in the neck. The hæmorrhage was stopped by stuffing the cavity with lint; but he died in a day or two, from the loss of blood and constitutional disturbance. If the small lump had been left alone, and palliative means only had been used, in all probability the patient would have lived much longer. Perhaps I was wrong in not prescribing conium, or something else, to amuse him, instead of telling him not to interfere with it. Sometimes practitioners are not content, in these cases, with local applications, and giving what are called deobstruents, but they puncture swellings of this kind with needles, and even push trocars into them; they are not, perhaps, satisfied with drawing off only a small quantity of bloody fluid once, but repeat this proceeding

from time to time. This I have known to be done in many cases, which must have been ascertained to be quite hopeless, when the proceeding could neither give any new light to the practitioner nor relief to the patient. This is all very wrong.

There are other operations to be performed in this neighbourhood.

In the first place it is sometimes necessary to open the external jugular vein. This is not an operation very often practised now-a-days, but it is occasionally had recourse to in children where it is difficult to get blood from any other vein. The veins at the bend of the arm in very young children are not easily seen; the arm is often very much loaded with fat; you cannot make a puncture with any certainty of drawing blood, but you can always make the jugular vein swell up, and get blood from it. You do not require to be provided with a ring tourniquet, a "jugum colli," as it was called, such as the old surgeons used to apply, to make the vein rise. You have the child held securely; you put your finger above the clavicle, at the place where the vein is dipping down to enter the subclavian, and thus you make it swell; then, with a common lancet, you make an opening in the same way as at the bend of the arm. You introduce the little instrument into the vein, through the skin and the platysma, carrying its blade forwards, and making an opening of sufficient size to allow the blood to escape. You can, by pressure on the lower part of the vein, keep it full till you have taken away a sufficient quantity of blood. On removing the pressure, and applying a compress, the flow of blood generally stops easily enough, but where there is occasion for it, you may, as a last resort, introduce a small pin, as the veterinary surgeons do.

The larynx requires to be opened for the extraction of foreign bodies, as I stated, in treating fully of the injuries and diseases of this canal, a few days ago. As soon as you are convinced that a foreign body is lodged in the windpipe, there should be no delay in removing it, whether it is fixed or loose. You cannot tell how soon fatal symptoms may occur, and the patient be destroyed: but at whatever period you are called in, it is your duty to open the larynx. Generally, loose bodies, on the opening being made, will tumble out of themselves, as seen in the following case:—

"TRACHEOTOMY FOR FOREIGN BODY IN THE TRACHEA.

"W. D——, aged five years, brought to the hospital about eleven A.M., Nov. 2, with a foreign body in the trachea. About half an hour ago, whilst laughing, a small glass seal he had in his mouth, suddenly slipped into his throat, and threatened immediate suffocation. His mother instantly pushed her finger into his throat, and felt the glass bead; it advanced before her finger, and the violent struggles for breath were succeeded by very quick breathing, and a rapid spasmodic cough, that has lasted till now. The face is swollen and livid, the lips purple, the eyes suffused, the countenance expressive of extreme distress and anxiety, the coughing almost continuous, in short, rapid expirations. Now and then he appears exhausted for a moment, and takes three or four inspirations comparatively quietly, but directly he takes rather a fuller inspiration, the cough returns with renewed violence. Nothing is seen or felt in the fauces, but on applying the stethoscope over the trachea, the noise of a moving body may be distinctly heard rattling up and striking apparently against the glottis at each forced expiration &c.

"Mr. Liston, on arriving, proceeded to perform tracheotomy. The patient, first securely fastened in a large sheet wrapped several times round the body and arms, and closely pinned, was held by an assistant horizontally, with his face upwards, and his head between the operator's knees. In making the preliminary incisions, blood gushed freely out from the veins, which were greatly distended by the efforts of the child, together with the distressing difficulty of breathing. None of these were attempted to be tied. Mr. Liston waited a few seconds, till the first rush of blood had somewhat abated, and then proceeded at once to open the windpipe. The trachea, which was never still for a moment, rising and falling rapidly with the hurried movement of respiration, was seized by means of a small dissecting hook, in a fixed handle, and drawn forwards towards the mouth of the wound. The scalpel was entered at the sternal extremity of the incision, its point directed upwards, and its back towards the vertebral column; the hand kept low, and with a light hold of the instrument, so as to avoid injuring the œsophagus &c. by any sudden movement of the patient. Two or three of the cartilaginous rings were divided, and the assistant immediately directed to turn the child over, with his face downwards. For an instant, the little patient seemed on the point of suffocation, as the first inspiration drew in a certain quantity of the blood, which could not be prevented from flowing; but the next moment, by the change in position, the blood trickled on the floor, a deeper inspiration was taken, the foreign body was expelled with force, and, as if by magic, the breathing became quiet, and the venous hæmorrhage ceased spontaneously. Warm water dressing was applied over the wound, the child was put to bed, and almost immediately fell into a sound sleep, breathing almost entirely through the mouth and nose.

"The glass seal was about the size of the little finger-nail.

"In the evening, being a little feverish, and complaining of a little pain and uneasiness in the throat, near the sternum, he was ordered to take two grains of calomel every two hours, and six leeches were applied over the trachea.

"The next day, (Nov. 3rd,) the leeches were repeated, and the breath having become fœtid, the calomel was changed for antim. tart. gr. $\frac{1}{12}$, with pulv. ipecac. gr. $\frac{1}{4}$, every two hours. In the evening, the breathing having become much more hurried, and the feverish symptoms decidedly worse, (pulse 180,) he was bled to ℥ix. Continue antim. tart. After the bleeding, the child vomited, and appeared rather faint for some time.

"Nov. 4th.—He remained decidedly better, and more comfortable.

"Nov. 5th.—The symptoms having again become rather more active, he was cupped at the back of the chest to ℥iv., and a small blister applied over the sternum. The wound is granulating healthily; no attempt is made to bring it together; it is dressed with water dressing.

"After this nothing untoward happened. The patient soon began to regain his strength, and was discharged, cured, December 5th."

But sometimes foreign substances have not come away for a day or two after the operation; this you will find to have happened in some of the recorded cases. You keep the opening pervious, perhaps you retain a tube in the wound till the foreign body is got away. It may be found above the wound, and you may disentangle and extract it by introducing a bent probe. It

is usually below, and you must then endeavour to discover its situation: if it be a metallic body, you employ a steel probe to search for it. You must also be furnished with forceps of various forms and lengths, in order to lay hold of it. Certainly, if you have some dexterity, or any luck, the foreign body will be got out without any unpleasant symptom.

You may be called on to open the windpipe, on account of acute disease. Sometimes, in cases of scalded glottis, the symptoms become alarming, and you are under the necessity of performing this operation. It is occasionally necessary, in consequence of wounds of the neck, where extravasation takes place in the tissue, giving rise to suffocation. In some cases of transverse wounds, swelling takes place below it; or in consequence of the edges not coming together well, interfering with the passages of the air, you may be obliged to make a wound lower down, but in a different direction from the one originally inflicted. You will also be imperatively called upon to perform this operation in cases of œdema of the glottis. In cases such as those I have enumerated, you are not to look on from hour to hour and day to day, seeing the symptoms gradually getting worse and worse, and allowing the patient to run the danger of sudden suffocation every moment, but you must interfere immediately; you must not wait till he is in articulo mortis, but operate while the lungs and head are still unaffected. In some instances of ulceration of the larynx, you open it, with the view of enabling the patient to breathe more freely, to get rid of the vitiated secretions more readily, and to afford time for the ulcers to heal. The latter indication may be promoted by carrying a bit of lint, dipped in a solution of nitrate of silver, on a bent probe from the wound upwards, so as to come in contact with the diseased surface.

In acute laryngitis, if the disease is confined to the larynx, you may be obliged to open the windpipe. In croup of young subjects, where there is generally extensive inflammation of the trachea and its ramifications, with formation of false membrane, no benefit will arise from the operation. You are not justified in having recourse to it in the first instance; and after effusion has taken place there is no good to be expected from the proceeding. Sometimes the little patient has some temporary alleviation of the distressing difficulty of breathing after coughing up some shreds, portions of tubes of false membranes. This could not take place were an opening made in the windpipe, and thus the fatal termination might be accelerated by this proceeding.

You must consider whether you will cut into the larynx or into the trachea; under some circumstances, opening the crico-thyroid membrane may answer the purpose. It has been proposed to open the larynx in cases of suspended animation from drowning, exposure to noxious gases, and so on; but this is not required. You can expand the lungs through the natural passages; by putting a tube through the rima glottidis you can inflate them, if it is necessary. It has been also proposed to fill the lungs by compressing the windpipe against the vertebræ, shutting one nostril and blowing into the other. You must take care that the air breathed in does not pass down the wrong canal and distend the stomach and bowels. This is a part of surgery of which I know little or nothing. I never had occasion to attempt to resuscitate an individual that was supposed to be drowned, or hanged, or exposed to noxious vapours. Such cases might occur, and it is right that you should be prepared to interfere with them, but it is not by tracheotomy that any good is to be done, so far as I understand.

In cases where there is obstruction at the rima glottidis, as where swelling has followed a scald of the glottis, the high operation might answer, and in cases where a foreign body, not of large size, is lodged in the ventricle of the larynx, an opening in the crico-thyroid membrane might suffice, and it is much simpler than tracheotomy. It can be done at once with any pointed instrument that comes readiest to hand, as a penknife, and without any great incision. You feel for the space between the cricoid and thyroid cartilages, and there make a longitudinal incision, right into the tube. This might be resorted to where a person is suffering from the lodgment of a foreign body in the œsophagus, and in such cases it has been done successfully too. A patient may labour under serious and alarming obstruction of breathing in consequence of some large body pressing on the back of the trachea, and you may have nothing at hand to displace or extract it, but you save the patient in the meantime by performing laryngotomy, and allowing him to breathe, until you can examine what the foreign body is, and take proper means for its removal. In the majority of cases the operation of tracheotomy is to be preferred, as for the extraction of loose foreign bodies, or of those lodged in the lower part of the canal. In all diseases of the larynx and glottis you will also act more wisely in opening the windpipe. You thus get a large opening, and in cases of disease you make the opening far removed from the affection, and in a part of the canal which you are certain is quite pervious and clear: you thus ensure the free breathing of the patient.

This operation, as I said before, is one not attended with great difficulty or danger. The wound can be made down upon the windpipe without involving any vessel of importance. There are sometimes arterial branches running across the windpipe; but this is very rare. The thyroid arteries are sometimes wanting on one side, and their place is supplied by branches going from the opposite side. This is an uncommon occurrence: on looking over all the anatomical collections in the kingdom you will not find many preparations shewing this variety. There is no muscular substance to divide; but there are a few veins, lying over the windpipe and the thyroid body, to be avoided. The wound heals immediately; everything is in favour of it; and it is therefore very different from a wound across the windpipe. The action of the sterno-mastoid muscles will tend to bring the superficial parts of the wound together; and the sterno-hyoids will produce the same effect with regard to the deeper parts. If you make an opening to extract a foreign body, and succeed, the wound will heal as fast as you wish it to do; you must, in fact, try to keep it open for some time; you must not dream of sewing it up, because blood, even in a small quantity, might insinuate itself into the windpipe, or become infiltrated in the cellular tissue, or collect in the cavity of the wound, and cause injurious or fatal pressure: you put a bit of lint betwixt its edges, and cover the surface of the wound with a pledget dipped in cold water, which is to be frequently renewed. After the incision has been made six or eight hours, you may then bring it together, or apply some strips of plaster: it will generally heal with great rapidity. You find, in cases where a foreign body has been lodged in the wound or many days or for many weeks, or even months, that upon its withdrawal the parts contract so much, that in twenty-four hours, if it were necessary to introduce an instrument again, you will find it very difficult to accomplish.

There is no difficulty in getting down to the windpipe in the adult patient, if he is at all steady, and willing, as most patients who have suffered from difficult breathing are, to submit to the operation. You place the patient on a chair, (this is better than the recumbent position,) turn his head back, and have an assistant to support it. You make an incision from the top of the sternum upwards towards the cricoid cartilage, fully an inch in length, through the skin and the subjacent tissue. You expose, at once, the sterno-hyoid muscles, and cut between them, push the veins out of their place downwards, clear the windpipe upwards, by pushing the isthmus of the thyroid body out of the way, if it is there, and then you are quite prepared to cut into the passage. You desire the patient to swallow his saliva, and taking advantage of the windpipe being pulled upwards, you push the knife into it at once, with the back towards the top of the sternum, and, by a little sawing motion, divide three or four of the rings. There is generally no difficulty in doing this, and no bleeding; but if any vessel be wounded, you may tie it, or wait a little before you open the windpipe. If you operate for the extraction of a foreign body, the probability is, that it will slip out of itself, at once; by the relief to the respiration, and the cessation of struggling and exertion on the part of the patient, the bleeding, principally venous, will cease immediately. If there is any arterial bleeding, you take care to arrest it; you then dress the wound, and allow it to come together in due time. If you operate for an obstruction at the top of the windpipe, you must keep the opening in the tube pervious; and for this purpose you introduce a properly-formed canula. Veterinary surgeons do not hesitate to cut a large square hole in the trachea, and some surgeons practising on the human body have proposed to cut out an oval piece of the rings and their connecting membrane; but that is, at the least, quite unnecessary, and, indeed, it may be hurtful, by leading to an after contraction of the windpipe. It has been recommended to keep the wound open by a spring, like the dissecting forceps; but this instrument cannot be well or long retained. There is no sound objection whatever to the introduction of a proper canula. I have had as much experience as most people in these cases, for I must have performed the operation at least twenty times, and I have used this tube in all those where it was necessary to provide for the free breathing of the patient. You might suppose that it would cause irritation; but you will recollect that the lower part of the air passage is by no means very sensible. By introducing a foreign body upwards, great irritation is produced, but downwards, there is little or no inconvenience caused. Pass the point of the tube then into the opening you have made, and slip it home at once. There is a little coughing from the cold air passing down; it gives the patient some alarm; but that passes off, and the breathing goes on without interruption. Then there is a discharge of mucus, and you instruct the patient how to get quit of it. He puts his finger upon the tube and narrows it, and then he can cough nearly as well as through the natural passage. By narrowing the opening through which the air is passed, the mucus is ejected with the air. The tube is taken out from time to time, and replaced; and after a few days, the patient can do this himself. There is no occasion for putting in a tube as large as this throughout the cure; you introduce a smaller one, and through this he can perhaps breathe more freely than at first. It has been proposed to thrust a trocar and a canula into the windpipe: here is the instrument—a small, straight, lancet-shaped trocar, with double tube—that used to be sold for that purpose. But the man who invented this must have tried it only on the dead body; he could have known nothing of disease, nor of the function of respiration. The patient could not breathe, nor could you get a foreign body through an opening so made. If any air passed through it, it could compensate but little for any narrowing at the top of the windpipe. A large sharp-pointed stylet has been adapted to the curved canula, but it is not very surgical to attempt to plunge this into the windpipe; the probability is, that you would go on one side, instead of into it—more especially in children. You may, if you choose, have a double canula—one to put in, while the other is taken out and cleaned.

In children you may sometimes find difficulty in performing the operation. The neck is short, and often very fat. The space in which you cut is very limited; the windpipe also is exceedingly small, and in all cases where the operation is required, the breathing is embarrassed, and the parts are in constant motion. Yo must have the patient well secured; you cut down upon the fore part of the neck, right in the median line, expose the sterno-hyoid muscles, separate the connecting cellular tissue, and clear the trachea. You cannot make a young subject elevate the windpipe well or certainly, by swallowing his saliva; you must therefore stretch and fix the tube before cutting into it; you do this by

putting a sharp hook in it. You then pull the larynx upwards, thus, push in your knife, and make a sufficient opening.

In some individuals, when the operation is performed for disease at the rima glottidis, the canula may soon be removed safely, and the wound permitted to heal; but sometimes it must be worn for several weeks. In many cases the box of the larynx may have fallen in so much from extensive ulceration, that the patient must wear the canula for some time; and if you prevent cold air getting in he goes on very well.

The same precautions are to be observed here as in wounds after the patient has attempted suicide; the wound must have a covering of loose texture to prevent cold air getting into the passages.

How are foreign bodies in the gullet to be got out? It will depend very much on their sort and size and situation. You will not set about taking out needles or pins in the same way that you would large lumps of gristly meat, bone, coins, or any other hard body that may have lodged in the passage.

Foreign bodies in the œsophagus and pharynx cause a great deal of pain when the part is put in motion. If it be a hard and sharp body, there is a pricking sensation; if the body be of large size the passage may be obstructed, the breathing may even be affected, as I have said; at all events, the patient will be unable to swallow anything. A very small solid substance will obstruct the passage completely when the patient is naturally very nervous, or the part is at all diseased. Patients who have a difficulty of swallowing become nervous; hysterical women are choked with very small substances, and patients who are labouring under stricture or organic disease of the œsophagus may have the passage closed from the lodgment of a very small portion of food. I have repeatedly seen cases of this kind. I recollect a woman, who came to me three or four times within two years, complaining that the passage to the stomach was completely closed. By introducing a small probang, the obstruction was discovered in the usual place; a piece of meat was pushed through the contracted portion of the canal, and she was relieved. She would not suffer the introduction of instruments for any other purpose.

Suppose that a large piece of gristly meat, or a large piece of tripe,—oh! indeed, you need not smile at this, for you will find in surgical books many accounts of persons who have been choked with tripe,—gets entangled in the narrow part of the canal, immediately behind the cricoid cartilage, you must consider how you are to remove it. By introducing a probang you may, it is true, push it down to the stomach. A piece of whalebone with a sponge at the end of it will do very well. In introducing an instrument for any purpose into the pharynx or œsophagus, you must look to the position of the head, and bring all the tube, fauces, pharynx, and œsophagus, as far as possible into a line with the mouth. For this purpose you throw the head very well back, depress the tongue with the finger of the right hand, and push the instrument back to the fore-part of the vertebræ, where you guide and bend it suitably with the finger. Just as you get it behind the velum, and into the top of the pharynx, you desire the patient to swallow his saliva. By this action the instrument is drawn back into the throat, the rima glottidis is closed, and you then, with the greatest security, push the instrument downwards, certain that it will go in the right passage. You continue to push it onwards till you meet with some obstruction. But there are foreign bodies which it would be very unsafe to push down, such as a piece of rough bone or cartilage, or hard gristly meat. You might tear the passage, or cause a rupture of it, and this would be attended with very serious consequences. Infiltration in the loose cellular membrane, putrid abscess, and death, have not unfrequently followed rash operations of this kind. If the foreign body is of such a nature that you cannot push it down safely, you must bring it up if you can. For this purpose you must be provided with instruments of various forms. Here is a pair of forceps well suited for removing hard meat. You feel that there is something obstructing the canal; you open the instrument on the foreign body, seize, and extract it. I have taken out many lumps of meat in that way. If the foreign body is hard—a piece of bone or a piece of metal—you seize it with such forceps as these. The blades are made to open in different ways, according to the position in which the body lies. If a piece of metal—generally a coin—is fixed in the œsophagus, you may ascertain its position correctly, though you may well guess whereabouts it is to be found, by passing down a *steel* probe. This is the way to deal with large foreign bodies; but you very often find small sharp bodies lodged in the pharynx—sticking deeply in the tissues composing it—pins, pieces of fish-bone, and portions of the beards of barley. I have seen a great deal of irritation produced by a small husk of oatmeal stuck in the fauces or pharynx. These things will sometimes stick in the membrane for a long time; but you must recollect also that patients will often complain of a foreign body lodging in some portion of the passages long after it has got into the alimentary canal. The feeling of pain and uneasiness often remains a considerable time after the foreign body has gone away. The same takes place in the eye. A small fly gets betwixt the lid, for instance,—no uncommon occurrence in riding or walking out into the country in summer,—it causes intense pain; you get a friend to raise the eyelid and pick the fly out, but the feeling still continues, and does not go off, perhaps, for many hours. You must be quite sure that the foreign body is really lodged in the throat before you attempt to take it out. You bring the patient opposite a strong light, hold the tongue down, and then, perhaps, you see the substance; and by taking hold of it with small forceps, pull it out. Or, if it be low down, you hold the patient's head back, and with your finger feel down by the epiglottis, by the root of the tongue on each side, and if your nail is a little long, you may entangle and bring up the foreign body between the finger and the nail. I have even taken pins and needles out in this way. But you may not be able to reach the foreign body in this manner, and you must then use the forceps. You will find a difficulty in disentangling needles; you are obliged to humour them, moving them first in one way and then in another, and at last you will succeed in extracting them. Pieces of wire, nails, &c., are sometimes lodged here, and great caution is required on the part of the surgeon in handling them.

I should have stated that coins are sometimes extracted by means of forceps, and sometimes they are removed by a blunt bent hook.

Occasionally you find very curious foreign bodies lodged in the throat. The following case came under my notice years ago, though the patient was not under my care. A boy engaged in herding cattle was preparing his fishing-tackle. He had a hook for catching jack, which he put in his mouth in order to repair it in some way. The cattle, meanwhile, wandered amongst the corn; he shouted out on observing them, and in recovering his breath, filling his lungs again, the hook slipped back into the gullet, and there it stuck. You are aware that in fishing for jack, there are used three large hooks, tied back to back, like a grappling-iron, by means of brass-wire. There was much fuss made about this case; the boy was brought from a great distance to the hospital, and he was kept as a show for some time. Every one suggested some plan or other for getting out the foreign body. It was a case in which, had it been in the hands of a very energetic surgeon, œsophagotomy ought to have been at once performed. There appeared but little chance of the three hooks coming out again, and the only apparent way of getting the boy out of the scrape would have been to make an opening below, and extricate them by pulling them downwards. The lad had a long chain hanging out of his mouth for weeks together, and at last it was proposed to use a bone probang, a large ivory ball with a hole in it; and this was to be pushed down to disentangle the barbs. By this time, however, extensive ulceration of the pharynx had taken place, and the foreign body was gulped up, to the relief both of the patient and of the medical men. In cases of this kind, you frequently find thatpractitioners are as much indebted to chance as to good management. Sometimes foreign bodies can neither be got down nor drawn out, and in these cases, as in the one I have just related, the œsophagus ought to be cut into. The incision should be made, not in the median line, but by the side of the windpipe. An incision ought to be made in the superior triangular space of the neck, of sufficient length to enable you to get cleverly to the obstruction. The larynx must be turned aside, and you will take care not to come in contact with the recurrent nerve, or to interfere with any of the other important organs in the neighbourhood. Guided by the foreign body, you cut through the parietes of the œsophagus, lay hold of it, and extract it with forceps, vulsellum, or hook, as may be. I think

that Mr. Arnott had occasion to perform this operation in the Middlesex Hospital some years ago, but it is not had recourse to once in a quarter of a century.

Where there is simple contraction of the gullet, you endeavour to restore the passage to its natural size. For that purpose you introduce instruments, day after day, till the parts recover themselves, and you can pass an instrument of full size without difficulty. You must be sure that there is really contraction, and from thickening of the walls of the tube, that it is not merely an hysterical affection; and you endeavour to ascertain, if there is organic disease, that it is not of a malignant character, before you propose a proceeding of this kind. You would not think of destroying the stricture by caustic, as proposed by Sir Everard Home; it is only by very gentle management that you can expect to succeed, or to benefit your patient.

You require to introduce an instrument where persons have received injuries of the neck, but you would not put in a tube and retain it there. In bad cases, where the pharynx, or œsophagus, has been wounded, this may be done; but in the majority of cases all you have to do is, from time to time, perhaps two or three times a day, to introduce a common elastic catheter, such as is employed for the urethra. You pass it beyond the wound, and through it inject broths and jellies. Of all this I have already fully informed you.*

It is necessary to introduce an instrument into the stomach, when you wish to dilute its contents, or to empty it of any deleterious fluid. You employ an instrument of full size and length, and take care that it enters the œsophagus. Without due care you might pass a very small tube into the trachea; and you can easily understand that it would be a serious matter to inject anything, however bland, into that canal. This has been done. Dessault mentions a case, and you will find cautions upon this subject given in surgical books. You are told how to pass the end of the tube through a sheet of paper, and hold a candle to it; but you can never pass a full-sized tube anywhere except into the œsophagus. With the syringe, you inject a sufficient quantity of fluid into the stomach to dilute the poison, and then you pump it up again. A variety of syringes have been invented for this purpose, and other surgical purposes; but the best is that made by Mr. Read, a gentleman who directed his most anxious attention to the subject years ago. To him and to the late Sir Astley Cooper we are indebted for the introduction of this operation, by which many lives have been saved. There is very little caution required in employing this instrument, and it seems to answer the purpose very well.

It is time to say something about distortions of the neck. I have long ago told you of the bending forward of the neck as arising from disease of the cervical vertebræ. I spoke of disease between the upper bones of the neck—the base of the cranium, the Atlas and vertebra dentata—the position of the head, and the difficulty of swallowing which the patient experienced. The head becomes bent down on the sternum; it can then hardly be moved, and in the later stages of the disease, if any rash attempts are made to move it, it may fall suddenly forwards, the whole body will become paralyzed, and the patient will die very speedily.

But the head is often bent to one side, and this arises sometimes from bad habit; sometimes it takes place in consequence of some spasmodic affection of the muscles of the neck, attributable to one source of irritation or another; in young subjects it may arise from derangement of the digestive organs, from worms, from irritation of the mouth, and a thousand other things. Sometimes it arises in consequence of painful glandular swellings, abscess, or ulcerations at the side of the neck. You had an opportunity of seeing a well-marked case of this kind very lately under treatment. Upon the evacuation by several openings of very deep-seated matter, the position of the head was at last righted. You often see a patient who, in order to relieve himself of the pain of an inflammatory tumour, will keep his head to one side for a considerable time, and by habit the muscles get so accommodated to it, that he is unable to put his head straight again. The muscles on one side become so contracted that it is only with great trouble that the head can be brought into the middle line. If the head is kept in one position from spasm of the muscles, or from bad habit pursued for a considerable time, one sterno-mastoid becomes shorter than the other, and there is no possibility, by any mechanism, of getting the head put in its right position. The spasmodic action will continue for a long period, and ultimately one muscle is, perhaps, so far wasted away. The disease is what is termed torticollis, or wry-neck.

*Note by the Editor.—A series of Lectures by the same surgeon, on "Injuries and Diseases of the Mucous Canals," including affections of the Windpipe, Gullet, Urinary and Genital Organs, and the Lower Bowel, with their treatment, will be published in this journal, soon after the conclusion of the present course of "Lectures on Practical Surgery."

ON THE

TRUE CHARACTER OF ACUTE RHEUMATISM

IN REFERENCE TO

ITS TREATMENT BY MEDICINE.

By J. Arthur Wilson, M.D., Physician to St. George's Hospital.

PART II.

(*Continued from page 218.*)

It is startling, on the retrospect of a large hospital practice, to observe how many hard-working men and women perish miserably before their prime, from disorders of the pulse and breath, consequent on attacks of acute rheumatism. Of British fevers, with the exception of the small-pox and scarlet fever, there is, I believe, not one, of which, in the long run, and in a given number of cases, the result is more frequently fatal.

To all who are held professionally responsible for the safe conduct of this disorder to its close, the question must continually recur, whether such large contingent mortality may not, in part, be attributed to erroneous rules of practice. Assuredly, the analogy of definite and consecutive action, which we have sought to establish between the rheumatic and other forms of fever, is seldom regarded in its treatment. Under the "alias" of acute rheumatism, this disorder is subjected, in a twofold capacity, to direct interference from the practitioner during the entire process of its self evolution. The patient is made to pay by the lancet for its acuteness, and swallows every specific for gout and neuralgia, in right of his rheumatism. Yet, in the approved treatment of rheumatic fever, though the character of its action be special and inflammatory, the principle of its cure is not antiphlogistic, or one of specifics. Obtained, as in the other continued fevers, from the observation of symptoms in their context and progression, it assists in the development of action, and is content, for the most part, to follow indications. In ordinary cases, it has been said that the fever of acute rheumatism is competent to the task of its own cure; yet no illness requires from the physician more careful and constant attention during its progress, for it is liable to many accidents and complications, with a sequel so harassing and protracted, that, of the patient, it is never known when he is fairly out of it. Moreover, it admits of great relief from various remedies, and may often be conducted by judicious treatment, some days sooner, to its end; and when this is safe, it should always be done, for the case is never without danger while the fever lasts. Besides, with the means of relief in our hands, we cannot refuse, in this disorder, to prescribe for the pain—a symptom constantly present, and of proverbial severity. Here, in the administration of narcotic medicines, the principle of direct interference is at once admitted. From the indulgence of a false humanity, in getting rid of pain, without reference to its cause or context, and under the prevailing dread of all action, (in whatever kind or degree,) that is called by the bad name of "inflammation," there is reason to believe that many of the dangerous complications so frequent of late years in the pathology of acute rheumatism, do in truth proceed. In the well-known combination of calomel with opium, this mischievous diligence of treatment receives its most frequent illustration. The objects proposed in this heroic formula (when any are really entertained, for it began by caprice, and followed in the vogue) are not less than the immediate and complete extinction of fever, pain, and inflammation, with the consequent prevention of all dangerous complications, by organic lesion of the heart and other vital viscera. It is a rude empirical practice, which seldom succeeds, and failing of success, is most injurious to the patient. In its routine application to the languid, weak, and exhausted, as to the full and vigorous habit of body, there is reason to believe that it has destroyed very many who, under less popular and energetic methods of treatment, would in due time have recovered.

It does not necessarily counteract inflammation of the heart, lungs, or pericardium. Again and again it has been observed in practice, that "heart symptoms" have been rapidly developed in cases of rheumatic fever, while under treatment by large and frequent doses of calomel in combination with opium. In many of these cases, is it not more than probable that the fevered masses of blood in circulation through the chest are directly influenced to their further prejudice by admixture with the drug and the mineral? With a full belief in the special curative agencies of mercury, yet knowing, in certain constitutions, how entirely it disagrees, and how dangerous it occasionally becomes from coincident effects of functional disorder or organic disease, we cannot be too careful in opposing it specifically to the fever of acute rheumatism. Calomel is not in any special relation of cure or relief with the rheumatic diathesis, and should not be employed in the simple rheumatic more frequently than in the simple continued fever. When I first entered on hospital prac-

tice, though continually deprecating the reckless use of mercury which then prevailed, I fell much into the habit of prescribing two grains and a half of calomel, with the fourth, or the half of a grain of opium, at intervals of four or six hours, in the early stages of rheumatic fever. I have now for many years past discontinued the use of this compound alterative, and see no reason to recur to it.

There has been, of late years, such a crying up, among certain sectarians in London physic, of calomel in combination with opium, as specific in all inflammations, general, local, and special, that, holding this prescription on a threefold trust, we are compelled to it, on every count, in the cardiac aggravations of rheumatic fever.

Yet who could with confidence affirm that, by the employment of this formula, he had, in any one instance, prevented adhesion of the pericardium, or arrested the vegetations, by fibrinous deposit, on the cardiac auricular valves. Assuredly, under the free use of calomel with opium, the symptoms, as obtained by sound or otherwise, that are observed in coincidence with these states of the heart and its membranes, have not unfrequently been known to subside; but it is equally certain that the same effects of relief have followed, on very different and less energetic modes of treatment. The question remains, whether the mercurial salt, not being always needful in cardiac rheumatism, may not sometimes be injurious.

In exhausted cachectic habits, with which this form of the disease is frequently associated, there is great reason to believe that mercury determines a further mischievous activity in the structures, which, by a process of inflammation, are already abusing the material and business of their own nutrition. There is a large body of medical practitioners, happily not increasing in this country, in whose small code of physic, "inflammation" is the universal bane, and calomel the only antidote. To these off-hand prescribers, exclusively "practical," and supereminently "regular," it is matter hard of belief, that lymph may be fast exuding on the serous surfaces of the chest, while a mercurial saliva is flowing largely from the mouth. I have never seen more of ragged pulpy deposit on the surface of the heart from recent inflammation of its investing membrane, than in the case of a young woman who was brought, some five or six years ago, into St. George's Hospital, (shortly before her death,) profusely salivated in sequel of rheumatic fever. Some blood which was drawn from the arm of this patient, for the relief of urgent comatose symptoms, exhibited the buffy inflammatory crust in a very marked degree.

Colchicum has likewise been vaunted in large doses as specific in rheumatic fever, for no other reason, as it would seem, but that the patients having been purged, rendered sick, and deadly faint under the operation of this drug, did nevertheless, in the end, recover by the course and through the actions of the disease. Certain cases unwittingly proclaiming this triumph of rheumatic fever over colchicum in effecting the process of its own cure were published in one of the journals not many years ago. Elaterium, or hellebore, it escaped the author, would have done as well. If such be "regular" practice, it is by "licence," and not with "privilege." There is more of wisdom, for there is less of cruelty, in homœopathy, hydropathy, or animal magnetism. The courage is with those who refuse to prescribe.

It is not from want of will or of effort to understand the fever of acute rheumatism, that the profession are so completely at issue respecting the best method of bringing it to a close. At no time has this great European disorder been more carefully studied. It is indeed just now a favourite theme with the clinical professors of France, England, and Germany. There is cause for deep regret in observing that a physician, earnest and distinguished as Schönlein, of Berlin, should consent to treat this well-defined disorder by the rules of an obsolete empiricism, with little or no regard to the consecutive nature of its symptoms. It appears, in the recent publication of his clinical lectures, that even digitalis finds a place in his prescription for rheumatic fever, on the old indication of directly arresting the heart's action, and of promoting from the fevered kidney an excretion, vicarious with that which in this disorder is spontaneous to the skin.

The healthy relations of this drug with the blood (and it is prescribed on no other indication) are not such as to authorize its employment in a disease whose principle of cure is one of unrestrained spontaneous action. But it should ever be remembered, that all the ordinary effects of physic, as of food, are of necessity disturbed under the influence of a fever, which, universal as the blood itself, impairs, for the time, the business of nutrition in every living structure.

Under severe functional illness of this kind, glandular excretion may be as completely interrupted as by structural change of the organ itself. Diuretics, purgatives, and expectorants, thus become, on proof, but the mockery of a name; and the patient, in this perplexity of agencies that are foreign to his system, may be at once narcotized by "stimulants," or slowly appropriate from "anodyne" and "sedative," the elements of active inflammation.

Large quantities of nitrate of potash, ranging, in the course of twenty-four hours, from half an ounce to an ounce and a half, or even two ounces of the salt, have lately been recommended by M. Gendrin and other French physicians, as specific in rheumatic fever. The history and details of this method of treatment have been ably set forth by Dr. Henry Bennet, in THE LANCET of June 15, 1844. The opinion of this gentleman is rather favourable to the practice, from large and frequent observation of its result. There is, it would seem, a warrant for a more extensive trial of nitre in the treatment of acute rheumatism than has heretofore been made. The salt passes, we are told, unaltered through the system, and is separated by an easy process of excretion from the kidney. Should the renal functions be rendered difficult under the influence of the fever, or seriously impaired by previous organic disease of the gland, it will be necessary for the physician to consider what effects may follow in the extreme textures of the body, from the retention, in undue quantities, of a salt that is foreign to the animal composition.

In complete disregard of all that is peculiar in the action of this disorder, as of its wide practical analogies with eruptive and continued fever, it has been proposed to treat the patient by the simple rules of antiphlogosis, and so to bleed him into health. Not many years back, it was declared, upon authority from a London hospital, that rheumatic fever might be encountered at advantage by the lancet alone. It was to be "cut short," and at once "extinguished," by large, early, and repeated venesection. More recently, the French physician, Bouilland, for the cure and prevention of rheumatic cardiac inflammation, finds nothing necessary but that the blood-current should be suffered incontinently to run to waste. Consistently with a due respect for the principle of self-development in the operations of all continued fever, venesection should never be practised in the treatment of acute rheumatism, as the means of immediate and specific cure, but is warranted only for the prevention of excessive general action, or as protecting the affected structures from partial disorganization. In cases of an overcharged system, bleeding may sometimes be of use, by directly promoting action, when a reduction of force and material is necessary, that fair play may be given to the heart and large vessels, while tasked with the operations of a great constitutional disorder. For the safe cure of rheumatic fever, we must often be content that our patient should become worse before he can be better. He recovers through a process of suffering, and by dint of inflammation. An action of this kind may be set up by every large joint in succession; and though of these local inflammations no one would of itself suffice, it is certain that through them, collectively, the rheumatic crisis is, in the main, determined. There are no worse cases of acute rheumatism than those in which, with an equal amount of constitutional disorder, there is least of redness, heat, and swelling, in the larger articular structures. Certainly, the rheumatic inflammation of the heart, pericardium, and other thoracic viscera, is not prevented by a full development of the same peculiar action in tendon and ligament, yet, in any given number of cases, it will be found that the heart is most frequently involved when the arthritic symptoms are suppressed, recede, or do not, from the first, appear. After a succession of these local inflammations, and not till then, the constitutional disturbance begins to subside. It would seem, throughout the disorder, that, in familiar phrase, more good is done by the joints to the constitution, than by the constitution to the joints.

In the treatment of this disorder, its analogies with gout and rheumatism should be continually remembered. Like them, it may be partial, irregular, or suppressed; and, like them, it is rendered comparatively safe by development. The independent separate power of nutrition, temperature, and function, which, in disease as in health, the living structures are severally capable of exercising, is in no way more strikingly illustrated than by the arthritis of rheumatic fever. Elbow, knee, wrist—every great joint, it may be, in succession, sets up, maintains, and brings to a close, its own special process of inflammation, irrespectively each of the other, and this without abatement of the general disorder, which remains in operation through the system, until the arthritic crisis is everywhere completed and determined; and here is a recurrence of the great practical lesson by which, in this disorder, we are continually taught to bear patiently with fever, and to look, at times, with favour on inflammation. The true origin of symptoms is from the business of nutrition in the extreme textures of the body. Hence, all the evidences of impaired vital agency will be found to proceed, and among them, in its local varieties, Inflammation, which is but an expression of the nutritive function, rendered difficult, for the time, in particular structures. Inflammation originates no movement, creates no function, brings no new elements into operation; it is not an

acquired principle, but an innate faculty, held in trust by every living structure from the beginning, for the means of self-protection, and as a security, under injury, for redress. Thus considered, the arthritis of acute rheumatism is respected by the physician as salutary, under circumstances, and as working, with the fever, *to a cure*.

For the safe and better construction of its pathology, it is of great practical importance that the self-adjusting character of this highly composite disorder should be likewise recognised in its local segments. In the extremity of suffering induced by rheumatic inflammation in the joints, we are continually tempted, under a false compassion, to prescribe with undue energy for the removal of its cause, thus disturbing the natural succession of symptoms, which, in this as in other idiopathic fevers, are prearranged, by purpose, to an end. These partial inflammations of membrane and fibre define themselves, for the most part, with the same regularity as the fever, in which they all conspire; generally receding in less than forty-eight hours from their several points of attack. Locally, on this principle, they are best treated when most let alone. The affected joints, when urgently painful, may be soothed with tepid washes of the liquor ammoniæ acetatis, combined with laudanum, or with dry fomentations of hop, bran, and camomile. It is not here proposed to consider the rare instances of rheumatic inflammation in which it may be necessary, by blisters, local bleeding, or other measures, to protect the affected joint from ulcerative disorganization.

(*To be continued.*)

CASE OF SUPERNUMERARY NIPPLE.

By Thomas S. Rising, Esq. Surgeon, Great Yarmouth.

In a number of The Lancet of last June, is an account of some cases of supernumerary nipple, reported by Dr. Chowne, which has induced me to forward you the following:—Elizabeth Thacker, aged thirty, having presented herself for pain and swelling of the shoulder and chest, during the examination of the case I inadvertently observed what I at first supposed to be a mole, but on closer inspection discovered a nipple, situated about an inch and a half below the right nipple, with distinct areola and excretory duct, from which a milky fluid exuded. She was much surprised when I informed her of its nature, not even being aware of its presence till a few weeks before marriage, when, she says, she was induced to examine her breast after having had her fortune told. She has borne and suckled several children, but always nursed them from the left breast, having experienced severe pain whenever she attempted to use the right. She is not aware of any of her family being similarly affected.

Royal Hospital, Great Yarmouth, Nov. 1844.

FACTS & OBSERVATIONS ILLUSTRATIVE OF THE NATURE & TREATMENT OF THE DISEASES OF WOMEN, WITH REMARKS ON SOME SUBJECTS CONNECTED WITH MIDWIFERY.

By G. Oakley Heming, M.D., F.L.S., Physician-Accoucheur to St. Pancras Infirmary, and to the Western Dispensary.

(*Continued from p.* 196.)

CARCINOMA OF THE CERVIX UTERI.

Of seven hundred and seven cases of cancer observed in the principal organs of the body, Madame Boivin has stated that those of the uterus constitute more than half, and that the disease occurs most frequently in the uterus, then in the ovarium, and, lastly, in point of frequency, in the mammæ.

From my own experience, I think the mammæ are much more obnoxious to carcinoma than the ovaries. Fortunately, this awful disease is confined, with few exceptions, to certain periods of life; it is comparatively rare either before the uterine organs have begun to perform their functions, or after they have long ceased to do so. Madame Boivin states that out of four hundred and nine cases of cancer of the uterus there were—

Under twenty years of age	12
From twenty to thirty	83
From thirty to forty	102
From forty to forty-five	106
From forty-five to fifty	95
From fifty to sixty	7
From sixty to seventy-one	4
Total	409

Carcinoma commences almost always in the cervix uteri; there are, however, some exceptions to this. There is a case related in the *Medical and Physical Journal*, in which the disease did not commence in this part of the uterus. Mrs. B——, aged thirty-six, after suffering with symptoms of diseased uterus for about three years, was seized with excruciating pain, and died in fourteen hours after this attack.

Dissection.—Peritonitis; the uterus was enlarged, but not very considerably; at its fundus, an ulcer, about the size of a shilling, had opened into the abdomen; the internal surface of the ulcer was about the size of a crown-piece; there was no ulceration at the cervix uteri.—Dr. Heywood, vol. xxiii. p. 300.

Mr. Travers has observed, "It is rare for cancer to begin on the sides or fundus of the uterus, but it sometimes happens."—Med. Chirurg. Trans., vol. xvii. p. 350.

There may be carcinoma of the cervix uteri, the carcinomatous matter, whatever it may be, pervading its texture throughout; or carcinoma in this part, the carcinomatous matter being collected into a mass, and forming a distinct tumour, either attached to, or situated in, the cervix uteri, otherwise healthy. Dr. Carswell states, "that the heterologous deposit, forming the different varieties of carcinoma, takes place either as a production of nutrition or of secretion; in the former case it is deposited as the nutritive element of the blood, enters into the molecular structure, and assumes the arrangement of the tissue, or organ, into which it is thus introduced; in the other case it appears on a free surface, as on serous surfaces."—Pathological Anatomy, 2nd Fasciculus.

And he further states—"The deposition of the carcinomatous matter in the molecular structure of organs, its effusion on the free surface of serous membranes, and its separation from the blood, contained in its proper vessels, clearly shew that it is not, as described by Andral, hypertrophy of the cellular tissue, inasmuch as this disease occurs frequently in situations in which this tissue is either small in quantity or does not exist."—Pathological Anatomy, by Dr. Carswell, 3rd Fasciculus.

"The carcinomatous matter is not found in the arteries, but in the capillary and venous systems."—Pathological Anatomy, by Dr. Carswell, 2nd Fasciculus.

Sir Charles Clarke speaks of two varieties of this disease—"In one there is a firm tumour, of a rounded form, springing from the surface of the cervix uteri, or imbedded in it, whilst the other parts of the uterus are perfectly healthy, except that its parietes are thickened as the disease advances, and its cavity seems larger than that of a healthy uterus." In the second, "instead of any distinct tumour, the whole of the cervix uteri becomes larger and harder, possessing the characters, when cut into, of a regular carcinomatous tumour."—Diseases of Females, vol. i. p. 211.

This distinction appears to me of the greatest consequence where the operation of the removal of the cervix uteri is contemplated, as such an operation is much more likely to succeed in the latter than in the former case.

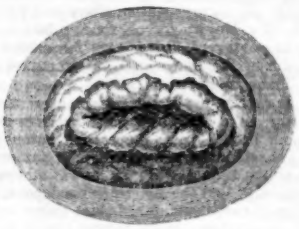
The symptoms of carcinoma of the cervix uteri are not usually violent in the early stage of the complaint, and sometimes, if care be taken that the part sustain no violence or excitement, and proper treatment be adopted, the disease may remain almost stationary for a very considerable time.

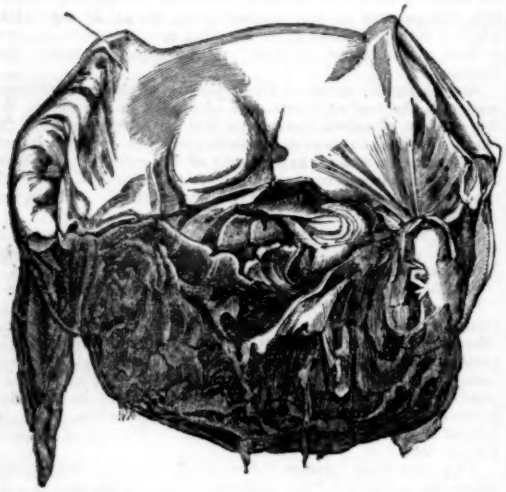
The earliest notice that the patient has of her complaint is a sensation of weight in the vagina, and occasional pains, of a lancinating character, in the pelvis. There is sometimes a discharge of mucus, tinged with blood; and often, upon any unusual exertion, either of the body or of the mind, hæmorrhage occasionally takes place to a very considerable degree. If the patient has not ceased to menstruate, the catamenial discharge becomes more frequent and more abundant, and it is mixed with coagula.

The uterus, affected with true carcinoma, rarely acquires a size sufficient, mechanically, to interrupt the functions of the neighbouring organs, but it is not uncommon for the patient to experience strangury, from the bladder sympathizing with the diseased uterus; and sometimes, in the ulcerated stage of carcinoma, when the bladder *is about* to become perforated by an extension of the ulceration, retention of urine has come on from coagulated blood retained in this viscus, furnished by the mucous membrane lining its cavity. The stomach sympathizes with the diseased uterus often, even in this stage of the complaint, and the patient has heartburn and vomiting, and she is subject to attacks of nettle-rash, and often these sympathetic affections are so distressing to her as to occasion the local affection to be entirely overlooked. (Case 8.)

As many of these symptoms accompany other affections of the uterus besides carcinoma, an examination *per vaginam* is absolutely necessary, to enable us to form a correct opinion of the case. If the disease be carcinoma, the cervix uteri will be found

enlarged and indurated, or a distinct tumour will be felt, attached or imbedded in the cervix, otherwise healthy; and as Sir Charles Clarke has observed, pressure upon the diseased parts, in either case, produces pain of a lancinating kind. The os uteri will be found larger than natural, open, and its labia indurated, everted, and their surfaces irregular; sometimes this orifice is so open as to admit the finger, which then seems to be surrounded by a hard, firm, cartilaginous ring. (Case 8.) The accompanying woodcuts





are very good representations of this formidable disease; the smaller one exhibits the state of the os uteri before ulceration has commenced; the larger, copied from the excellent work of Sir Charles Clarke, is intended to represent ulcerated carcinoma. In some very rare cases, the os uteri has not been found more open than in its normal condition: in these cases, I suspect, the disease has commenced in the body of the uterus. (Case 9.) The os uteri is found open in chronic inflammation, but then its borders are soft and broad. (Case 10.)

When carcinoma of the cervix uteri takes on the ulcerative form, there is usually a swollen state of the external parts, with itching, and, as in cases of carcinoma of the mammæ, erysipelas frequently occurs in the vicinity of the diseased organ. The orifice of the vagina is often excoriated by the ichorous discharge, which is very offensive, and frequently mixed with blood; and hæmorrhage often, in this stage of the disease, takes place to a very considerable extent. The bladder and rectum, if they have not done so before, now sympathize with the diseased uterus, and become greatly irritated.

When ulceration has occurred in carcinoma of the cervix uteri, the general system suffers greatly from the local disease; the circulation is hurried, and the patient becomes greatly emaciated; the functions of the stomach are but badly performed, the food is rejected, and vomiting occurs even where there is no food taken into the stomach; the mouth becomes apthous, the tongue pale, dry, and smooth; but it is sometimes red; and great heat is complained of in the whole course of the alimentary canal. With these symptoms there is considerable thirst, and the lancinating pain felt in the pelvis is most violent.

Madame Boivin observes—"In point of fact, although the finger of the experienced practitioner distinguishes accurately between cancerous ulcer and unevennesses arising from cicatrices, and can fail only in detecting superficial erosions, yet, for persons less practised, the eye will be the best judge of the greyish colour, the even surface at the centre, and the livid redness of the everted, thick, and rugged border of carcinomatous ulceration. Manual examination may lead to a mistake in a novice, when the disease has made great progress, and destroyed the os uteri, reduced the cervix to the shape of a funnel, &c. The practitioner, little used to such a state of things, will be at a loss to come to a decision, unless the use of the speculum, or the observation of the accessory symptoms and physical signs, shall remove the perplexity." When phagedenic ulceration has advanced in depth and extent, destroyed the cervix uteri, invaded the upper part of the vagina, and attacked even its whole length and its whole substance in several places, then the neighbouring organs are soon perforated, the bladder and rectum permit the urine and fæces to escape by fistulous openings at their lower extremities; occasionally the peritoneum has been perforated, and the patient has died of acute peritonitis, the urethra has been obstructed, and the ureters have been obliterated. "We have ourselves frequently observed, in post mortem examinations, disorders, the existence of which might have been supposed incompatible with life: the viscera of the pelvis have been entirely destroyed, or blended together in shapeless, ulcerated, softened, almost pultaceous masses; a real detritus of these organs, of a greyish or brownish colour, mixed with shreds, in which their tissue is, to a certain point, still distinguishable, and with schirrous, fibrous, or encephaloid fragments."—My Translation of the Work of Boivin and Dugès, p. 269.

The use of the speculum requires the *greatest caution* in cases of ulcerated carcinoma, and especially where fungus growths arise from the ulcerated surface, as these malignant excrescences bleed often upon the slightest touch; I have known hæmorrhage of a most frightful kind occur whilst the instrument was in the vagina, or immediately after its removal. In some cases, this instrument cannot be used, as "the uterus, when it becomes affected with carcinoma, frequently becomes fixed to the surrounding parts, and is found low in the vagina, within an inch of, or almost upon a level with, the os externum. This canal most frequently becomes early involved in the disease; its coats become indurated, contracted, and affected with malignant ulcerations. When the finger is introduced, it passes into a hard, contracted ring, in the vagina, beyond which there is often a great ulcerated excavation, communicating with the cavities of the bladder and rectum." —"Cyclopædia of Practical Medicine:" article, "Pathology of the Uterus. Vol. iv. p. 395.

An examination with the speculum, in cases of this kind, is rarely necessary, as a practitioner at all conversant with diseases of the uterus can generally form a correct diagnosis, in such cases, by an examination with the finger.

Sometimes this disease makes dreadful havoc in a few months, destroying the patient in less than a year; in other cases, many years are passed in wearisome pain, relieved, it may be, by a cheerful interval of improvement, for some weeks or months. It is astonishing to observe, in the practice of public institutions, the dreadful ravages the disease has committed, before application is made for relief.

Although we cannot prevent or cure carcinoma of the uterus, much may be done to relieve the agonizing pain usually attendant upon this awful disease, and perhaps life may be prolonged by a judicious plan of treatment.

With a view of diminishing vascular action in the tumour, as well as in the adjacent parts, and thus preventing, as long as possible, the ulcerative stage coming on, local bloodletting will be found an important remedy. If the patient be strong and plethoric, blood may be taken, with benefit, from the arm; the reclined position must be observed as much as possible, and saline purgatives should be given in small doses, Epsom salts in infusion of roses, or, as Sir Charles Clarke has recommended, phosphate of soda, as being more agreeable to the patient. This plan of treatment may not only greatly relieve her, but it will prevent, probably, for a time, the ulcerative form of the disease coming on.

All circumstances must be avoided which may excite the parts; the discharge of mucus must not be checked by astringents, but it should be washed away with tepid water. If the patient be married, she should live as a widow. I once saw a melancholy instance of the rapid progress of the disease, from the excitement of matrimony.

The diet should be abstemious, and the quantity of food taken at each time, moderate; and such derangements of the general health, as may occur from time to time, corrected as far as possible. If discharges of blood from the vagina take place, they should not be checked, unless the hæmorrhage goes on to an alarming degree. The horizontal position may be all that is necessary in the slighter degrees of hæmorrhage, but if it be to an urgent extent, more active means must be employed.

As Sir Charles Clarke observes, these deplorable cases will

not admit of cure; we must be satisfied with palliatives, and not be too anxious to restore the patient to a vigorous state of health.

When ulceration has taken place, the reclined position, local bloodletting, and those measures which were recommended before the ulcerative stage had commenced, will be found, even now, beneficial: such a plan is not only calculated to arrest or moderate the spreading of the ulceration, but it also exerts a powerful influence in relieving the pain. The discharge is now very likely to excoriate the parts over which it flows, and it becomes of the greatest importance to keep the vagina as free from it as possible, by injecting tepid water, or using a hip-bath, about 94°. Medicated injections are sometimes used with considerable relief—hemlock, henbane, strong infusion of carrots, acetic acid, diluted in the proportion of a pint of water to an ounce of the acid; muriatic acid, greatly diluted, has also been thought occasionally to afford relief. I believe opium is the best remedy to relieve pain in these cases, and I have seen the greatest benefit in this respect derived from it. It is a curious fact, noticed, I think, by Dr. Steward, in the Medico-Chirurgical Transactions, that opium introduced into the rectum has much more influence over painful affections of the uterus, than when passed into the vagina, or applied to the part itself. When opium is exhibited as an internal remedy, the various preparations of it should be successively employed, commencing with the smallest doses which will answer the purpose. Extract of stramonium has been employed, and found a serviceable remedy, for relieving pain; and "the extract of belladonna, a grain, used as a suppository, has been found, in the practice of Sir B. Brodie, of singular service in relieving pain in cases of irritable bladder and carcinoma of the rectum."

Manchester-square, Nov. 1844.

DISLOCATION OF THE UPPER HEAD OF THE RADIUS INWARDS.

By William Robins, Esq. Surgeon, London.

On Thursday, October the 17th, I was sent for to see Mr. William G. F. M——, a young gentleman, seventeen years of age, who had just met with an accident in the Regent's-park. The account he gave of it was this: he had been climbing a tree near the road, and in descending attempted to alight on the park railings, but missing his footing, he was precipitated with violence to the ground. To save his face he extended his left arm and hand, and received the whole force on the palm. He immediately felt an excruciating pain in the elbow, and from this suffering he fainted. On recovering himself he found the pain still continued, and the joint was nearly immovable: he could not straighten it, neither could he bend it to a right angle. On examining the joint I found it considerably swelled, and it looked as though there was something wrong, although there was no great distortion of the parts. The olecranon was in its place, the end of the humerus was uninjured, yet there was scarcely any motion. I could see no other cause for this state of things than a displacement of the head of the radius; but as I had never seen such an accident, and knew it was of very uncommon occurrence, I was not convinced that it really existed till, after a careful examination, I felt the head of the bone anteriorly. I consider that the success of my treatment, too, proved the nature of the accident. I made extension and counter-extension, and with my thumb pressing on the head of the bone I suddenly flexed the forearm, and on the third attempt succeeded in replacing the bone, immediately restoring the motion of the joint. My patient not only bent the bones at right angles, but was able, with assistance, to place his hand on his shoulder; and at this feat he was so much astonished and pleased, that he was very anxious to keep it there. However, I placed it at rest in a sling, and by the use of antiphlogistic treatment have prevented any untoward symptoms.

I found, on referring to the great work of my preceptor, Samuel Cooper, Esq., that he considers, with respect both to this bone and the ulnar, that the dislocation is almost invariably partial. This being the case, I am not astonished that no greater evidence existed of the head of the radius anteriorly, and I am convinced, that without much care such an accident might go undiscovered. For this reason, and the accident being of rare occurrence, (Sir A. Cooper having seen only six cases in his most extensive practice,) I thought I should be omitting a duty if I allowed the knowledge of this case to be confined within the circle of my own professional friends. Mr. Liston, of Clifford-street, has seen the case.

Upper Southwick-street, Cambridge-square.

BELLADONNA IN FACIAL NEURALGIA.

By R. H. Crisp, Esq. Surgeon, Whittlesea.

In a recent case of facial neuralgia, in which the paroxysms were both frequent and severe, much relief was derived from the use of a suppository, consisting of a small piece of cotton wool, moistened with water, and five or six drops of the following composition:—Extract of belladonna, twenty grains; dilute alcohol, two drachms: rub down in a mortar. The suppository was repeated at bedtime occasionally, and with very small doses of aconitine, (not exceeding one thirty-second part of a grain,) twice or thrice in twenty-four hours, a generous diet, and exercise on horseback, was in a few days followed by a total cessation of pain. It is worthy of remark that in the case referred to, enemata, containing liq. opii sed., as recommended by the late Dr. Mackintosh, and likewise the extract of belladonna, had been administered for some weeks, with but slight and transient benefit. In conclusion, be it observed, that the paroxysms certainly increased in frequency and severity as the plethora of the system was diminished by medicine and a low diet, and *vice versâ*. How far this and the *modus operandi* of the belladonna are reconcilable with the "bony canal theory" of Dr. Black, quoted in your journal of July 27th, let the transcendental pathologists decide.

Whittlesea, Oct. 31.

ON THE QUACKS' PROTECTION BILL OF SIR JAMES GRAHAM.

By An Old Licentiate, Poston.

The preamble of Sir James Graham's Medical Reform Bill states, that it is for the good of all her Majesty's subjects that qualified persons should be known from ignorant pretenders &c. But this does not appear to be the sole object of the Bill, for the "ignorant pretenders" are to be encouraged; and Sir James, in his speech, where he advocates the expediency of favouring quackery, quotes, as a sufficient authority, the Hudibrastic couplet—

> "For sure the pleasure is as great
> In being cheated, as to cheat;"

thus not only ingeniously defending a rather questionable policy, but also, at the same time, giving quackery its right name—"*cheating*." Now be it particularly noticed, that "*cheating*" is the word distinctly made use of by Sir James Graham to express the system which the proposed Bill avowedly authorizes; and bearing this in mind, a plan might be proposed which would simplify matters amazingly, and would fully answer the whole and sole object of the worthy secretary of state. Let the Bill be entitled, "An Act for the discouragement of qualified Medical Practitioners and for the licensing of *cheating*." The preamble might remain as it is, and it might be simply enacted, that all quacks should be required to put over their doors a sign, with this inscription, "Licensed to cheat." This would be better than merely putting down the names of the "qualified" ones in a register which nobody would ever look at, while all those who take such a pleasure in being cheated, and whom Sir James Graham seems so anxious to accommodate, might ascertain, without any trouble, where to apply.

This business of medical reform, altogether, reminds me of the good old fable of the "Frogs desiring a King." In the year 1815, the doctors procured a protecting act of parliament. The frogs desired a king, and Jupiter sent them a log of wood. Now I am sorry to say, that for many years past it has been growing into a fashion to cry down the Apothecaries' Act; it came to be looked upon with no greater respect than King Log by his subjects. It was said that it was of no use—it was no protection, &c., and I can myself remember, when a student, long ago, looking up with contempt at a sign over one of the doors in the quadrangle of the hall, and thinking it a hardship to be obliged to knock under to a number of individuals who were "licensed to sell pepper." But, after all, we had better have remained contented with worthy King Log. Blood-royal is something, and there is a prestige of some value attached to the name of an act of parliament; this, however, we have not sufficiently considered: we have been prodigiously dissatisfied with the Apothecaries' Act, we have quarrelled with nearly all its provisions, and so we have been petitioning Jupiter for another king—and it seems we are to have King Stork. Oh, Mr. Editor, shall we not be eaten up alive?—We may "croak, croak, croak," as we like. Only consider. In the first place, quacks are to be virtually licensed; then there is to be no apprenticeship for the "qualified" ones. Practitioners must many of them have dispensers, and they will be obliged—as *apprentices* are not allowed—to take druggists' boys, or anybody they can catch. These shopboys will, in almost every case, consider themselves competent to practise, after a few years of servitude—and they *will* practise; the act,

which does away with apprentices, having removed every restriction. But, Sir James says, they cannot recover their bills—no more can the "qualified"—now that imprisonment for debt is abolished. You must admit, Mr. Editor, that, independently of the above consideration, a short term of apprenticeship is necessary. How absurd, if we have it not, will be the idea of a lecturer on pill-making! Students must be taught to dispense by hearing lectures; and a box of scales and weights, and a graduated measure, will have to be handed round to teach the signs. "This, gentlemen," the lecturer will say, "is a half-pint bottle," and so forth. Why, it will be worse than attempting to teach *shoemaking* by a course of lectures. I cannot but think that medical reformers have altogether overlooked the evils and inconveniences likely to arise from entirely abolishing the apprenticeship system.

I am very glad to see that the Apothecaries' Company have come forward to defend themselves. It is quite useless, now, to deny their great merit; and I sincerely hope that, in any measure of reform which may become the law of the land, (for it is absurd to suppose that Sir James Graham's Bill will ever pass,) that merit may be recognised and rewarded, by continuing to them, in some shape, the privileges which some parties are so anxious to deprive them of.

September 9, 1844.

BRITISH MEDICAL JOURNALS.

In the *Edinburgh Monthly Journal* are recorded a series of cases by Dr. Laurie, illustrating

THE PHYSIOLOGICAL AND THERAPEUTICAL EFFECTS OF INDIAN HEMP.

The following are the principal conclusions to which his experiments lead:—

1. It seems to belong to that class of narcotics which rapidly induce excitement and intoxication, followed by sleep, neither sound nor refreshing.

2. In a full dose it acts powerfully on the heart, causing palpitations, and rapid, weak, intermittent pulse; and on the nervous system, producing delirium, coma, convulsions, and dilated pupils.

3. Its effects are generally transitory. In one case, however, the intoxication and dilatation of the pupils lasted nearly forty-eight hours.

4. It is a very uncertain agent, in some cases producing the most violent and seemingly dangerous symptoms, in others being nearly inert.

5. It very frequently causes vomiting, which, whether it occur spontaneously or from emetics, very speedily relieves its unpleasant, and perhaps dangerous effects.

6. Applied around the eye, it does not dilate the pupil.

7. It exerted little influence on the few patients to whom it was given in the form of enema.

8. He does not think it is a valuable addition to our narcotic medicines. In very few instances did it act as an agreeable soporific and anodyne; in none did it succeed when opium had failed; and in one case only was it preferred to opium.

9. So far from acting generally as an anodyne, its effect was so disagreeable, that the majority of those who took it once, only did so a second time on compulsion; and this is the more remarkable, as the patients on whom he experimented belong to a class to whom stimulants of all kinds are familiar, and who would greedily swallow opium and spirits to an unlimited amount.

10. It caused an immediate craving for food, and, in a few, permanently increased the appetite.

Dr. Laurie's experiments with the hemp as a curative agent are too few to entitle them to confidence. He has certainly underrated its merits. As a remedy in hooping-cough alone it is invaluable, and though opposed to the extension of the already overgrown materia medica, we cannot refuse it there the place which its usefulness commands.

ON THE CURE OF DEAFNESS BY PUNCTURING THE MEMBRANA TYMPANI.

Sir Astley Cooper wrote a memoir on this subject in the "Philosophical Transactions," and shewed that the cases likely to be relieved by the practice were those in which the Eustachian tube was permanently closed, or when blood had been extravasated behind the membrane. To those cases other pathologists have added "a morbidly thickened and cartilaginous condition of the membrana tympani" itself. In the last number of the *Northern Journal*, we find an interesting communication on the results of the operation, by Dr. Mercer. This gentleman has performed it in several cases. He gives a table, which includes fifteen. Of these, six were performed for chronic thickening of the membrane, and the remaining nine for obstruction of the Eustachian tube. One case alone, and that of the latter affection, succeeded in the restoration of hearing. The operator then agrees with Itard in saying that "nothing is more rare than the cure of deafness by perforation of the membrana tympani." He then details at length the history of an instance of idiopathic hæmorrhage into the cavity of the tympanum. In this case, deafness, which was complete, was removed by the operation. As the example is an instructive one, we shall allow the author to describe the local appearances, the mode of operating, and the instrument:—

"The membrana tympani, instead of its normal, transparent, gray appearance, had a dull brown colour, and was slightly congested at the margin; the vertical line, indicating the handle of the malleus, was lost in the surrounding colour, and the membrane, instead of presenting its concave appearance, seemed pushed outwards into the meatus. On touching it with a probe it was almost insensible, and pressure against it produced an elastic pitting. The head was carefully supported with the left ear turned up, and the auricle drawn towards the vertex. The speculum being introduced as far as the second curve of the meatus, and then expanded, with a clear and steady light, the anterior and inferior part of the membrane was perforated, and a small portion of it removed by an instrument, which consists of a fine but strong steel needle, two inches and a half long, and the handle of an octagonal form, one and a half inch in length. The cutting or drill head is spear-shaped, one-sixth of an inch long, and one-eighth in breadth at the shoulders, where the edges are turned over. The point and edges are very sharp. Each of these edges is hook-shaped, one turned forwards and the other backwards; and when thus viewed longitudinally at their broadest part, they resemble the italic letter *f*. On being brought in contact with the membrana tympani, the handle is made to rotate between the thumb and fore-finger, and this being communicated to the cutting point, it perforates the membrane similar to a drill, at the same time that the averted edges are causing a considerable loss in its substance."

The subsequent treatment consisted chiefly of injections of warm water, and inflating the cavity with air, through the Eustachian tube. Dr. Mercer observed that the average time for reproduction of the membrane, when allowed to take place, was about four days.

ANALYSIS OF THE BLOOD IN A CASE OF LEAD COLIC.

"Professor Cozzi, in analyzing the blood of a person severely affected with lead colic, discovered that the lead existed in the state of a salt or of an oxide of the metal. He at the same time ascertained that the lead was neither united with the hæmatosin nor fibrin, but was wholly contained in the albumen of the blood."—*Edinburgh Medical and Surgical Journal.*

THE CLERGYMAN'S SORE THROAT.

"According to those authors who have paid most attention to chronic inflammation of the larynx, simple laryngitis tends naturally to a cure; the excesses and imprudences of the patient alone keep up the disease and often aggravate it."

There is, however, a chronic laryngitis existing as an independent disease; and this is clearly exemplified in what Dr. Dunglison calls, and by no means inappropriately, the "clergyman's sore-throat." It is certainly not limited to gentlemen of the clerical profession; but they being more exposed than most classes of the community to one of its causes, inordinate exertion of voice, it prevails very much among them, especially among the younger and unseasoned portion. It should be remarked, however, that men whose vocation is not speaking, would neglect an affection of the larynx, for which a clergyman, who is called upon once, if not twice, a week to address a large congregation, would hurry to his medical adviser for assistance—

"For he who lives to preach, must preach to live."

Hence it would not be correct to consider that it prevails among clergymen, in comparison with the rest of the community, in the proportion in which the former class seek medical relief from it.

The laryngeal affection is clearly denoted by very slight pain, increased by inspiring cold air, pressure, and exertions of voice, when it becomes such as to compel the patient to cease speaking. The sensation frequently does not amount to pain, only to a very unpleasant tickling, but equally with pain exciting cough, and compelling the patient, if speaking, to stop instantly. The con-

dition of the voice often varies in the same patient in the same day, being for a period perhaps little modified, at other times very hoarse, then muffled and very feeble, so as to constitute almost total aphonia. There is sometimes no constitutional disturbance in the disease, and when any exists it is very slight. Simple chronic laryngitis is a common sequel of influenza."—*British and Foreign Review.*

A NEW SYSTEM OF CRANIOSCOPY ON A SCIENTIFIC FOUNDATION.

Dr. Carus, whose rank as a physician and physiologist entitles everything which proceeds from his pen to respectful consideration, has recently put forward some new and interesting views, under the above title. They have appeared in the *Medical Gazette*, and Dr. Thurnam, of York, introduced the subject to the medical section of the British Association at its meeting in that city.

"He adverted to the recognised importance of a knowledge of the true signification of the size and form of the different elements, or distinct divisions of the brain or encephalon, in the study both of its healthy and abnormal manifestations; but expressed his opinion that the "phrenology" of Gall and Spurzheim had failed, as regards its details, in carrying a conviction of its truth to the minds of a great majority of those who, from their acquaintance with the anatomy of the brain and with general physiology, can be regarded as competent judges of the question. He contended, however, that the phrenology of these authors had been of great service in establishing some truths new to science, and in directing attention to the subject; but still thought that their phrenology may be regarded as holding very nearly the same relation to the true science, as in former days alchymy did to chemistry.

"He read several passages from Dr. Carus's discourse in support of the principal inferences of that distinguished physiologist.

"1st, That the encephalon (as shewn by the comparative anatomy of man and other mammalia) consists primarily of three pairs of ganglia or nervous centres—viz., 1st, the *cerebral hemispheres*; 2nd, the *corpora bigemina*, or *optic lobes*; and 3rd, the *cerebellum*. That, as shewn by the experiments of Flourens and others, the hemispheres of the cerebrum are connected with, and are indeed the organs of *perception*, the optic lobes of general *sensation*, (feeling and the passions,) and the cerebellum of the *will*, or voluntary power.

"2ndly, That the development of these elements of the encephalon, and the consequent vigour of their connected functions, is, within certain limits and under certain qualifications, indicated by the corresponding development of the three regions or vertebræ of the cranium, within which these three pairs of nervous ganglia are contained as within their proper skeleton—viz., the *frontal*, the *parietal*, and the *occipital vertebræ*.

"And 3rdly, That the development in different directions—viz., in height, width, and length, indicates different tendencies and qualities in these three great organs or divisions of the brain."

THE SCALP ISSUE IN CEREBRAL DISEASES.

Instead of the long and frightful incision made through the scalp for the purpose of establishing this issue in chronic cerebral disease, Dr. James Johnson has adopted with success "a more simple and less painful practice."

"It consists merely in drawing a line of the kali purum along the course of the sagittal suture—poulticing till the slough clears away—and then inserting a few threads of silk or cotton daily, imbued with the ceratum lyttæ. A purulent drain is thus established with very little trouble, and with great benefit in obstinate cerebral affections."—*Medico-Chir. Review.*

THE DIAGNOSIS OF INVERTED UTERUS AND POLYPUS.

At page 17 of the last volume of THE LANCET, the use of the uterine bougie, in the diagnosis of inverted uterus and polypus, as recommended by Dr. Simpson, was described. The more abundant our materials for arriving at an accurate conclusion, the less our liability to error; we therefore take the opportunity of referring to the views of M. Lisfranc on the same subject:—

"In inversion of the uterus, the bladder and a portion of the intestines are lodged in the concavity formed by the depression of its fundus; if, then, a curved catheter is passed into the bladder with its concavity downwards, and its beak is directed to the most depending part of this organ, the extremity of the instrument will be readily felt by the finger in the vagina, if the case is one of inversion, unless, indeed, the intestines have become adherent to the womb in such a way as to prevent the catheter penetrating into the depression formed by the inverted organ—a circumstance of very rare occurrence. M. Lisfranc thinks, however that the best way of discriminating between polypus and inversion of the uterus is to seize and depress the tumour with two fingers passed into the vagina, and then introduce the index-finger of the other hand into the rectum; no tumour can be felt through the gut above the one which is grasped in the vagina, if the case is one of inverted uterus; but if, on the contrary, we feel through the rectum a second tumour similar in shape to the uterus, above the vaginal tumour, then this latter tumour is a polypus. In one instance, indeed, M. Lisfranc was misled by this mode of examination; he diagnosticated inversion of the uterus, but the patient having died, a small fibrous tumour was discovered implanted on the uterus, which was flattened and reduced to the tenth part of its natural size."—*British and Foreign Review.*

CHEMISTRY, PHARMACY, AND MATERIA MEDICA.

DISCOVERY OF A NEW ORGANIC NITROGENOUS BODY IN HEALTHY HUMAN URINE. BY M. PETTENKOFFER.

WHEN human urine is evaporated in a water bath, the acid being previously saturated by carbonate of soda, the residue treated with alcohol, and to the liquid thus obtained, an alcoholic solution of chloride of zinc is added, a brown amorphous precipitate separates, which contains the zinc; after the lapse of some time the sides of the vessel become covered with minute crystals. These being dissolved with the precipitate in a large quantity of water, we obtain, on evaporating this aqueous solution, new crystals; to purify which they must be boiled in alcohol, and washed with cold water. This substance contains the chlorine, the zinc, and an azotized organic substance, which may be isolated by treating an aqueous solution of the crystals with hydrate of barytes, and precipitating with carbonic acid. The filtered solution comprises the chloride of barium and the organic substance in question; this must be evaporated to dryness in a water-bath, the residue treated with alcohol, and after the barytes is precipitated by sulphuric acid, the filtered solution must be further treated with oxide of lead, to remove the hydrochloric acid and the excess of sulphuric acid. The solution, again filtered, is treated with sulphuretted hydrogen, to precipitate the last traces of lead, evaporated in a water-bath; and there is formed, as it concentrates, a neutral crystalline mass, soluble in alcohol and in ether. The solution of these crystals is not precipitated by bichloride of platinum. With chloride of zinc this substance reproduces the primary combination. The analysis of this body gives—

Carbon	39.5
Hydrogen	7.0
Nitrogen	34.0
Oxygen	19.7

which corresponds to the empirical formulæ—

$$C_6\ N_6\ H_{16}\ O_2$$

A NEW ACID IN HUMAN URINE.

W. Heintz, in "Poggendorff's Annalen," has announced the existence of an acid hitherto unknown in normal urine. He has not obtained it in sufficient quantity or purity to make a satisfactory analysis, but he is satisfied that it contains a large amount of nitrogen. Its salts and re-actions prove its being distinct from hippuric or lactic acids.

Heintz observes, that Liebig asserts, in his recent paper, that as lactic acid is not destroyed by putrefaction, it cannot be altered during the putrefactive process of urine. The former fact is generally admitted, but it by no means necessarily follows that during the putrefaction of urine, no causes operate to destroy lactic acid, if it be present. This statement of Liebig he alleges requires still some experimental proof.

ADULTERATIONS.

The *Chemical Gazette*, from various authorities, states that the following adulterations are practised:—

1st. *Bread.*—By the employment of borax to disguise bad flour, four ounces are used to one hundred pounds of flour. To detect this a considerable quantity of bread must be boiled in water, the solution filtered, clarified by boiling with white of egg, and again strained, and concentrated sulphuric acid added and well stirred. It is then set aside, when crystals of boracic acid will separate, if borax has been used.

2nd. *Liquorice Powder*, amongst other drugs, is manufactured on a large scale in this country, and in Holland. That of commerce contains starch, which may be detected in the usual way, by iodine; it contains also Dutch pink, alumina, and chalk, and then effervesces with acids.

3rd. *Nitric Acid* is adulterated with sulphuric acid, to increase its specific gravity, &c.

THE LANCET.

LONDON: SATURDAY, NOV. 23, 1844.

HEARTILY rejoiced are we to learn that the analysis which was furnished in our last LANCET, of those clauses in the Government Medical Bill which provide for the establishment of a COUNCIL OF HEALTH AND MEDICAL EDUCATION, has produced its natural effect on the minds of the profession.

We cannot, however, acknowledge that the approbation which has been so kindly bestowed on our labours is the "most gratifying reward" that we could receive for the exertions we have made to expose the iniquity of the Government project. The *defeat* of the scheme is the end at which we aim—the efficient, unmitigated exposure of it being the means which we are endeavouring to employ for that purpose. Whatever may be the approbation bestowed upon our labours, we shall consider that all our exertions, and the labours of the other opponents of the measure, will result in a complete failure if we do not succeed, either in preventing the *re-introduction* of the atrocious Bill into parliament, or in hindering the measure from ever becoming one of the statutes of this realm.

Again let us bring under the notice of the profession, in a brief summary, the leading, and, consequently, the most objectionable features that are to be found in the clauses for carrying the imbecile project of the promoters of the Bill into effect.

As a preliminary to the examination of this summary, the members of the profession should recollect that they have been petitioning parliament, during nearly twenty years, for a law which should confer upon them the right of governing their own medical institutions and affairs, through the instrumentality of *a liberal and faithful system of representation.* This is an historical fact which ought invariably to be kept in view throughout all the discussions on the tyrannical and illiberal project of the Government. Now, then, for a recapitulation of the most striking and distinctive characteristics of the notable plan for placing medical practitioners, and the medical colleges and schools of this country, under an *improved* system of administration.

The COUNCIL OF HEALTH AND MEDICAL EDUCATION is to consist of eighteen persons—namely, a Secretary of State, five Regius Professors of Medicine and Surgery; six physicians and surgeons chosen by the Councils, or Senates, of the Colleges of Physicians and Surgeons; and six other persons, who are to be chosen by the Secretary of State.

Sir JAMES GRAHAM is, at present, *the* Secretary of State who would have been thus invested with authority, if the measure in the last Session had become an Act of the legislature. The Bill provides—

That the President shall be ... ... Sir JAMES GRAHAM.

That the Vice-President of the Council shall be appointed by ... ... Sir JAMES GRAHAM.

That all the members of the First Council, excepting the Regius Professors, shall be appointed by ... Sir JAMES GRAHAM.

That all the members shall retain their offices for three years, when a physician and surgeon, appointed on behalf of the Colleges, shall retire from the Council, in conformity with the mandate of ... ... Sir JAMES GRAHAM.

That the six persons, not being Regius Professors, nor appointed for the Colleges, shall be permitted to remain in their offices agreeably to the pleasure of ... ... Sir JAMES GRAHAM.

That when any vacancy shall occur amongst the members of the Council appointed by the several Colleges, such College, as the case may be, shall "supply such vacancy, subject to the approval of"... ... ... Sir JAMES GRAHAM.

That the manner of choosing *all* such members shall be subject to the approval of... ... ... Sir JAMES GRAHAM.

That any of the members may, at any time, be dismissed for misbehaviour, at the discretion of ... ... Sir JAMES GRAHAM.

That a principal Secretary for the said Council shall be appointed by ... ... Sir JAMES GRAHAM.

That local Secretaries for Scotland and Ireland shall be appointed by ... ... Sir JAMES GRAHAM.

That the clerks, and messengers generally, shall be appointed by ... ... Sir JAMES GRAHAM.

That the members of the said Council shall be paid such salaries as shall be fixed by ... ... Sir JAMES GRAHAM.

That such travelling expenses shall be paid to the members as may be allowed by ... ... Sir JAMES GRAHAM.

That the Clerks and Messengers shall be paid such salaries as shall be named by ... ... Sir JAMES GRAHAM.

That the meetings of the Council shall take place [once in a month, or once in five years,] accordingly as may be determined by ... ... Sir JAMES GRAHAM.

The Council being thus happily organized, let us again view the names of the gentlemen who might now have been sitting in solemn conclave, as the conservators of the public health, and as the regulators of our system of medical education, had the Government Bill been enacted into a law in the last session of Parliament. It is not, be it observed, entirely conjecture as to these names, the first six on the list being those of the Secretary of State, and the five Regius Professors:—

THE COUNCIL OF HEALTH AND MEDICAL EDUCATION,

CHAMBERS OF THE POOR-LAW COMMISSION OFFICE, SOMERSET HOUSE, November 23rd, 1844.

Sir JAMES GRAHAM, *President.*	Dr. SEYMOUR, (*London.*)	Lord HYDROPATHY, *Vice-President.*
Dr. KIDD, (*Oxford.*)	Mr. WELBANK, (*London.*)	A POOR-LAW COMMISSIONER,
Dr. HAVILAND, (*Cambridge.*)	Dr. ALISON, (*Edinburgh.*)	Mr. EDWIN CHADWICK,
Dr. WM. STOKES, (*Dublin.*)	Sir G. BALINGALL, (*Edinburgh.*)	Mr. PLACEHUNTER,
Professor SYME, (*Edinburgh.*)	Dr. GRAVES, (*Dublin.*)	Sir JOHN HERBALIST,
Dr. JOHN BURNS, (*Glasgow.*)	Dr. JACOB, (*Dublin.*)	Lord HOMŒOPATHY.

Secretaries.

Dr. HASTINGS, (*Principal.*)	Dr. MAUNSELL, (*Ireland.*)	Dr. STREETEN, (*Scotland.*)

If we examine the crotchets and vagaries which occupy the minds of many persons in an exalted station of life, with reference to the practice of medicine, and the confidence which is reposed by them in *specific modes of treatment* practised by the notorious quacks of the day, the names above given will present nothing of caricature, and may be taken as fairly illustrating the medical talent, and general ability, of an average of the Councils which might be organized under the provisions of the Government Bill.

If Lords HOMŒOPATHY and HYDROPATHY be objectionable persons,—if *they* place no sufficient value on the curative powers of medicine, in the enlarged sense of the term,—if *they* value insufficiently the scientific attainments of medical practitioners,—what opinion are we to entertain of those statesmen and senators who propose to break down every legal barrier which separates the enlightened practitioner from the itinerant quack and impostor? There is no disguising the fact that amongst the members of the committee which sat in the House of Commons in 1834, an opinion very generally prevailed that there should be no restraint on the practice of medicine, and that the public should be at full liberty to select their medical advisers from amongst members of the universities, colleges, and hospitals, possessing the highest attainments in medical learning, or from amongst the advertising pretenders and quacks who constitute the very dregs and filth of society. Strike out any three of the names which stand in the last of the foregoing columns, and place in their stead those of Lord JOHN RUSSELL, Mr. MACAULEY, and Mr. WARBURTON, what would the profession or the public gain by the change? The three last-named gentlemen are not less strenuous in their advocacy of "free-trade in medicine," than are the infinitessimal and water-cure lords the supporters of the quackish and absurd doctrines of which they unblushingly proclaim themselves to be the advocates.

But our objections to the constitution of the COUNCIL OF HEALTH AND MEDICAL EDUCATION are not at all confined within the narrow limits already specified. We are opposed to its organization, and its mode of connexion with the Government, and we also offer to it the most undisguised and unqualified hostility with reference to the duties which it would be called on to discharge.

As regards the first objection we might remark that the Council is so little the representative of the profession, that its constitution is an insult to the general practitioners. Relative to the manner of connecting this body with the Government, it may be truly observed that it would become a puppet in the hands of a minister of the Crown, whose nominees would be sufficient, in official position and number, to screen *him* from responsibility.

With reference to the third objection, we would emphatically contend that two great public duties, entirely distinct in their origin, nature, and consequences, would devolve upon this Council, whilst it is not so constituted as to be enabled to discharge either of those duties with advantage to the profession or the public. The throwing upon one institution the double duty of adopting all the requisite national measures for securing the health of the community against contagious and other diseases, accidents, and noxious nuisances, and also of providing for the public a sufficient number of qualified medical practitioners, available, at all times, to the mass of the community, are duties which are entirely at variance, and so utterly irreconcilable, that it is difficult to understand how the absurd notion of subjecting them to the control of one and the same establishment could ever have been entertained. A country like that of Great Britain and Ireland is in want, not of *one*, but of several COUNCILS OF HEALTH. In the great divisions of the empire there might be three chief institutions of this kind, or *central* councils. But even that number would not be sufficient for practical purposes. *Every county*, even, ought to possess its COUNCIL OF HEALTH; and as there seems to be so strong a desire for connecting affairs of this kind with the Government, a nominee of the Crown—the LORD LIEUTENANT, for example—might always be the *ex-officio* President of such an institution. On this subject, assuredly, we should not suffer any national injury by the adoption of the excellent practical example which is furnished to us by the institutions of France. The *Conseil de Santé* of Paris consists of senators, medical practitioners, chemists, engineers, magistrates, and other persons connected with public business. Upon that council devolves all the duties which are connected with the preservation of the public health, so as to guard the community against the occurrence and spreading of epidemics, to attend to the institution of proper sanatory establishments,—the purity of the water used by the population,—the protection of the public against the fatality of small-pox, by ensuring the general adoption of vaccination—to cause to be enforced the regulations of a police of health—to be always on the look-out for the creation of noxious nuisances which would interfere with the health or comfort of the community. Upon such a body, necessarily, is cast the duty of attending to the state of the sewerage and drainage in and near every peopled locality of the metropolis.

Such are some of the duties which properly belong to a COUNCIL OF HEALTH — duties, many of them, which can be most effectually exercised by laymen whose public pursuits bring them into actual local connexion with the people who are to be benefited by their wise and active interference. In the local districts of England, Ireland, and Scotland, and in all the chief towns of this monarchy, COUNCILS OF HEALTH might execute their functions with immense advantage to the community.

That medical practitioners and chemists should occupy seats in such councils is a proposition so self-evidently correct, that it needs no support by argument. The MINISTER OF COMMERCE in France is president of the Metropolitan Council, and the Prefects preside in the rural departments of the empire. In constituting these Councils it has always appeared to be a leading object to obtain the assistance of men whose official or professional duties have made them thoroughly conversant with every locality that was brought under the supervision of such boards. In Paris, the members of the Council assemble once a week, when all matters connected with the sanatory state of the city are laid before them by the police and other constituted authorities. In no inhabited district can a manufactory or steam-engine be established or erected without the consent of the Council. When an application is made for leave to create a new establishment which might interfere with the comfort or health of any neighbourhood, a committee is appointed to visit the locality, and inquire into all the circumstances *on the spot*. On receiving a report from such Committee, the board decides whether its consent shall be given or not, and the decisions of the Council are afterwards submitted for the approval of the MINISTER OF THE INTERIOR, (Secretary of State for the Home Department.) In 1839, as many as five hundred and two Reports were made by committees, sixty-two of them relating to general matters connected with salubrity. There were four hundred and forty-four concerning manufactories, of which number two hundred and forty-two were situated in Paris, and two hundred and two in the departments. Of the four hundred and forty-four manufactories, three hundred and forty-seven were authorized, twenty-four refused, and sixteen tolerated for a time. Complaints, to the number of fifty-seven, were brought before the Boards by inhabitants; of these, twenty-five were allowed, and thirty-two disallowed. Amongst the Reports, sixty had reference to steam-engines, twenty to distilleries, nineteen to dyeing establishments, fourteen to manufactories of lucifer-matches, eleven to manufac-

tories of asphalte, ten to iron-foundries, &c. In the Report of the Council, a number of useful suggestions was made with a view to prevent accidental fires, and the nuisances occasioned by various obnoxious manufactories, and other establishments which might interfere with the health or comfort of the community.

Here are practically developed the labours which properly belong to a COUNCIL OF HEALTH—labours which can be usefully and efficiently performed only by bodies of *practical* men, who are thoroughly acquainted with the *localities* which they superintend. Some conjuror has suggested to our Government that there should be *one* such institution for the kingdom of Great Britain and Ireland, and that one to consist of—a Secretary of State, five Regius Professors of Medicine and Surgery, six Physicians and Surgeons chosen by the Colleges, and six dabblers in physic and quackery, or place-hunters, to be nominated by the *permanent President!*

The *Conseils de Santé* of France intimate to our Government out of what materials such bodies should be organized. The one proposed in the Bill of Sir JAMES GRAHAM is nothing more than a POMPOUS PIECE OF TOMFOOLERY, and furnishes tolerably good evidence of the competency of the promoters of the Bill for the performance of the duties which they have undertaken. That COUNCILS OF HEALTH are wanted in this country is universally admitted. Numberless are the nuisances which they would prevent, or abate. In the metropolis, as well as in the counties, the district surveyors should be members of them; and, with a sufficient number of medical practitioners and practical chemists, the advantages which such institutions would confer upon the people would soon be generally and thankfully acknowledged. In Paris, the Council has prevented the establishment of numerous dangerous and unwholesome factories, and the same useful interference has been exercised in the neighbourhood of the French capital, where the country residences of the Parisians are situated. Many of the most densely populated districts in *London* are absolutely beset with nuisances which interfere with the comfort of the people, and are opposed to the maintenance of the public health. If a well-constituted Council of Health could not altogether abate established nuisances of this description, still, any increase of their number might be prevented, and the injurious effects of those already in existence much diminished.

In sober sadness, let us inquire, now that we understand the nature of the duties which properly devolve on COUNCILS OF HEALTH, whether *the* Council of Health which is proposed in the Government Medical Bill is one that can command the respect or confidence of the public—whether, in fact, it is so constituted as to be competent to fulfil the functions which such an institution ought to perform. Who can have been the author of such a project? Surely, some imbecile, or dreamer, who is entirely unacquainted with the wants of society, and with the duties which a Council of Health should execute. The scheme is, in reality, incomparably ridiculous, and a description of it must have excited shouts of laughter at the public meetings, if an undue respect for the executive government had not hoodwinked the speakers, or induced them to refrain from spurning so silly a project, and treating it with the contempt which it so thoroughly deserved.

Thus condemned, almost self-condemned, stand Sir JAMES GRAHAM and his treacherous advisers, with respect to the COUNCIL OF HEALTH, as such. Now let us examine this institution as a COUNCIL OF MEDICAL EDUCATION AND GOVERNMENT.

Here, again, we must remind the profession that the scheme is put out as an answer to the thousands of petitions which have been addressed to Parliament, beseeching that the medical Colleges and other institutions should be subjected to the control of the practitioners who belong to them, by means of an efficient system of *representation*. If, considered as a COUNCIL OF HEALTH, the proposed Board appears to be a gross absurdity, what character does it assume when we are informed that it is to possess a supreme authority in regulating all the medical schools of this country, to exercise the power of determining which are, and which are not, "public institutions," and to be authorized to disentitle any graduates in medicine or surgery from being registered as qualified practitioners, if their letters-testimonial have been obtained from some declared refractory or disobedient institution? Why, instead of being an *abater of nuisances*, this COUNCIL OF HEALTH would actually become one, and quickly spread into the most pestiferous and intolerable evil that had ever assailed the profession.

The daring impudence which characterizes the chief features of this scheme is really astounding. But in brazen effrontery it does not surpass the besotted ignorance and blind stupidity of those members of our profession who have expressed an approval of the plan, on the ground, forsooth, that it "would add to THE DIGNITY of the profession by CONNECTING IT WITH THE STATE!" A mighty dignified thing, truly, for the whole body of the profession in this country to be converted into a footstool for the use of a minister of the Crown. Some, even, of the oldest of our medical reformers have fallen into this error, and appear to have forgotten how zealously, and with what objects, they have been labouring, during the last fifteen or twenty years, in the cause of medical reform. *They* ought to understand that there can be no mode of constitutionally connecting the medical profession with the state, excepting through the medium of an Act of Parliament—in a word, by a *law*, which should liberally and unreservedly confer upon the members of our profession the right of regulating and controlling their own Colleges and medical institutions. We say that the ignorance which has been manifested on this subject is literally appalling, and sometimes almost induces us to inquire whether our professional brethren, when they demanded that their medical affairs should be placed under the influence of a representative government, were really sincere. Full well do we know the sincerity which has signalized the conduct of the enormous majority of the profession with reference to that demand, but we confess that we have of late been grievously puzzled by the speeches and conduct of some of the bustling and more active of the self-styled medical reformers. Such is the constitution of the proposed COUNCIL OF HEALTH AND MEDICAL EDUCATION, that every advocate of the independence of the profession ought to view an institution so framed with feelings of dread, almost of abhorrence. Infinitely better would it be for medical education and practice to remain as they now are, than to be placed under the pressure of such an incubus as this new-fangled government establishment.

But strong hopes appear to have been excited in some very weak minds, from the supposed novel alliance of *medicine* and *the state*. To use the sycophantic phraseology of some of the meetings, "GREAT DIGNITY" is to be derived from it—much "ADDITIONAL RESPECT" to the professional body; and several of the speakers have declared that it was the "FIRST TIME" that such an important connexion had existed.

These declarations are all of them sufficiently foolish; but the

assertion that the alliance is entirely *new*, is altogether false. Allow us for one moment to refer to the unions which exist between the state and the other professions:—

The Crown is the head of the Church. The Bishops are appointed to their sees by the Sovereign. But after those appointments are made, what control does the Crown exercise over the Bishops? None. The internal government of the clergy acknowledges no extraneous authority.

Refer to the profession of the law. With the exception of the LORD CHANCELLOR, who, from being Speaker of the House of Peers, and one of the Cabinet Ministers, participates in the fate of the ministry of the day, how are the judges situated with respect to the authority of the Crown? Why, such is their independence, that they cannot be removed from the Bench excepting by addresses from both Houses of Parliament.

Proceed to the Inns of Court. Are the benchers, who rule the bar, appointed to their offices by a minister of the Crown? Are they his puppets and subservient tools? Utterly the reverse is the fact. They are entirely independent of the Crown, and yet they regulate all the admissions to the Bar, and are enabled to exercise the authority of *disbarring* those members who, by misconducting themselves, disgrace the profession to which they belong. In a word, the government of the clergy is vested in the clergy; the government of the profession of the law is vested in the profession of the law; both exercise a really dignified independence of any despotic authority which could be exercised by the Crown; and that independence is secured, the power of regulating their internal government is maintained and upheld, by prescriptive usage, royal charters, and enactments of the legislature.

Thus circumstanced, the members of both those professions enjoy the fullest privilege and opportunity of displaying their acquirements, and exhibiting those powers and qualities of mind which have obtained for them so many honourable distinctions. But mark the degradation which is to befal medicine. *That* profession is to squat into a mere footstool before a minister of the Crown. Qualities belong to it which merit a far more generous treatment, an infinitely nobler and higher fate. Wide are the spheres into which medical investigations are carried; and the purpose of every medical inquiry is purely philanthropic. The members of the medical profession, urged forward in their pursuits by an exciting spirit of enterprise, are desirous of possessing the opportunity of placing the most intellectual and meritorious of their brethren in exalted places of trust and confidence; and in a profession in which new claims to distinction are advanced in rapid succession, they have long witnessed with disgust the leaden dulness of the Colleges, and the dark shadows of ignorance which have been cast abroad from the portals of those institutions, marring and shrouding the lustre which has arisen from the valuable labours and discoveries of some of the least pretending and most retiring members of the profession. In the Colleges there is no representative system of government, and experience has but too truly proved that the self-perpetuating one is not congenial with a science in which the materials of knowledge are accumulating in rapid succession. The practitioners of medicine rightfully demand that they should be aided in their intellectual and benevolent efforts by the imperial legislature. In reply, there is set up before them, for their guidance and government, a wretched establishment, that bears no resemblance to the grand institution which they seek to obtain. In short, their respectful petitions are treated with scorn and contempt. And yet there are members of our profession who have been so far debased and enslaved by a continuous system of misrule, that they caress the hand which smites them! It would scarcely be possible for any individuals to occupy a more disgraceful position. What is the nature of the infatuation which can so seize the mind of any rational man as to induce him to believe that a connexion with the state, by merely placing a minister of the Crown at the head of a table which is surrounded by an overwhelming majority of his own nominees, can be of advantage either to the profession or the public? What is the meaning of the silly cuckoo-cry that it is the "first time" that such a connexion has existed? Really, one might suppose that all power of observation and reflection had been lost before any person could be induced to make such thoroughly incorrect statements. In a variety of departments the Government has *for a long time been in direct communication with large numbers of practitioners in medicine*; and wherever that alliance has existed, what, we ask, has it done for medical practitioners? Trace back the history of Government interference to the remotest periods, and what do we find? Why, that the charters which have been granted by the Crown have always been in favour of the few to the injury of the many. The spirit of monopoly and injustice runs rampant in them. From the reign of HENRY VIII. down to that of Queen VICTORIA, the medical charters are all defaced by the same unsightly deformities. But let us turn aside from these documents, and see what the STATE has done for medical practice and practitioners, when it has been in direct connexion with, and superintending and controlling them, and when exercising deliberative authority, or in the discharge of mere executive functions. Where, we ask, have those medical practitioners resided who have vociferated, in the presence of their astounded hearers, that the Bill of Sir JAMES GRAHAM proposes for "the first time" to connect medical practitioners with the supreme government of the country?

There is, we apprehend, a medical department in the *navy*. How is it regulated? By the members of a Board appointed by the *Government*. There is, we imagine, a medical department in the *army*. How is it regulated? By a *Government* Council. In those Councils there are, at any rate, two members of our profession, Sir JAMES MCGRIGOR and Sir WILLIAM BURNETT. Ask either officer *why* the members of the medical profession who have been placed partly under his administration have not received a more liberal system of treatment; and what would be his answer, if he dared to give it? Why, that it has not been in his power, even by continued supplications and entreaties, to obtain, from any one of a long succession of "*Governments*," any better or more liberal provision for the medical officers of the army or navy than the pittances which those meritorious practitioners now receive. What, we ask, are the schemes which the two *Government Boards* have set in motion for the purpose of calling forth and rewarding any extraordinary qualities of mind which the medical officers belonging to those two departments of the state might exhibit? What encouragements have been held out to them for exertions in the cause of science? What premiums are now in store for brilliant medical services in the army and navy? We call upon Sir JAMES MCGRIGOR and Sir WILLIAM BURNETT to answer these questions. Is there not also a medical department of the Ordnance? How is it regulated? By a *Government* Board. Is there not a National-Vaccine establishment? How is that regulated? By a *Government* Board. Are these institutions

satisfactorily managed? For a long time they were the opprobria of the profession, and these *Government* Councils or Boards were actually the last places into which improvements in the science and practice of medicine could be forced. And it is perfectly well known that the influence of the Government, and the lay nominees of the Government, ever obstructed, ever thwarted, and often treated with contumely, the medical judgment and experience of the Boards.

Perhaps it will be objected that the duty of the Government with respect to these departments of the state was merely executive. That objection, however, is quite untenable.

But several Governments, within a few years, have exercised legislative functions with reference to some of our medical Universities and Colleges; and how, we inquire, has the body of the profession been treated in those instances by the ministers of the Crown, or by Parliament? Take, for example, the charter which was granted for creating the University of London. Take, again, the charter which was bestowed on University College. Neither of them contains a single condition that amounts to an acknowledgment of the vastly important position which the profession of medicine occupies in this country.

But let us come down to a more recent instance of Government interference in medical affairs—a truly modern example. We refer, of course, to the atrocious charter which was granted by the Crown to the College of Surgeons, in September, 1843. In that charter, the minister who is to be the President of our Council of Health, and who is to nominate twelve of the eighteen members who are to sit with him—that minister empowered twenty-one self-elected individuals, acting as the governing body of the College of Surgeons, to harass and insult upwards of twelve thousand members of the College. A more wanton, a more wicked, a more unjust proceeding, with reference to the profession, was never suggested or enforced. The *members* of the College were the complainants. They demanded redress; they sought for future protection against the Council by whom they had long been injured, persecuted, and misgoverned. The minister replied to the just demand by granting new and unprecedented privileges to the oppressors, who were thus enabled to inflict further injuries upon the aggrieved parties. Notwithstanding all this, there are to be found medical practitioners who, in terms of sycophantic adulation, *thank that minister for the favours which he has showered upon the profession!*

> "Oh! that there were in every honest hand a whip,
> To lash such rascals naked through the world!"

There is yet another establishment that belongs to *the State*, one which holds in close connexion with it an enormous amount of the medical interests of England; we allude to the Poor-law Commission. Here is another institution directly connected with the Government, and subservient to the authority of the Secretary for the Home Department. If we mistake not, one of the speakers at the medical meeting at *Gloucester* declared himself to be strongly in favour of the Government Bill, and expressed himself as being delighted at a bond of union being formed for "the first time" between the State and the medical profession; he also expressed his belief that if such a connexion had existed at a former period, the medical practitioners of the Poor-law Unions would have received a more generous system of treatment. Now, the Poor-law Commission is strictly a *Government* institution, a *Government* Board. There belonged to it, in the capacity of an assistant Poor-law Commissioner, *one* medical gentleman, Dr. Kay Shuttleworth, who laboured hard and zealously to improve the condition of the medical practitioners in the Unions. Numerous medical associations worked with the same object. But notwithstanding all the exertions that were employed, the visits which for a long time were made to the poor by medical practitioners, were paid for at the rate of about one penny each, the payments for attending on the *cases* often not exceeding threepence or fourpence each. Did the *Government* come to the relief of the profession and the poor? Did the Home Secretary interfere, and exercise his authority, with a view of bestowing upon the members of the profession a more adequate reward for their services in the treatment of the sick poor? No. And not a single change of the slightest importance was effected until the press became furious in its denouncements of the system of iniquity to which the poor and the medical profession were, alike, the neglected and unfortunate victims.

Such, then, was another of the "advantages" which have arisen from uniting a department of medicine with the state. Even now, the salaries of the medical officers in the Unions are scarcely equal to footmen's wages. And how humble is the position that they occupy! When they prescribe, medically, a generous diet for their exhausted and half-starved patients, their "*medical* order" is subjected to the supervision and control of a "relieving officer," who may be some half-pay sergeant or corporal.

In the examples, then, which we have thus hastily cited, the alliance of the *Government* with different departments of *medicine* has been clearly and distinctly proved, and, unhappily, in all of them the results have been disastrous to the profession, and lamentably injurious to the public.

Subject the medical government of this country, by means of such a despicable contrivance as the Council of Health and Medical Education, to the control of a minister of the Crown, and the *independence* of the profession is gone for ever; a few intriguing and knavish Pures would flourish, and obtain valuable offices and high places, but the interests of the profession, as a body, would be completely and unrelentingly sacrificed.

The "official report" of the proceedings at the meeting of the Provincial Association, held at Derby, on Thursday last, did not reach us sufficiently early to enable us to render it anything like justice in the present number of The Lancet. It certainly was a rare collection of *Medical Reformers*. Some of the Resolutions are absolutely detestable. We are inclined to believe that the true character of the leading members of this Association will now be widely and perfectly known, and that the immediate discontinuance of the subscriptions of the General Practitioners who belong to it will effect its speedy overthrow. Probably they will now begin to consider that they have contributed their guineas merely for being used, and laughed at, by Dr. Hastings, quite long enough. We shall notice the proceedings at some length in the next Lancet.

The following are the monstrous and disgraceful resolutions that were carried. We ought, however, to remark, that out of *eighteen hundred members* only *seventy-five* were present, and even of that number *eighteen* were *residents in Derby*. Mr. Martin, of Reigate, moved an amendment, which contained three or four admirable propositions, and his only supporter was Mr. Stedman, of Guildford. Mr. Ceely, where were *your* senses on the occasion?

RESOLUTIONS.

Moved by Dr. Hastings, of Worcester; seconded by Mr. Soden, of Bath—1st. That the Association testify their satisfac-

tion that a Bill for the better regulation of Medical Education and practice has been laid before the House of Commons, and that opportunity is afforded to the members of the medical profession for considering its provisions previous to its passing into a law.

Moved by Dr. WILLIAMS, of Nottingham; seconded by Mr. DOUGLAS FOX, of Derby—2nd, That this satisfaction is increased by observing that an approach to a uniform standard of education and qualification, and the right to practise by all qualified persons, without respect to local privileges—principles for the recognition of which the Association has on various occasions contended, and especially in petitions to the legislature, and memorials to her Majesty's Government,—are two of the great leading principles of the measure.

Moved by Mr. HEY, of Leeds; seconded by Dr. BAKER, of Derby—3rd, That further to ensure the object of a sufficient uniform primary qualification for every medical practitioner, without which the equal right to practise every department of the profession ought not to be conceded, it seems desirable that the diploma of licentiate of medicine should be required of all who may hereafter propose to enter the profession, and previous to their being entitled to claim admission to register in any other grade.

Moved by Dr. EDWARDS, of Chester; seconded by Dr. HUTCHINSON, of Nottingham—4th, That these principles, if carried fully into effect, would confer a great benefit on the profession and the public, in the removal of many existing evils; and that, in thus providing the public with a supply of fully qualified medical practitioners, the Association are of opinion the Government would do much towards the remedy of abuses, of which, for a long time past, there has been great reason to complain.

Moved by Mr. TEALE, of Leeds; seconded by Dr. HEYGATE, of Derby—5th, That the Association view with alarm and deep regret that part of the Bill which proposes to abolish all restriction in the practice of medicine by unqualified and unlicensed persons; and that, although there may be some reason to doubt the practicability of altogether preventing unlicensed practice by general enactment, the Association are of opinion that the illegality of such practice should be unequivocally declared, and some simple and effective means of restraint be adopted.

Moved by Mr. TERRY, of Nottingham; seconded by Mr. POYSER, of Wirksworth—6th, That while the Association approve, with this exception, of the general spirit and principles of the bill, they feel that in various details it may be desirable to introduce certain changes and modifications, which would improve the general efficiency of the measure, and tend materially to facilitate its practical application.

Moved by Mr. CEELY, of Aylesbury; seconded by Dr. BRIGSTOCK, of Derby—7th, That while the Association is sensible of the advantages which the profession will derive from a direct connexion with the Government, they cannot but consider the proposed constitution of the "Council of Health" as deficient, in affording no express representation, either of the physicians and surgeons resident in the provinces, or of the great body of general practitioners throughout the country.

Moved by Mr. WRIGHT, of Derby; seconded by Mr. TURTON, of Sheffield—8th, That some provision ought to be made, either in the bill or in the amended charter to be granted to the Colleges of Physicians and Surgeons, for a more direct acknowledgment of the representative system in the councils or governing bodies of the corporations.

Moved by Dr. STREETEN; seconded by Mr. JACKSON, of Sheffield—9th, That in the absence of any provision for the admission of the general practitioners into a participation, on terms honourable to that body, in the corporate privileges of either of the Colleges of Physicians and Surgeons, it appears essential to the well-being of this numerous and influential body, as well as beneficial to the public interests, that they should be incorporated together, and that the interests of such corporation should be adequately represented in the proposed Council of Health.

Moved by Mr. THOMAS, of Sheffield; seconded by Mr. EVANS, of Derby—10th, That the best thanks of the Association be conveyed to the Right Hon. Sir James Graham, Bart., for the trouble and attention which he has bestowed in the preparation of this bill, accompanied by a copy of the foregoing resolutions, and an expression of the hope entertained by the Association, that the measure may be, at an early period of the ensuing session of Parliament, brought under the consideration of the legislature, and with such amendments as shall be necessary to render it acceptable to the great body of the profession and beneficial to the public, finally passed into a law.

Moved by Mr. CRANG, of Timsbury; and seconded by Mr. DANIELL, of Newport Pagnel—That a copy of the resolutions be also forwarded to the Right Hon. Sir Robert Peel, Bart., the present head of her Majesty's Government.

THE COMMITTEE OF THE ASSOCIATED SURGEON-APOTHECARIES OF 1815.

NOTES have been forwarded to us by two of the members of this Committee,—one from Mr. SEMPLE, of Islington, the other from Mr. MORRAH, of Chelsea. In both of them it is intimated that the Committee is about to take the field against the *uncommon* enemies of GENERAL PRACTITIONERS. The note of Mr. MORRAH partly explains how it has happened that the members have not yet been convened. It would be prudent for the Committee, before it determines on calling a public meeting, to communicate with the other associations, in order that there may be a *combined movement*, for the attainment of similar objects. We again say to the GENERAL PRACTITIONERS,—If you do not UNITE AMONGST YOURSELVES, and BY YOURSELVES, you will be betrayed and ruined. The following is the note of Mr. MORRAH:—

To the Editor of THE LANCET.

Sir,—The indisposition of Mr. Henry Blatch, Vice-President and Treasurer, and who has kindly acted as Secretary to the Associated Apothecaries and Surgeon-Apothecaries of England and Wales, has been the cause of some delay in calling a meeting of the members. The committee will, however, very shortly convene a general meeting.

If you, dear sir, will give this a place in your journal, it will, perhaps, satisfy the inquirers. I am, dear sir, yours truly,

JAMES MORRAH.

Sloane-street, Nov. 19th.

REVIEWS.

Vestiges of the Natural History of Creation. 8vo. pp. 390. Churchill, 1844.

THIS is a very remarkable book, calculated to make men think. For some time back we have been so immersed in the *facts* of science, that to read a volume of speculations is like a breath of fresh air to the workman in a crowded factory. The author is evidently a man of extensive and curious, though incomplete and capricious, reading; a bold thinker, and strong-headed. Whilst we admire the spirit of the book, however, we must beware of receiving as gospel either its facts or its arguments. The scientific knowledge of the author—certainly that part of it which relates to natural history and geology, (and we might also add, chemistry)—is evidently entirely gathered from books, and consequently his premises are very frequently such as no professional naturalist would for a moment admit. Many statements assumed by him as generally received are, in reality, generally rejected—such as the supposed transformation of oats into rye, discussed at p. 221; and schemes of nature, which have been consigned to oblivion by those best able to test them, are made the bases of arguments, as if they were living and admitted systems. The want of a preparatory training in the elements of biology prevents him from distinguishing between the relative value of the facts he cites, and leads him to draw false analogies. Thus, at p. 178, the production of fungi in artificial mushroom-beds, and the appearance of *trifolium repens* in waste grounds laid down with lime; and at pp. 181 and 185, the problematical origin of entozoa, and the asserted creation of electrical mites, by Mr. Crosse, are brought together as parallel cases in support of "indigenous generation," when every student knows that there is no analogy between the instances. Throughout the book, the technicalities of natural history are misunderstood, and the important terms, *genus*, *species*, *tribe*, and *formation*, are used in the loosest and most inaccurate manner. Nevertheless, it is worth reading, and will be read, in spite of its defects, for it is written in earnest, and with good faith, though *very* imperfect knowledge. It may lead many wandering for a time, but they had much better wander than sit still in the shadow of apathy which has so long *leadened* (to coin a heavy word) the scientific public—at least, in London.

The great merit of the "Vestiges" is, the attempt made to shew the mutual bearing of sciences, at present too often regarded as far apart. The doctrines advanced are not so new as the author seems to fancy, but they are none the worse for being thrown open to the general reader, instead of being, as hitherto, confined to the timid coteries of the so-called scientific world.

MEDICAL PROTECTION ASSEMBLY.

Exeter Hall, Monday, Nov. 18, Mr. James in the chair,—At the usual meeting of the committee, letters were read from numerous correspondents: amongst them (enclosing subscriptions) were communications from Mr. Bellet and Mr. Rayner, of Stockport; Mr. Philott, Mortlake; Mr. Forman, Teignmouth; Mr. Mee, East Retford; Mr. Messeener, Poplar; Mr. Wood, Bridge-street, Southwark; Mr. J. Hargreaves, Tunbridge Wells; Dr. R. Lanyan, F.R.S., and Mr. R. Lanyan, sen.; Mr. Anderson, York; Dr. Johnson, Golden-square; and Mr. H. Oliver, of Hilton. It was also resolved that a notice be published, requesting "that any subscriber whose communication may be unacknowledged either by the treasurer or in the weekly report of proceedings, will immediately write to the secretary, who will institute the necessary inquiries." A well-digested plan of active agitation for medical reform was submitted to the meeting by Mr. Curtis, and that gentleman was requested to bring forward the same at the proposed meeting of delegates.

CHEMICAL SOCIETY.—Monday, Nov. 18, 1844.

A continuation of Mr. Sweitzer's paper on the analysis of mineral waters was read. In the Bonnington water, near Edinburgh, which has been extolled as containing iodine, Mr. Sweitzer found seven thousandths of a grain in a pint, but about ten times that amount of bromine.—Mr. Solly described a chemical lamp furnace which he has devised, very ingenious and useful in scientific chemistry.—Dr. Percy, of Birmingham, described what he thought to be a new phosphate of lime, but Mr. Graham said it was merely a neutral phosphate, with five atoms of water of crystallization.—Mr. Warrington exhibited a portion of bone from Ichaboe guano, in which all trace of phosphate of lime had vanished, and its place become supplied with sulphuric acid, potash, and ammonia. Mr. Warrington expressed an opinion that a large portion of the guano found in that locality has been produced by the decomposition of the flesh and bones of seals. It has long been the practice of the South Sea sealing vessels to touch at Ichaboe to render down their oil, and to throw away the carcasses of the animals, which are then fed on by sea fowl.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 12, 1844.

EDWARD STANLEY, F.R.S., PRESIDENT.

The society commenced the session this evening. There was a large attendance. Busts of several former presidents have been placed round the library.

Case of Ulceration of the Duodenum, in which the Gall-Bladder was filled with a colourless aqueous Fluid, and contained numerous Gall-Stones. By C. J. Roberts, M.D., *Physician to the Welch Charity, &c.*

The author only saw this case a short time previous to death. The patient was attacked with violent vomiting on Tuesday evening, which resisted all the means employed to subdue it, and he sunk on the following Thursday, at two P.M. On examination, after death, the intestines were very slightly glued together by lymph; the inner membrane of the stomach had many ecchymotic spots on it, of a very deep colour; the duodenum was ulcerated through its entire length; the liver small, but healthy; the gall-bladder was distended, and at its apex there was a small vesicle, more translucent than the other portions of the bladder, looking as if from a rent of the two outer coats and a protrusion of the inner one. On opening it, more than four ounces of a perfectly limpid, transparent fluid escaped, but, unfortunately, none of it could be collected for examination. There were more than one hundred gall-stones in the gall-bladder, about the size of peas. The kidneys and bladder were healthy.

The author remarks, that cases where a number of gall-stones have been found after death without their presence causing irritation, or being suspected, are not rare, but that the total absence of bile, or rather, its place being supplied by an aqueous fluid, is not common. He observes, however that allusions are made to it by some of the older authors, as Fernelius and Haller, and also, that mention is made of an altered condition of the biliary secretion by Andral, and by Drs. Graves and Stokes, as well as by Dr. Thomson, in his "Practical Treatise on Diseases of the Liver."

He concludes by observing that the most extraordinary part of the case is the fact that the man never made any complaint of hepatic derangement during his life-time. He was never jaundiced, nor had pain in the right side, notwithstanding one of the calculi was firmly grasped by the duct.

Case in which the Vena Cava Inferior was obliterated between the common Iliac Veins and the Hepatic Veins. By Thomas Bevill Peacock, M.D.

This was a case of complete obstruction of the inferior cava from the uterine and common iliac veins to the entrance of those from the liver. The obstruction in the former vessels, and the inferior portion of the cava, was the result of adherent masses of pale lymph, while above, the vessel was converted into a ligamentous cord.

The right kidney was in an advanced stage of granular degeneration; the left completely atrophied; the liver was also of small size.

The author considered the disease of the vein to have been wholly unconnected with the death of the patient, and ascribed the general dropsy under which she laboured during the last period of her life, to the condition of the kidney and liver. The circulation had been maintained by means of the branches of the vena azygos. The author was of opinion that the adhesions of the uterus to the adjacent organs, and the appearance of the veins, as exhibited in the preparations shewn to the society, were conclusive of the dependence of the obstruction in the vein on inflammation of the vascular tunics.

The President remarked, that the chief points of interest in the paper before the society were, the entire blocking up of the chief vein of the inferior half of the body, and the carrying on of the collateral circulation by means of the vena azygos much enlarged, while the superficial veins of the abdomen retained their natural size.

Dr. Budd drew attention to the effects of adhesive phlebitis in producing atrophy of the glandular organs, a point which he thought was illustrated by Dr. Peacock's case. He had seen cases in which the liver was atrophied to such an extent that it was cut across by fissures; the branches of the portal vein corresponding to these fissures having been obliterated by adhesive phlebitis. He had lately seen a case of atrophied kidney, in which the renal veins were completely blocked up by fibrin. In this case there was no albuminuria, and no granular disease of the organ. The connexion between disease of the coats of the veins and atrophy of glandular organs was not sufficiently known, although we were tolerably well acquainted with the effects of adhesive phlebitis when affecting the veins of the extremities.

Mr. Stanley inquired if members had seen cases of adhesive phlebitis of the superficial veins of the extremities, in which the channel of the vessel had resumed its caliber? He had seen two cases of the kind in St. Bartholomew's Hospital; in one, the veins of the arm were affected—in the other, the popliteal vein. In both cases there was evidence of the presence of adhesive phlebitis; the veins were tender and hardened, and in the latter case the limb below the popliteal vein was œdematous. In both these instances the circulation was completely restored.

Dr. C. J. B. Williams agreed with Dr. Budd with respect to the study of the pathology of the veins. He referred to Mr. Paget's paper on the subject, and said that he had had a case a few weeks since illustrative of the pathology of these vessels. It was a case in which obstruction in the veins co-existed with lung disease. The symptoms were those commonly observed in pleuro-pneumonia, but the difficulty and obstruction of the breathing, and the lividity of countenance, were to a greater extent than could be explained simply by the presence of this disease. In the early stage it was found by the stethoscope that two-thirds of one lung were incapacitated from duty. The symptoms increased in severity, the countenance became more livid, and the lower extremities œdematous. The patient sunk. On examination, two lobes of the right lung were found in a state of carnification; on cutting the lung across, he was struck with the large size of the pulmonary veins, which, on examination, were found to contain large clots adherent to their walls. In other veins, as the ascending cava, &c., the same condition of the lining membrane was observed. There was no sign of recent inflammation present; the lining membrane, on the contrary, was pale, softened, and contained patches of atheromatous deposit. This condition of the circulating vessels explained the severity of the symptoms. He suspected that that which was considered to be inflammation

the veins was in reality not so, but often a mere coagulation of the blood or adherence of its fibrinous portion to the coats of a vessel rendered rough by previous disease. We found disease of the lining membrane of arteries, arising from old age, and other causes, totally independent of inflammation; and he thought there was good reason to suppose that the same condition might obtain in the veins.

Mr. Twissen stated that it had fallen to his lot to meet with two examples of obstruction of the vena cava—one in the superior, and the other in the inferior: that in the superior vena cava had been in a subject in the dissecting-rooms; that in the inferior cava had happened in private practice. The examination made in the dissecting-room enabled him to corroborate the description given by Dr. Peacock as to the collateral circulation; for he had remarked the great enlargement of the vena azygos, and the branches which communicated with it, and had no doubt that this vessel was most important in carrying on the circulation in cases such as those under consideration. The other example was chiefly remarkable in consequence of the absence of any symptoms, during life, indicative of such a condition. The case was that of a female who died three weeks after childbirth; and although she was seen by various parties who had great skill in the treatment of females under such circumstances, no one had any suspicion of the true state. He had been asked to examine the body; and it was only after they had failed to detect anything very unusual, that he looked closer to the parts in front of the spine, when he found the vena cava inferior completely obstructed by lymph, having also pus in its interior as well as on its outer surface.

With reference to what had fallen from the President, as to the re-establishment of circulation in veins which had been affected with inflammation, he himself had frequently made similar observations; opportunities of doing so had been common among surgeons, of late years; and he doubted not that many in the room could make similar statements. In the present day, when the practice of obliterating veins was so common, it was noticed, that in the attempts of the surgeon to induce inflammation in the veins of the lower extremity, in their enlarged and varicose condition, by passing needles under and string over them, when there was every indication of that process having been established, after the lapse of ten, twenty, forty days, or even more, the blood commenced to flow again through such vessels. He had frequently observed this, and had long been of opinion, that instead of adhesive inflammation in the inner tunic of veins being a process of common occurrence, and easily established, as was the current doctrine of the day, it was in reality rare, and by no means so readily induced as was generally imagined.

Dr. Peacock differed from Dr. Budd in his opinion that the atrophy of the liver, and other glandular organs, in his (Dr. Peacock's) case had depended on the disease of the veins, inasmuch as he considered that the glandular preceded the venous disease. It would, moreover, have followed, had Dr. Budd's theory been correct, that there should have been no atrophy of the liver, (which, however, did exist,) inasmuch as the portal venous system was healthy. The atrophy of one of the kidneys depended on granular degeneration, and the other was affected with the same disease in a less advanced stage, and was larger than natural from that cause; he therefore thought the kidneys were first affected, and that there was, moreover, evidence of inflammation of the veins having existed.

Mr. Snow said, that the obliteration of the vena cava in this case most likely arose from inflammation, which commenced in the uterus, involved its veins, and spread to the large venous trunks. There were proofs of such inflammation at some previous time in the morbid adhesion of the uterus to the neighbouring parts, and the obliteration of its veins. Inflammation of the uterus was perhaps the most frequent cause of extensive phlebitis, and Mr. Fergusson had just related a fatal instance of it after confinement, where the vena cava was obliterated. Although inflammation and consequent obstruction of the veins were not uncommon in granular degeneration of the kidneys, he considered that as there was a more evident cause for the phlebitis in this case, the disease of the kidneys had no connexion with it, either as cause or effect, but was a separate and independent disorder.

On the Classification, Structure, and Development of the Echinococcus Hominis, shewing Reasons for regarding it as a species of Cysticercus. By Erasmus Wilson, Esq., *Consulting Surgeon to the St. Pancras Infirmary, Lecturer on Anatomy and Physiology in Middlesex Hospital.*

The author agrees in the opinion, now become general, of the universality of this curious entozoon in the sacs of the common acephalocyst, but differs with all preceding writers in regarding it as a fixed or pedunculate animal, in its perfect state, as well as in its undeveloped form. The cases in which it was observed were the common hydatid tumour of the liver: the little animal measures in its longest diameter, from 1-200th to 1-125th of an inch in diameter, is scarcely distinguishable by the naked eye, and is enclosed in clusters of from two to one hundred, in a proper membrane, which is devoloped from, and attached by, a point to the internal membrane of the acephalocyst. To give an idea of the number of echinococci contained within an hydated tumour, the author counted their number in an acephalocyst of about the size of a hazel-nut. In this small cyst he found forty clusters, several of which contained eighty individuals, and the entire number of separate echinococci was about one thousand. The animal is found in two states—namely, a contracted and an elongated state; in the latter, there is perceived a circle of hooklets at the cephalic extremity, with four suctorial processes: then follows a cyst-like body, or caudal portion, into which the cephalic portion is drawn in the contracted state, and at the caudal extremity is the peduncle. After giving a minute description of the animal, the author proceeds to describe the changes which take place in the creature after death, and gives a full account of the progressive stages of its development. The author considers the offices of the hooklets and suctorial processes to be involved in obscurity, the creature having neither mouth nor organs of progression. The identity of structure of the echinococcus with the cysticercus he considers to be complete, and proposes for it the name of *cysticercus pedunculatus*. The paper was accompanied by upwards of forty well-executed figures, drawn to a scale.

Dr. Budd referred to the frequency of the echinococcus in hydatid tumours. He had invariably found these animalculæ in the hydatids removed from sheep, and was able to bear testimony to the accuracy of Mr. Wilson's description of them. He had lately read, in a work by M. Lirois, that the echinococcus was invariably found in hydatid tumours, and that it was the cause of the hydatids. This gentleman had examined eight hundred hydatid tumours, and found that these animalculæ were present in every instance. He (Dr. Budd) had examined seven specimens of hydatids, which had been for many years in the museum at King's College. In some of these, he had difficulty in finding the animalculæ, but succeeded, at last, in discovering the teeth of these beings, the teeth being the last part of the animal to decay. In two of the hydatid tumours no animalculæ were found; but this was explained by the fact, that in one of these, the hydatid had been expectorated, and having burst, its contents escaped; and in the other, the tumour had become inverted, and the echinococci had been washed away. It was curious that the animalculæ were the same in the hydatid of both animals and men, although the hydatid of one floated in a cyst common to a number, while the hydatid of the animal was a simple cyst.

OBITUARY.

DEATH OF DR. ABERCROMBIE.

It is with great regret that we announce to the profession the death of Dr. John Abercrombie, which took place, suddenly, at his house, York-place, Edinburgh, on Thursday morning, November 14th.

Dr. Abercrombie was the son of the late Rev. Mr. Abercrombie, one of the ministers of Aberdeen. He took his degree at Edinburgh on the 4th of June, 1803, writing for his Thesis, "*De fatuitate Alpina.*" After studying in London for six months, he became a fellow of the Royal College of Surgeons, Edinburgh, and settled in that city. At this period Drs. Gregory and Monro Saunders were in full practice as consulting physicians. Dr. Abercrombie commenced as a general practitioner, but from the first he succeeded in gaining, to a remarkable extent, the confidence of the public. His success is said to be owing to the assiduous attention he paid his patients. This he carried to an extent previously unknown, frequently visiting them three or four times a day. His unusual success created many rivals and enemies: these he disarmed, and even ultimately converted into friends, by the inoffensiveness of his conduct, and frequently by practising the Christian doctrine he professed, of returning good for evil. In 1808 he married a lady of considerable fortune, which enabled him to keep his carriage. In 1806 he made his first communication to our respected contemporary, the *Edinburgh Medical and Surgical Journal*, entitled, "A Case of Cynanche Laryngea." It is inserted in the twelfth volume of that periodical. In the pages of its subsequent numbers he became a frequent contributor, and they will be found to contain most of the cases and observations, which he afterwards embodied in his well-known works on the Pathology of the Brain and Abdominal Organs.

On the death of Dr. Gregory, in 1821, he became a candidate

for the chair of physic, held by that distinguished physician. Dr. James Home, however, at that time very popular as a professor of materia medica, was translated to the chair of physic, and was succeeded by the late Dr. Duncan. Dr. Abercrombie now joined the Royal College of Physicians, and gradually became the first consulting physician in the Scottish metropolis. In this capacity he acquired an extent of practice and public confidence which distanced all competitors.

Notwithstanding the harassing nature of his avocations, the contributions of Dr. Abercrombie to medical literature were numerous and important. In 1820 appeared his *Researches on the Pathology of the Intestinal Canal.* In 1828 was published his celebrated work, entitled, *On Diseases of the Brain and Spinal Cord.* It has been translated into most of the European languages, and has gone through three English editions. This was followed by an enlargement of his work *On the Intestinal Canal*, called *On Diseases of the Abdominal Viscera*, of which a second edition was required in 1830. In this year also he gave the public a book *On the Intellectual Powers and the Investigation of Truth*, of which popular work several editions have been published. This was followed, in 1832, by *Suggestions on the Malignant Cholera*, and in 1833, by *The Philosophy of the Moral Feelings.*

In 1835 Dr. Abercrombie was elected lord rector of Marêchal College and University, Aberdeen, and published his Inaugural Address, which afterwards appeared in an enlarged form, under the title of "Culture and Discipline of the Mind." In 1834 the University of Oxford conferred upon him the degree of M.D., and he was elected one of the vice-presidents of the Royal Society of Edinburgh.

In 1841 Dr. Abercrombie had an attack of paralysis, from which, however, he soon recovered, and resumed the active duties of his profession. His health remained good up to the moment of his decease. On Thursday, Nov. 14, 1844, after eating a hearty breakfast, he was preparing to go out, as usual. The carriage was at the door, but as he remained longer than usual, a servant entered his private room, and found him lying on his face dead.

On the following Saturday a *post-mortem* examination revealed the following facts:—The brain was very large, weighing forty-six ounces, but healthy in structure throughout. The pericardium was distended with blood, which had been poured out from a laceration in one of the branches of the coronary artery, about four lines in length.

In reviewing the reputation of Dr. Abercrombie as an author, we cannot but feel surprised that he should have attained so eminent a scientific position, independent of those means which with other men are necessary to its acquirement. He was never physician to any public hospital or dispensary, and all the facts with which his works are enriched were derived from private practice. Yet his treatises on the Brain and Abdominal Organs embody a mass of the most interesting cases and observations, and constitute most important contributions to the subjects of which they treat. Moreover, they tended to maintain and extend the scientific claims of British physicians, and this notwithstanding the *éclat* deservedly enjoyed by the pathologists of France. His philosophical work, *On the Intellectual Powers*, &c., may still be considered the most interesting and lucid introduction to a study of the mental faculties, although it emanates from the same school which boasts of Dugald Stewart, of Reid, and of Brown. In his latter years, Dr. Abercrombie, by his writings, extended, in no small degree, a knowledge of the principles of revealed religion. The short essays he published on sacred truths have been most extensively read, from twenty to thirty thousand copies of each having been sold in a few years.

The private life and conduct of Dr. Abercrombie were not only irreproachable, but distinguished by the utmost philanthropy and good will towards all men. In him all the public charities of Edinburgh have lost a supporter, and many are the instances which might be related of the assistance he has rendered his professional brethren when in distress. Amongst others may be mentioned the case of a general practitioner, who, from a train of adverse circumstances, being declared bankrupt, received from Dr. Abercrombie the sum of one hundred guineas, on the day his effects were sold.

The confidence he enjoyed amongst the profession was deservedly great. He never attempted to supplant a brother practitioner, or ingratiate himself with the public by means unworthy the dignity of the physician. His manner towards a patient, indeed, was characterized by great taciturnity, although never by rudeness. All his appointments were kept with scrupulous exactitude, and to this, as well as the gentlemanly conduct he pursued in his consultations with the profession, must be attributed much of the extensive confidence they placed in him up to the moment of his death.

THE DERBY CONSPIRACY.

To the Editor of THE LANCET.]

SIR,—The general practitioners of this country, and particularly those who are members of the Provincial Medical Association, ought to be much indebted to Dr. Webster for his very timely, but much too mild, letter to Dr. Streeten, and for his manly protest against the *reform* proceedings of the Central Council of that Association. His remarks on the tendency of the medical bill to add to the powers, honours, and emoluments of the pures, and to detract from those of general practitioners, by holding them up to the public as an *inferior* class, must carry conviction to the mind of every one, that nothing will save them but the acquisition of corporate rights and privileges, with power to elect a council, and an examining board for the admission of their own members. After your own admirable analysis and dissection of the bill, and Dr. Webster's picture of its effects on general practitioners, I trust we shall hear no more of the *good intentions* of Sir James Graham and Sir Benjamin Brodie—"par nobile fratrum"—the abettors of quackery, and the monopolizers of the power and patronage of the profession under their own bill! It is commonly said, Sir, that good intentions are *registered* in a certain nameless place, and I have no doubt that they are frequently hatched in the same locality, and assumed as a veil to deceive. I do not mean to accuse the two worthy baronets of motives so base, but I do accuse them of assuming functions for which they are totally unfit, and of ignorance of the very elements of good legislation.

I have been most anxious to learn the result of the Derby meeting, whether the stakes of the profession were played for and won, or, in other words, whether Dr. Webster's letter was really read, and his resolution proposed and carried. I have had my doubts whether the worthy secretary, with all his well-known modesty, would have the hardihood to read a letter which (though couched in the mildest terms) so completely condemned the whole proceedings of the central council. I have looked in vain to the usual channels of public information, where these meetings are generally recorded; let us hope that a report has been sent to THE LANCET, so that you will be able to enlighten us on the subject in your next number.

But, Sir, it appears to me that we have escaped, by timely exposure, a dangerous CONSPIRACY, which, I believe, has been more deeply ramified than even you seem to be aware of, and which, if carried into effect, would have been subversive of our best interests and our dearest rights. Can it indeed be that Drs. Hastings and Streeten have entered into a strict alliance with the worst monopolists in our profession, and with the authors of the bill; their services to be paid for in places and appointments for themselves and friends? Can they have lent themselves to betray the profession? I ask these questions, not in anger, but in deep sorrow, and sincerely do I trust, for their characters' sake, that it is not so; but let your readers mark well the facts which follow. Sir, the intended Derby resolutions—the resolutions which will mark a new era in the history of the Provincial Medical Association—are not original! No; they have not even that poor merit; the *paid* secretary and the president of the council dare not go beyond their compact. Whence then, you ask, do they emanate? Why, from the *most venal* of all the venal medical institutions of these kingdoms—from the Royal College of Physicians of Edinburgh!!!—the body whose *sale* of its fellowships to foreign degree-holders, has been so lately reprobated in THE LANCET.

If possible, allow me room to place side by side the Derby resolutions and those of the College of Physicians of Edinburgh:

EDINBURGH COLLEGE OF PHYSICIANS.—Oct. 11.	PROVINCIAL MEDICAL ASSOCIATION.—Nov. 14.
1. That the College testify &c.	1. That the Association testify &c.
2. That this satisfaction has been &c.	2. That this satisfaction is much &c.
3. That this principle &c.	3. That these principles &c.
4. That in thus providing &c.	4. That the Association view with alarm and deep regret &c.
5. That the College view with regret &c.	
6. That while the College approve &c.	5. That while the Association approve &c.
7. That the best thanks of the College &c.	6, 7. That the best thanks of the Association &c.

Now, Sir, have we not here damning proofs that the general practitioners are to be betrayed and crucified between two thieves—viz., Sir James Graham's Bill, with *his* Council of Health, on the right hand, and the grasping, monopolizing corporations, with pseudo-reformers, such as Drs. Hastings, Streeten, and Co., on

the left. You perceive that these resolutions are identically and almost verbatim the same, the only difference being that the College care nothing for the baneful effects of illegal practice upon public and professional interests, as long as their own are left untouched, while Drs. Hastings and Streeten *at last* seek for some protection from illegal practitioners, well knowing that if they did not, their Association would fall to pieces—a fate which I fear will now befal it, as far as general practitioners are concerned. The sixth of the Derby resolutions faintly asks for a "fuller recognition of the representative principle in the formation of the governing body." I presume this means the Council of Health; and that this is done with the view of introducing two of the provincial pures. The College having their representative in the Council, and their own interests taken care of, are silent on the subject. Here it is just worthy of remark, that the resolutions of another Edinburgh monopolizing body, the College of Surgeons, are in strict keeping with those of their neighbours, the physicians and their allies of the Provincial Association. They are to have their representative in the supreme Council—their share of the honours and the jobbing—they are in raptures with the Bill, and conclude by instructing their reform committee "to give every possible assistance, by petition or otherwise, to the passing of the Bill of Sir James Graham"! !

With the above key, Sir, we can now understand what have been called the *reform* proceedings of some of the meetings in the provinces. Wherever the Provincial Association have branches, or have been able to command influence, there you will find there has been shewn more or less of the poisonous leaven of their own resolutions, or rather, those of the Edinburgh College of Physicians—the beau ideal of venality—viz., thanks to Sir James Graham, and satisfaction with his Bill! !

The general practitioners of Great Britain have just escaped a great danger—a gunpowder plot—and are still beset with foes on every hand. The Government measure—the Colleges with their new charters—the Poor-Law Commissioners—open quacks—practising chemists—and pretended friends, must all be combatted with. By union, by energy, by exertion the most zealous, by the hatred of oppression, by the fear of impending ruin, and, above all, by incorporation into one organized representative body, I believe that the 25,000 educated and enlightened general practitioners of this country will be more than a match for all their enemies, and will overcome all their present difficulties. The power of such a body, if concentrated and directed to any legitimate and just object, would be irresistible. Let all, then, unite in petitioning the Crown for a royal charter, and doubtless it will be granted. Our gracious Queen owes too much to the skill and watchful care of her own medical attendants, to refuse so reasonable a request to those who are entrusted with the health of the women of England. I am, Sir, yours &c.,

CHIRON.

London, Nov. 19, 1844.

UNIVERSITY COLLEGE.

To the Editor of THE LANCET.

SIR,—Allow me, through the medium of your excellent publication, to make a few remarks relative to the letters of Messrs. Wood and Teague, students of this College, with respect to the competition for prizes. It is well known that qualified, and fourth and fifth years men, are in the habit of competing with one and two years, which can only be obviated by the council framing a law—that no qualified practitioner, or student who has completed his third session, shall be eligible to compete for a prize. Mr. Wood says that one of the rules to be observed by gentlemen going in for honours is, that they shall have attended regularly the weekly examinations. Surely this regulation ought to be dispensed with; many of the students may not intend offering themselves for examination at the Apothecaries' Hall, which Company *only* renders it compulsory, and their time may be more profitably employed in the dissecting-room or the library; at least, such may be their own views; and as all students are of an age capable of judging for themselves, I think that such a rule, if enforced, would be an act of discourtesy on the part of the council. There are many disagreeables connected with these examinations that I have heard students frequently complain of. Perhaps the professor asks a question, which the student is not able to answer; instead of his being assisted, a dead silence ensues, and he either renders himself ridiculous to the rest of the class, by making some guess at a reply, or is so confused that he becomes disgusted, and never answers to his name again. These are evils of frequent occurrence.

I remain, Sir, your obedient servant,

FAIR PLAY.

University College, Nov. 18.

SIR BENJAMIN BRODIE, BART.

To the Editor of THE LANCET.

SIR,—I shall be much obliged to you if you will insert the following letter, addressed to the editor of another journal, in the next number of THE LANCET; and

I am, Sir, your obedient servant,

B. C. BRODIE.

14, Saville Row, Nov. 18, 1844.

(COPY.)

To the Editor of THE MEDICAL GAZETTE.

SIR,—In the leading article of the *Medical Gazette* of Friday last, I find a scheme propounded for the incorporation of the great body of general medical practitioners with the London College of Physicians, and followed by these observations:—

"The plan suggested would have this further advantage: it would not be opposed by those who have been prime movers in the construction of the medical bill. We threw it out to the distinguished individual who has the credit, or the discredit, according to different men's views, of the projected bill, and his reply was, 'Let the College of Physicians take them, and welcome;' meaning the general practitioners."

It is evident that this refers to a conversation which I had with you on Thursday, the 7th of this month; and I have no doubt that there are few among your readers who do not understand that I am the individual here alluded to.

The expression attributed to me, standing, as it does, alone, cannot but be considered as offensive to two classes of persons whom I equally esteem, and among whom I have met with some of my kindest friends, namely, the College of Physicians and the general practitioners. But you must be aware that it was not so intended, and that it would not be so considered by others, if the rest of our conversation had been recorded. I am willing to believe that it was only through inadvertence that you quoted any part of a conversation which was purely confidential. Having done so, however, I have a right to expect that you will go still further; and I beg to remind you of what really happened, as far as it concerns the remark in question.

On the day which I have mentioned, I had an interview with you, on a subject which concerned yourself. I was influenced by no other motive than a feeling of kindness towards you, and a desire to prevent your being placed in what would have been, at any rate, a disagreeable situation.

In the course of our communication you observed, speaking of the general medical practitioners, "They are more of physicians than of surgeons;" and you then suggested that the College of Physicians might make them an appendage of their body. I scarcely knew whether this was to be taken seriously or not, it being indeed plain that it would not suit the views either of one party or of the other; and I answered, carelessly enough, that "They were welcome to do so, if they pleased." I said this, not having the smallest notion that it was to be put forth to the world as my grave opinion, and without any kind of disrespectful feeling towards either the physicians or the general practitioners,

I am, Sir, your obedient servant,

B. C. BRODIE.

AN INQUEST IN WILTSHIRE!

To the Editor of THE LANCET.

SIR,—As an act of justice to myself and the profession, I beg to send you the particulars of an inquest held here on Saturday last, Oct. 5th, before Mr. Whitmarsh, coroner of this district, and a respectable jury of the town, on the body of Georgiana Tidcomb, who died suddenly on the Thursday previous. It is necessary for me, in order to make my case appear clear before you, to furnish you with a short history of my professional attendance on the deceased. I was first called in to see her about four months ago, soon after her confinement; she was suffering from no particular complaint, and soon got better. The last time I saw her was about ten days prior to her death; she was then attacked with severe pain in her stomach; from this she soon recovered, from the use of anti-spasmodics. I heard no further of her till Thursday morning last, (the day of her death,) when she had more medicine. I had occasion to leave home immediately, and did not return till the evening, when I heard she was dead. It was said she had taken two doses of the medicine I had sent her, and within two hours after taking the last dose, she fell down in the house, and expired almost immediately. In my absence, Mr. Parker, a practitioner of the town, was called in, but by the time he came, the woman had been dead at least ten minutes; still he made an attempt to bleed from the arm. It was natural to suppose, having been, as I have shewn you, the regular medical attendant in this case, that I should be summoned to attend the inquest. After waiting some time, I went to the house where the inquest was being held, and, to my great

astonishment, I found that Mr. Parker's evidence had been taken, and the coroner intimated to the jury that mine was quite unnecessary, and further, *that it would be entailing an additional expense on the county, as already the fees to medical men were much complained of.* Several of the jury, however, felt much dissatisfied, and for a long time insisted on my being called in; but they were at length overruled by the coroner, and finally a verdict was declared, on Mr. Parker's evidence, that the woman came by her death from the rupture of a bloodvessel.

Sir, this woman was of a bad character, and having two children to support, found herself, of late, in great distress, and from many circumstances which I have since learnt, there are grounds to suppose that she might have taken poison, as soon after she had taken tea, she died. It is not for me to make any comment on the conduct of the coroner towards me. I have given you a *fair and true statement* of the whole proceeding, and leave it to more able hands—such as yours—to draw the proper inference. I must add, that Mr. Parker is neither a licentiate of the Hall nor a member of the College, but, I believe, was in practice before the year '15.

I have the honour to be, your obedient servant,
J. W. Workman, M.R.C.S., &c.

Cricklade, Wilts, Oct. 9, 1844.

DR. GOODFELLOW ON THE THICKNESS OF ANIMALCULÆ.

To the Editor of The Lancet.

Dr. Goodfellow presents his compliments to the Editor of The Lancet, and will feel obliged by his correcting an error which was copied from Dr. Goodfellow's paper in the "Medical Gazette," in the abstract which the editor did him the honour to insert in his journal.

It should have been stated that the diameter or thickness of the animalculæ varied from the 1-40,000th to the 1-20,000th of an inch, instead of, as inserted, the 1-2000th. It is of importance that this should be corrected, as their length is said just before to vary from the 1-6000th to the 1-3000th of an inch; it will thus be seen that, according to the erroneous statement, the animalculæ were in some cases *broader* than they were long.

London Fever Hospital, Oct. 14, 1844.

THE ORTHOPŒDIC INSTITUTION, BLOOMSBURY-SQUARE.

To the Editor.—Sir, In my communication to you of the 4th of October last, I find I made a clerical error in stating that Dr. Stromeyer, of Hanover, *had sent in* his resignation to the Orthopœdic Institution. This resignation has not yet been officially sent in, but I can vouch for its existence, and that it is only kept back for the moment. I omitted one other resignation, of which, until this morning, I was unaware, and which I have just seen—viz., Mr. Serjeant Adams, dated in October last.

Your most obedient servant, A Constant Reader.

Nov. 19, 1844.

NEWS OF THE WEEK.

Mr. Clendon, of Conduit-street, was, on Thursday last, elected Dentist to the Westminster Hospital.

A Quack Doctor committed for Manslaughter.—An inquest was held yesterday on the body of Mrs. Mary Harris, (late of Aston Hall, Shropshire,) before Mr. H. Churton, at Birkenhead, in consequence of the following certificate having been sent to the Coroner:—

"We, the undersigned medical officers of Birkenhead, at the request of Mr. Booth, the constable, have made inquiries relative to the death of Mrs. Mary Harris, of Aston Hall, near Wem, and find that the deceased was attended by a person of the name of Port, an unqualified practitioner residing at Tranmere, who professes to cure cancer without the aid of the knife. She died, after the application of two plasters, under symptoms such as might be produced by the absorption of arsenic.

"B. Vaughan, M.D.
"T. C. Foulkes, Surgeon."

The Coroner issued his warrant for the disinterment of the body, which, after some difficulty, was obtained, and a jury was empanelled on the 4th inst., but adjourned to yesterday in order to give time for the necessary inquiries and analyses to be made.

The facts in the certificate briefly stated were given in evidence by Dr. Vaughan and Mr. Foulkes, and they were clearly of opinion that there were no marks of internal disease sufficient to cause death, except such as were the effects of some irritant poison. The whole of the internal viscera was healthy, with the exception of the lungs, which were slightly emphysematous. On the right breast there was a large slough about the size of a breakfast cup, extending about one inch into the substance of the flesh, and in this breast was a tumour, not partaking of a malignant character, about the size of a hazel-nut. (This was the part treated by Mr. Port for cancer.) The breast, the stomach, and its contents, as well as several other portions of the viscera, were removed, and placed in the hands of Professor Brett, of the Liverpool School of Medicine, for the purpose of being analysed. Both witnesses were clearly of opinion that death had been caused by some irritant poison, and that had arsenic been applied to the breast, it might have been absorbed into the system, and would have produced the appearances and symptoms which presented themselves.

Professor Brett stated, that he had made a careful analysis of the breast, the stomach, its contents, and the other portions of the viscera which had been delivered to him. He was, however, unable to detect arsenic in the internal portions of the body or their contents, but in the breast he clearly discovered it. This he obtained by what is termed the silver test, Marsh's test not being delicate enough. He added, that if arsenic had been applied externally to the breast of the deceased, it would be absorbed into the system, affect the stomach, and produce death, but that the period between the application and the death would entirely depend upon the susceptibility of the patient and other circumstances.

Mr. Port offered to produce a number of persons who were in attendance, and who, he stated, had been cured of cancer by the application of the same plasters. He also offered to produce before the jury, several cancers which had been extracted by them, but the Coroner decided that such evidence could not be received.

The Coroner, in summing up the case to the jury, said if they believed the evidence laid before them, it was their duty to find Mr. Port guilty of manslaughter.

The jury, after half an hour's consultation, returned that verdict, and Mr. Port was forthwith committed under the Coroner's warrant to take his trial at the next Chester assizes.—*Times*, Nov. 16th.

The Study of Insanity at Bethlem Hospital.—At the quarterly general court of the Governors of Bridewell and Bethlem Hospitals, held on Monday last, the recommendation of the committee respecting the admission of two pupils from the Royal Hospitals of St. Bartholomew and St. Thomas, to attend the physicians of Bethlem Hospital, when receiving and visiting the patients there, was agreed upon, and will be immediately carried into effect. According to the new regulations, the authorities of the above medical schools will, in future, have the privilege of presenting free tickets to attend the medical practice at Bethlem Hospital during six months, as a prize, to two of their best pupils; the usual fees being liberally paid by the governors of the latter institution, who thus evince their great anxiety to promote the study of mental diseases, and to diffuse practical knowledge on that important subject amongst the profession, as advocated in the recent pamphlet of Dr. Webster, one of their number.

Consecration of Queen's College Chapel.—November the 15th was appointed by the Bishop of the Diocese for the consecration of the chapel erected in connexion with the Queen's College, Birmingham, intended for the students of the institution. A large party of noblemen, clergymen, and gentlemen, including the medical officers, professors, and students of the establishment, were invited to meet the bishop at breakfast, at Dee's Hotel, previous to the service of the day. At half-past ten, about one hundred and fifty gentlemen sat down to breakfast, at two tables, at one of which the Rev. Chancellor Law presided, supported by the Bishop and the Right Hon. Lord Lyttelton; the Rev. J. Woolley, the Warden of the college, officiating as vice-chairman. The High Bailiff presided at the second table; Wm. Sands Cox, Esq., Dean of the Faculty, Queen's College, officiated as vice-president. A large body of students attended in their academic costume.

The President said, that they ought not to separate without tendering their grateful thanks to Mr. Sands Cox, who had laboured day and night to promote the interests of the institution, especially in carrying out the plan for the erection of a chapel in connexion with the Queen's College. (Applause.) In these thanks he would also include the architect, (Mr. Drury,) for the skill with which he had planned and executed the work.

Veterinary Medical Association.—The anniversary meeting of this association was held at the Freemasons' Tavern, on Monday, November 13, Mr. Spooner, the president, being in the chair. The assembly, on this occasion, was more than usually numerous, having taken part in the morning in the presentation of a bust, in marble, to Mr. Spooner, and having in prospect, in

the course of the evening, to present to Mr. Morton, Lecturer on Veterinary Therapeutics, and Honorary Editor of the Transactions of the Association, a very magnificent service of plate, as some acknowledgment of their estimation of his labours. The report for the last session was highly satisfactory, and shewed a flourishing state of finances and affairs. A silver medal was presented to Mr. I. K. Lord, for his essay on the "Anatomy of the Fauces, and the Physiology of the Voice and Deglutition;" and certificates of merit to Mr. A. Lepper, for an essay on Mammitis; Mr. W. Johnson, for an essay on Hepatitis; and Mr. H. Emms, for an essay on Open Joints. The annual oration was read by Mr. Simonds, Lecturer on Veterinary Pathology, and was unusually interesting, from the able dissertation which it embraced, on the history of Bovine Epizootics, from the earliest down to the present time. Mr. Simonds also directed his attention to the importance of education as a means of elevating the social position of the veterinarian, and congratulated the meeting on the cordial co-operation which the elder and wealthy members of the profession gave to the interests of the college and junior members. Among the more distinguished of the senior members of the profession present, were—Mr. Youatt, Mr. Turner, and Mr. Field, all of whom delivered eloquent and able addresses in the course of the evening. Mr. Turner urged upon the junior members the necessity of cultivating practical pathology, and pointed out the benefits that must arise to the profession by the prosecution of such pursuits by the junior members. This meeting was rendered unusually interesting, from being the first which has been held since the grant of a charter to the veterinary profession. We trust that the possession of that charter will be a cause of the improvement of the profession, and the diffusion of veterinary science through all parts of her majesty's empire. The council will, doubtless, do their utmost to facilitate the admission of qualified practitioners into the profession; they will hold out inducements and rewards for improvement; as by this means they will elevate their own position as the rulers of a large and influential body; and they will also displace the ignorant and contemptible quacks, at present so abundant in the provinces. That they will be superior to the depraved feeling of converting their power into a monopoly, the numbers present at this meeting sufficiently declare; they will hold the power which the charter gives them as trustees of the honour and interests of their profession; they will support their educational establishments and their teachers; and they will leave no stone unturned to acquire the respect and esteem of their numerous constituents, the students, and the rest of the profession. The principles of justice and honour will distinguish the council of the veterinary profession, while self and the other attributes of monopoly will, we are sure, be trampled under their feet.

BOOKS RECEIVED FOR REVIEW.

On Diet, with its Influence on Man; being an Address to Parents &c., or, how to obtain health, strength, sweetness, beauty, development of intellect, and long life. By Thomas Parry London: Highley. 1844. 8vo, pp. 119.

An Explanation of the real process of Spontaneous Evolution. in the Fœtus. By John C. Douglas, M.D. Third edition. Dublin. 8vo. 1844. pp. 69.—The second edition of this work, published in 1819, received favourable notice in the periodicals of that time. With the present copy, a paper on hour-glass contraction, printed by the same author in 1820, is republished.

Quacks and Quackery. A Remonstrance against the sanction given by the Government, the Press, and the Public, to the system of Imposture and Fraud practised on the Ignorant and Credulous in the Quackeries of the day; with Remarks on Homœopathy, Hydropathy, Mesmerism, Mesmero-Phrenology, &c. By a Medical Practitioner. London: Simpkin and Co. pp. 72.—This brochure should have universal circulation. It is crammed with appropriate facts and illustrations relating to that peculiar passion of the English people—a love of ignorant dabbling in the mysteries of health and disease.

UNIVERSITY OF LONDON.

Names of successful Candidates for the Degree of Bachelor of Medicine, 1844:—

FIRST DIVISION.

Alkin, W. H., University College
Browne, H., King's College
Edwards, W. Thos., University Coll.
Evans, John, University Coll.
Harling, R. Dawson, University Coll.
Hearne, Edwin, University Coll.
Herapath, Wm. Bird, Bristol Med. Sch. and Lond. Hosp.
Jemmett, B. Lancaster, King's Coll.
Marshall, Fred. Wm., University Coll.
Parker, Nicholas, London Hosp.
Parsey, Wm. H., King's Coll.
Redfern, Peter, 1, Surgeon's Sq. Edin.
Routh, Chas. H. Felix, University Coll.
Timms, Godwin Wm., University Coll.
Webb, H. March, Guy's Hosp.

SECOND DIVISION.

Blount, J. Hillier, King's Coll.
Cannon, H. Mills, King's Coll.
Haines, Robert, St. Thomas's Hosp.
Martyn, Patrick, Sch. of Physic in Ireland
Scoffern, John, Aldersgate

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Gentlemen admitted Members on Friday, Nov. 15, 1844.—H. Browne, J. C. Forster, T. R. Trayer, W. B. Ferguson, J. P. Ramskill, J. Johnston, S. S. Brame, H. E. Cullen, S. Mossop, E. H. Vinen, R. Mannix, J. Squire.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who obtained certificates to practise as apothecaries in England and Wales, 14th Nov. 1844:—John Cooper Forster, London; Thomas Evans; William Collyns.

CORRESPONDENTS.

We could only publish an extract from the communication of *Justus et Tenax*.

The printed articles of *Mr. John Gray* have been received.

The statement signed *An Eye-witness of the Treatment* could not be made public without the authentication of the writer's name and address.

A correspondent insists upon it that the simple pressure of the finger upon a leech-bite will always arrest bleeding from the orifice; but he has forgotten to name either the maximum or the minimum time during which the finger must be retained there.

A Reader, &c.—Every particular respecting the College of Chemistry may be obtained, on application, either personally, or by letter addressed to the Secretary, at the Chambers of the Association, in St. Martin's-lane, London.

A. B.—As the rejection of the entire Bill is the only advisable proceeding, it would be inconsistent on the part of a sound medical reformer to recommend the introduction of particular clauses into the measure.

We would willingly comply with the wish of *J. A.*, (Glasgow,) but such a remedy does not exist as can be employed in obedience to the regulations under which the journal is conveyed to distant places by the post-office.

The copy of the petition forwarded by *Mr. Alfred Wood* from Gloucester has been received.

The case transmitted by *Mr. Page* will be inserted in an early number.

The tickets forwarded by *Dr. Keenan* have been received.

Mr. Moggridge will receive a communication from our publisher.

We are much obliged to *Mr. Goddard* for his communication and inclosures.

Civis—Probably a formal application to the Society, addressed to the President, through the medium of the Secretary, supported by the written recommendation (to be hung in the room of meeting for one or more weeks previous to the ballot) of two members, would effect the object of a respectable applicant. Exact information on the subject may be obtained of the Secretary, at the house of the Society, in Bolt-court, Fleet-street.

Mr. H. C. Hastings is recommended to comply with the existing regulations of the College and Hall. It is next to impossible that the Bill of Sir J. Graham can be enacted into a law.

M. D.—The charges for the diplomas by the Colleges of Physicians will be regulated by the Council of Health. The fees are to be the same at all the colleges.

Mr. Horatio Day (of Isleworth) is the Hon. Secretary to the Brentford Medical Association.

Spectator—Quite true. The PHYSICIANS who are practising in the country are the authors of all the mischief. The general practitioners should shun them. They will be made to smart for their aggressions ere long. We solicit information from every quarter respecting their conduct. Some of the pure surgeons in the country are acting equally disgracefully.

We will endeavour to publish the paper of *Mr. Romer* at an early period.

Several days must elapse before it will be possible for us to peruse the lengthened essay of *A Retired Surgeon*. The portion which we have already read is extremely well written, and the arguments are ingeniously constructed.

A Medical Student is strongly advised to abandon the practice. He may be assured that the daily use of cigars will not increase the activity either of his perceptive or his mental faculties.

A Subscriber—Certainly not. He might either style himself a surgeon, a physician, or an apothecary, without being liable to any penalty.

Inquirer—The diploma of the College of Surgeons would be sufficient, under the Act, to entitle its possessor to hold any of the offices named.

A Hater of Quackery—The circumstances are not yet ripe for publication; the dishonesty that has been practised there is almost sufficient to subject the parties to transportation. They shall not be spared.

Crito asks, on what principle the FELLOWS of the College of Physicians are selected. He really must apply to the College, as we cannot answer his question.

A Licentiate of the Hall—The Licentiates in Medicine and Surgery would be equally eligible with the parties named.

The St. Andrew's degree would not be sufficient without a diploma from one of the Colleges of Physicians.

If A would forward one of the reports, we should at once be enabled to determine whether they are adapted for publication.

A Norfolk Surgeon—If the fact relative to Mr. Crosse has been misrepresented, it can only be adjusted upon his own authority. We fear that some silly person has forged that gentleman's signature.

To the inquiry of *G. H. N.* (Bath) we should answer most decidedly, "Yes."

The communication of *G. S.* has been received, and shall be inserted.

Nearly all of the recent works published on the subject alluded to will answer the purpose of a student (*Mr. G. R. F.*) He had, however, better adopt the one recommended and followed by the lecturer to whose course he is about to enter.

T. Studens will find a copious list of the principal works and memoirs that have been published on the subject mentioned (water) in the medical bibliography of the "Cyclopædia of Practical Medicine, vol. iv. p. 175, &c.

There are several good elementary works on the science mentioned by *A Constant Reader*. We cannot therefore advise him to adopt one to the rejection of others; as by so doing we should be unfairly advertizing that work. We refer our correspondent, therefore, to the person under whose direction he is about to commence his chemical studies.

Communications have been received from Mr. James Sheppard—Mr. J. Sebastian Wilkinson—A Friend of One of the Accused—A Medical Student—Mr. J. E. Wood—Mr. W. Materson—Dr. Belcombe—Mr. A. Taylor—Mr. Holroyd—Scalpel—Mr. Weber—Dr. Turner—Mr. Sallman—Mr. Cumming—Mr. Millidred—Dr. Webster—Dr. Hutchinson—Mr. Gutteridge—Mr. Stanforth—Mr. Semple—One of the Provincials—Caustic—Mr. Bird—Mr. T. S. Gervis—Inquirer—Dr. C. Chadwick (Leeds)—Mr. Romer—A Physician deeply impressed, &c.—Mr. J. G. Wilson—Mr. W. Brown—Mr. W. J. Clark—Anima Justitiæ—Mr. Foss.

Other Correspondents must remain unanswered until next week.

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LECTURES
ON
ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE

University of Giessen.

BY JUSTUS LIEBIG, M.D., PH. D., F.R.S., M.R.I.A.

Professor of Chemistry in the University of Giessen.

CYANOGEN AND ITS COMPOUNDS CONTINUED—CYANURIC ACID—CHLORIDE OF CYANOGEN.

GENTLEMEN,—I told you, in my last lecture, that cyanuric acid is an isomeric modification of cyanic acid. I have now to enter, somewhat more minutely, upon the consideration of its constitution and properties. The crystals of cyanuric acid contain a certain amount of water of crystallization—viz., four atoms of water to the elements of three atoms of hydrated cyanuric acid.

$$3\,(Cy\,O, H\,O) + 4\text{ aq.}$$

The presence of this water of crystallization is quite decisive as to the constitution and formula of cyanuric acid. This acid must contain, in every single atom, the elements of three atoms of cyanic acid; its formula cannot be analogous to that of common cyanic acid, for, were it so, the following would be the composition of the hydrated crystallized acid—

$$Cy\,O + H\,O + 1\tfrac{1}{2}\text{ aq.}$$

i. e., it would contain a fraction of an atom of water of crystallization, which assumption is inadmissible according to the atomic theory. When freed, however, from this water of crystallization—which it loses upon the application of a gentle heat—it contains exactly the same elements as the hydrate of the common cyanic acid. The properties of cyanuric acid, whether free, or in combination with bases, are exceedingly different from those of cyanic acid and of fulminic acid; neither of the latter acids can be isolated from their salts by other acids, without undergoing decomposition, whilst cyanuric acid dissolves in alkalies, and may be boiled with them and separated from them by acids, without undergoing the slightest alteration. Cyanuric acid dissolves in concentrated sulphuric acid, and separates again from this solution upon the addition of water; but it dissolves likewise in strong nitric acid, and crystallizes from this solution in long anhydrous needles. The force which maintains the elements of cyanuric acid in mutual connexion is evidently much more powerful than that which connects the same elements in cyanic acid and in fulminic acid, and there is no doubt that this is owing principally to a different arrangement of its molecules. The constitution of the cyanurates affords us some explanation respecting this point. Let us designate the composition of cyanuric acid, dried at 212° (F.) by

$$3\,Cy\,O + \begin{Bmatrix} H\,O \\ H\,O \\ H\,O \end{Bmatrix}$$

According to this formula, we may say that the atom of anhydrous cyanuric acid is formed by the combination of three atoms of anhydrous cyanic acid into one single atom; the three atoms of water of hydration designate exactly its saturating capacity, just, as we have seen, is the case with respect to phosphoric acid. We know, indeed, two potass salts of cyanuric acid, having the following composition:—

Dry cyanuric acid.	First potass salt.	Second potass salt.
$3\,Cy\,O + \begin{Bmatrix} H\,O \\ H\,O \\ H\,O \end{Bmatrix}$	$3\,Cy\,O + \begin{Bmatrix} K\,O \\ H\,O \\ H\,O \end{Bmatrix}$	$3\,Cy\,O + \begin{Bmatrix} K\,O \\ K\,O \\ H\,O \end{Bmatrix}$

A mere glance at these formulæ shews at once that the first potass salt corresponds to the acid phosphate of potass, whilst the second corresponds to the common (neutral) phosphate of potass; a cyanurate of potass, with three atoms of potass, has hitherto not yet been produced, but there exist two cyanurates of silver, the one of which contains three atoms of oxide of silver, thus corresponding to phosphate of silver—namely, the tribasic phosphate of silver.

First cyanurate of silver.	Second cyanurate of silver.
$3\,Cy\,O + \begin{Bmatrix} Hg\,O \\ Hg\,O \\ H\,O \end{Bmatrix}$	$3\,Cy\,O + \begin{Bmatrix} Hg\,O \\ Hg\,O \\ Hg\,O \end{Bmatrix}$

Upon looking once more at the properties of cyanic acid, fulminic acid, and cyanuric acid, we find that the last of these three acids alone can exist in contact with water and other acids.

Fulminic acid cannot be isolated—i.e., the metal in the fulminates cannot be separated and replaced by hydrogen; fulminic acid, upon its separation from its salts by means of another acid, decomposes, and its elements distribute themselves among the constituents of the acid, by means of which the decomposition was effected.

Cyanic acid, upon coming into contact with water, decomposes immediately into carbonic acid and ammonia; this acid likewise, therefore, cannot be produced from its salts in an isolated state. Cyanurate of silver bears a temperature of 300° without undergoing decomposition, whilst cyanate of silver, exposed to the same temperature, decomposes, with ignition and evolution of carbonic acid and nitrogen gas, in the proportion of two to one, leaving semicyanide (subcyanide) of silver behind.

Fulminate of silver, exposed to the same temperature, decomposes with ignition and detonation, evolving, likewise, carbonic acid and nitrogen in the proportion of two to one, and leaving semicyanide of silver behind. It is obvious that the elements of these three, in other respects, analogously-constituted compounds, are maintained respectively in connexion by a very dissimilar force; you see, also, that the difference between the deportment of cyanate of silver and that of cyanurate of silver is not more considerable than the difference between the properties of cyanate of silver and those of fulminate of silver.

It is a favourite idea with some chemists, to explain the detonating properties of fulminate of silver on the assumption of certain hypothetical presuppositions as to the manner in which its elements are arranged. Cyanate of silver does not detonate by friction, concussion, &c. &c.; how, then, is it to be accounted for, that the analogously-constituted fulminate of silver is decomposed with such vehemence by the agency of the same causes? Thus, for instance, Berzelius imagines that fulminate of silver is a double compound of nitride of silver (Hg N) with the silver salt of a peculiar acid, to which salt he assigns the formula, $C_4\,N\,H\,O_4 + Hg\,O$; the detonating property he ascribes to the nitride of silver. Now it is very true that many metallic nitrides have the property of decomposing, with explosion, upon being exposed to heat; but to infer the existence of a nitride in fulminate of silver, simply *because* the latter substance *detonates*, can certainly not be considered a very scientific conclusion; on the contrary, it militates against every scientific principle, since the fact of the detonation would thus compel us to assume as true, two hypotheses—viz., 1. the existence of a nitride of silver, which, in reality, does *not* exist—(the metallic nitrides which we know to exist contain *three* equivalents of nitrogen to *one* equivalent of metal, whilst this supposed nitride of silver would contain only one equivalent of nitrogen to one equivalent of metal;) 2. the existence of an acid in fulminate of silver, which, although assumed to be of similar composition with alloxanic acid, cannot be produced therefrom. Metallic nitrides, when decomposed by acids, yield ammonia as a product of their decomposition; but fulminate of silver, upon its decomposition by acids, yields hydrocyanic acid and not ammonia.

As I have already observed, the more or less ready decomposibility of any compound depends upon the greater or less force of attraction which maintains in connexion the elements of the compound atom; and the dissimilar effect of the more or less powerful action of this force may be rendered intelligible by assuming the component atoms to exist in a position of greater or lesser proximity to each other, but certainly not by the mode of their molecular arrangement.

It is, however, quite certain that the elements in these three acids are arranged in a very dissimilar manner, and that the difference in their properties is dependent on their dissimilar molecular arrangement.

If we consider these acids as oxygen compounds of cyanogen, the question naturally occurs, Does the cyanogen exist in these acids as *cyanogen*, no matter in what state of combination or condensation? This question may, I believe, be answered in the affirmative, as far as cyanic and cyanuric acid are concerned, for one of these acids may be readily produced from the other, and *vice versâ*. Cyanic acid may be converted into cyanuric acid, and cyanuric acid into cyanic acid.

If to a moderately-concentrated solution of cyanate of potass in water some acetic acid is added—about one-third of the amount which would be necessary to decompose the potass salt—there precipitates, in the course of a few hours, a copious amount of a white crystalline powder, consisting simply of acid cyanurate of potass.

$$= 3\,Cy\,O + \begin{Bmatrix} K\,O \\ 2\,H\,O \end{Bmatrix}$$

If you take a small retort, with dry cyanuric acid, connecting the retort, air-tight, with a receiver surrounded by ice, and expose the retort to the action of fire, its contents will completely

disappear, and in the receiver you will find a colourless fluid of an extremely pungent odour, like the strongest vinegar: this fluid is hydrated cyanic acid. This is obviously a most remarkable transformation, and the discovery of it afforded us the first, and, indeed, as yet, our only method of isolating cyanic acid, or, at least, its hydrate. The vapour of this acid, brought into contact with ammonia, forms with it cyanate of ammonia, which, upon the application of a gentle heat, is converted into *urea*; brought into contact with potass, this acid forms therewith cyanate of potass.

Accordingly, there exists not the slightest doubt that cyanic acid may be converted into cyanuric acid, and *vice versâ*. Wherein, then, does the difference between these two acids consist? To enable you to account for this difference, I need only make you acquainted with the properties of two other cyanogen compounds. There exist two compounds which cyanogen forms with chlorine—the one of these compounds is gaseous at the common temperature, and is converted into a fluid at very low temperatures, whilst the other is solid at the common temperature.

If you saturate strong hydrocyanic acid with chlorine gas, you obtain a solution of the gaseous chloride of cyanogen in water; upon the application of a gentle heat, chloride of cyanogen escapes from this solution in the form of gas. If you transmit this gas through a tube containing fused chloride of calcium, so as to free it from moisture, and conduct it then into a vessel surrounded by a mixture of snow and common salt—(by which means a very high degree of cold is produced)—the gas is converted into a limpid fluid, which may be kept in glass tubes closed by fusion. I say, this fluid chloride of cyanogen may be kept, but I must add, that it does not preserve its properties intact, for in summer, when the external temperature is high, and the tendency of the fluid to change into vapour becomes more powerful, so as to increase the pressure in the small glass tubes, the fluid chloride of cyanogen is observed to become gradually converted into white solid crystals, which consist simply of the second chlorine compound of cyanogen—viz., the solid chloride of cyanogen, (solid at the common temperature.) Both these compounds have the same composition, as is evident from their analysis. We find in both of them one equivalent of chlorine to one equivalent of cyanogen. Now if we assume the chlorine replaced by one equivalent of oxygen, we have the formula of cyanic acid—

$$\mathrm{Cy} + \mathrm{Cl} = \text{Chloride of cyanogen}$$
$$\mathrm{Cy} + \mathrm{O} = \text{Anhydrous cyanic acid.}$$

Both chlorides of cyanogen decompose with water, transposing and combining with the elements of the latter substance; the gaseous chloride of cyanogen transposes with the elements of water, forming hydrochloric acid and cyanic acid, and since the latter is not persistent in contact with water, but transposes with the elements of this body, forming carbonic acid and ammonia, which latter again combines with the hydrochloric acid, forming sal ammoniac, we obtain by the transposition of the gaseous chloride of cyanogen with four equivalents of water, one equivalent of sal ammoniac, and two equivalents of carbonic acid.

Chloride of Cyanogen.		Water.		Cyanic acid.		Hydrochloric acid.
$\mathrm{Cy\,Cl}$	+	$\mathrm{H\,O}$	=	$\mathrm{Cy\,O}$	+	$\mathrm{Cl\,H}$

Cyanic acid plus 3 HO plus Cl H

		Carbonic acid.		Sal ammoniac.
$\left.\begin{matrix}\mathrm{C_2\ N\ O}\\ \mathrm{H_2\ \ O_2}\\ \mathrm{Cl\ \ H}\end{matrix}\right\}$	=	$\mathrm{C_2\ O_4}$	+	$\mathrm{Cl\,H,\,N\,H_3}$

From this manner of decomposition we may infer that the gaseous chloride of cyanogen is the compound corresponding to cyanic acid, and that these two substances have a similar constitution.

Now, if you bring the solid chloride of cyanogen into contact with water, and apply heat, its elements transpose likewise with the elements of the water, but instead of forming sal ammoniac and carbonic acid, they form hydrochloric acid and cyanuric acid. It is obvious that the cyanogen in the gaseous chloride of cyanogen exists in the same state and manner of combination as it does in cyanic acid, whilst the cyanogen in the solid chloride is contained in the same state and manner of combination as in cyanuric acid. We possess a very simple means with volatile bodies, to ascertain whether the molecular arrangement of two substances of analogous composition differs or not. This means is the determination of their respective specific weights when in the gaseous state. We are thus enabled to ascertain what number of simple atoms their elements contain respectively in equal volumes. The two chlorides of cyanogen are volatile, and admit of being weighed in their gaseous state. By comparing the relative weight of their gases in equal volumes, we are enabled to determine whether their elements are arranged in a similar or dissimilar manner. Now this mode of determination has shewn that the solid chloride of cyanogen contains, in the gaseous state, in one volume, three times as much cyanogen and chlorine as the gaseous chloride of cyanogen, so that we may say the former is produced by condensation,—i. e., by a closer approximation of the atoms to each other. Three volumes of the gaseous chloride of cyanogen condense and combine, in order to form one volume of the solid chloride of cyanogen.

Now if, from the manner of arrangement and state of condensation in which the cyanogen and chlorine atoms exist in the solid chloride of cyanogen, we draw our inferences as to the chemical constitution of the cyanuric acid formed by the transposition of the elements of this solid chloride of cyanogen with the elements of water, it is evident that the cyanogen and oxygen atoms forming cyanuric acid, must be considered to exist in this acid in the same state of condensation as the chlorine and cyanogen atoms exist in the solid chloride of cyanogen. This difference in the molecular arrangement and state of condensation of the cyanogen and oxygen atoms, forming respectively cyanic acid and cyanuric acid, explains the difference in the properties of these two acids, exactly as in the instance of the numerous combinations of carbon with hydrogen, which, though possessing the same per centage composition, exhibit dissimilar properties. The relative proportion of the atoms composing their elements is the same, but the number of simple atoms which have combined to form a compound atom, is dissimilar in the various compounds.

According to this, we may express the constitution of the two chlorides of cyanogen, and of the two acids respectively arising from the transposition of their elements with the elements of water, as follows:—

1 atom of gaseous chloride of cyanogen = $\mathrm{Cy\,Cl}$
1 atom of anhydrous cyanic acid ..... = $\mathrm{Cy\,O}$
1 atom of solid chloride of cyanogen ... = $\mathrm{Cy_3\,Cl_3}$
1 atom of anhydrous cyanuric acid ... = $\mathrm{Cy_3\,O_3}$

And thus we may assume cyanuric acid to be formed by the combination or condensation of the elements of three atoms of cyanic acid into one single atom.

The fact that cyanuric acid is more permanent, and less readily decomposed than cyanic acid, seems to militate against the general rule, according to which, the force of affinity and attraction which connects the molecular elements is less powerful in complex than in simple atoms. This is, however, easily explained by the greater state of condensation in which the elements exist in cyanuric acid, and consequently the greater proximity of the atoms to each other. The formation of cyanuric acid from cyanic acid, as well as the decomposition of cyanuric acid, find a ready explanation in this assumption. Cyanic acid and cyanuric acid contain both the same elements, but the former is a simple atom, whilst the latter is a complex atom. If we mix cyanate of potass with acetic acid, or with a small quantity of a strong acid, insufficient in amount to effect the complete decomposition of this salt, part only of the cyanate is decomposed, the decomposing acid sharing the potass with the cyanic acid, and thus liberating a certain amount of cyanic acid; part of this liberated cyanic acid transposes with the elements of the water of the menstruum, forming carbonic acid and ammonia, whilst the remainder is absorbed as hydrate by the still undecomposed portion of the cyanate of potass, and combining with the elements of this salt, transforms it into cyanurate of potass. The action of heat causes the complex atom of hydrated cyanuric acid to separate into three simple atoms of hydrated cyanic acid.

According to these views, the hydrate of cyanuric acid consists of one atom of anhydrous cyanuric acid, combined with three atoms of water; and thus its constitution is similar to that of phosphoric acid,—i. e., it is, like the latter, a tribasic acid. The comparison of the salts formed by phosphoric acid and by cyanuric acid, leaves no doubt as to the analogous nature of these two acids.

PHOSPHATES.

Phosphoric acid ..... = $\mathrm{P\,O_5}$ + $\mathrm{3\,H\,O}$
(Basic) Phosphate of silver ..... = $\mathrm{P\,O_5}$ + $\mathrm{3\,Ag\,O}$
(Neutral) Phosphate of potass... = $\mathrm{P\,O_5}$ + $\left\{\begin{matrix}\mathrm{2\,K\,O}\\ \mathrm{H\,O}\end{matrix}\right.$
(Acid) Phosphate of potass ..... = $\mathrm{P\,O_5}$ + $\left\{\begin{matrix}\mathrm{K\,O}\\ \mathrm{2\,H\,O}\end{matrix}\right.$

CYANURATES.

Cyanuric acid ..... = $\mathrm{Cy_3\,O_3}$ + $\mathrm{3\,H\,O}$
(Basic) Cyanurate of silver ... = $\mathrm{Cy_3\,O_3}$ + $\mathrm{3\,Ag\,O}$
(Neutral) Cyanurate of potass = $\mathrm{Cy_3\,O_3}$ + $\left\{\begin{matrix}\mathrm{2\,K\,O}\\ \mathrm{H\,O}\end{matrix}\right.$
(Acid) Cyanurate of potass ... = $\mathrm{Cy_3\,O_3}$ + $\left\{\begin{matrix}\mathrm{K\,O}\\ \mathrm{2\,H\,O}\end{matrix}\right.$

The further consideration of this subject we will defer to the next lecture.

PRACTICAL SURGERY.

A COURSE OF LECTURES ON THE OPERATIONS OF SURGERY AND ON DISEASES AND ACCIDENTS REQUIRING OPERATIONS,

DELIVERED AT UNIVERSITY COLLEGE, LONDON, IN THE SESSION OF 1844,

By ROBERT LISTON, Esq., F.R.S.

Senior Surgeon to the University College Hospital, and Professor of Clinical Surgery in the College.

Application of ligature to the vessels of the neck.—Aneurism.—Diseases of the breast.

I STATED, yesterday, how the head came to be twisted on one side, and I spoke of the condition in which you find the sterno-mastoid muscle in these cases.

Wry-neck can sometimes be remedied by the application of mechanical support—from stays fitted to the chest: the rod from the stays is so contrived, that the head can be gradually twisted round, and brought into a straight position. Many cases have been successfully treated in this way; but in confirmed cases, where the muscle has really become permanently altered in length, it is impossible thus to effect a cure. You require, then, in order to get the head straight, to divide the muscle which is in fault—the muscle opposite to that side on which the face is turned. This operation was practised by Tulpius and Job a Mekreen, is described in all the old systems of surgery—by Heister, Benjamin Bell, &c.—and is not to be altogether neglected.

The operation consisted, as described by the old writers, in laying bare one or both the origins of the muscle, and then passing underneath it what was called the *probe-razor*—not the instrument for dividing fistula in ano, but one something like it, with a little shorter probe. The blunt end being passed underneath, the muscle was laid hold of, the superimposed muscle was then divided, and the head thus allowed to come so far into its proper position. We do not perform this operation after that fashion, nowadays: it is done without any external wound beyond a mere puncture. A small knife, like a needle, is inserted at some distance from the part which you propose to divide, and straight under it. By turning the edge against the tendon, which is in a rigid state, you can, with great ease, separate the muscle, without cutting the integument. It may be necessary to divide both heads of the muscle, or only one. Considering the parts underneath, you require to be somewhat careful in performing the operation. In cutting the clavicular portion of the muscle, more especially, caution is required, and it is not amiss to be provided with a blunt-pointed knife, which you can insinuate under the fibres to be cut, without the risk of puncturing any vessel. It is necessary, however, after this operation, to secure the head in a proper position. It is well not to trust always to a simple bandage, but to have some sort of collar, such as already spoken of, to keep the head steady, till the muscle shall have re-united at its natural length. The division of the muscle alone was all but sufficient to effect a cure in the case you saw treated, the other day, in the hospital.

"E. L——, aged 16, admitted under Mr. Liston; of delicate, sickly appearance; enjoyed, however, tolerably good health, but has never menstruated. When only three months old, an abscess formed in the neck, over the right sterno-mastoid muscle—the one now affected. But recovering from this, it was not until she was eight years of age, that her mother perceived an inclination of the head to the right side: and no fresh cause was assigned. The contraction of the muscle has been increasing ever since, especially within the last year, causing, however, no suffering, except slight fatigue after long sitting in the same position. The characteristics of the deformity are the following:—

"The right sterno-mastoid muscle is greatly contracted, thus causing an inclination of the head to the right side, and the chin to point to the left, with a torsion of the face: it is out of drawing, both the left eye and ear being higher than the level of the right.

"The girl is high-shouldered, and the right scapula juts upwards and backwards; added to this, is a slight curvature of the spine to the right, observed in the dorsal region. Near its sternal articulation, the right clavicle is elevated at the clavicular attachment of the sterno-mastoid muscle, the posterior border of which stands

out an inch. The patient has a contracted chest, and is slightly pigeon-breasted.

"July 19th.—Mr. Liston remedied the deformity in the following manner:—On the patient being laid on the table, supine, the head was turned to the left side, and pressed upon, so as to make as tense as possible the affected muscle, and the tendon-knife was introduced at the posterior border of the muscle, an inch from the clavicle, and passed forwards and inwards beneath the muscle. Upon reaching the anterior border, the edge was turned towards the cutaneous surface, and thus divided, upon being drawn back, the fibres of the muscle, the fingers of the left hand being placed, at the same time, over the part, to detect the yielding of the structure. After the operation, the neck was found to return almost quite straight, the head being much less confined. A piece of adhesive plaster was placed over the aperture, which was very delicate, with scarcely a drop of blood issuing. A pad of lint was also made, to cover it, and a bandage that passed under the opposite axilla. In the evening, an apparatus was applied, which consisted of one of the long thigh splints, placed along the left side of the back, so as to project against the corresponding part of the head, reaching above the top. Being padded as usual, it was bandaged round the body firmly, making thus a lever for its action on the head above. Between the upper end of it and the head, a larger pad was placed, to which the head was fixed by the notches of the splint, thus rendering the head and neck erect.

"July 22nd.—The apparatus has remained on since the operation, and the head seems decidedly to be improved as to position.

"26th.—Patient desires to leave the hospital. She is much improved, and has free motion of her neck, and the face, though a little out of the straight line, is yet vastly improved."

The vessels of the neck require, now and then, to be interfered with in our operations. The external carotid has sometimes, though rarely, been tied; the temporal and maxillary have been also tied, previous to the removal of tumours from the face, and also the lingual. I had occasion, once, to tie both linguals, on account of enlargement of the tongue—an operation that is attended with some little difficulty. You get hold of the vessel between the os hyoides and the nerve. It is one of the irregular operations of surgery which you will seldom be called to practise. The external carotid has been recommended to be tied, but I should think it is an operation very seldom called for. Although the vessel is called external, it is deeply seated, and you will find it exceedingly difficult to get at it and secure it, even in the dead body. The common carotid requires to be tied, on account of various affections. It has been tied previous to the removal of large tumours of the face. Mr. Goodlad has published a case of this kind. I mentioned a case, in one of these lectures, where, previous to the removal of a malignant tumour of the upper jaw, this proceeding was resorted to without any benefit. This operation is recommended by Mr. Pattison, who published an edition of Burne's "Anatomy of the Head and Neck." He says, the progress of malignant disease is thereby arrested. He could not have considered very well what he was talking about when he made this announcement. Had all the vessels going to a malignant growth been tied, the disease would not have been arrested. This vessel may require to be tied, on account of hæmorrhage from the mouth, the nostrils, and the throat. The common carotid

has also been secured in cases of bleeding from the gums and sockets of the teeth. I think Sir B. C. Brodie tied it, in one instance, for hæmorrhage after the extraction of a tooth, but in a patient of hæmorrhagic diathesis, the proceeding was unavailing; the oozing went on from the mouth with a fatal result. You may be called upon to tie the vessel for aneurism by anastomosis, and this has been done successfully, in two or three instances, by Mr. Dalrymple, of Norwich. I think he was the first to do it for aneurism by anastomosis of the orbit pushing the eye forward. The operation has been performed by Mr. Travers, and also by Mr. Bush, of the Dreadnought Hospital-ship. It has also been practised in aneurism by anastomosis of the scalp. Dr. Mussey, an American surgeon, tied both carotids, with very little interval betwixt the two operations, in a case of this kind. I assisted my friend Dr. Paul, of Elgin, in tying the carotid, in a case very similar,—the operation turned out successful.

The operation requires to be performed in cases such as those from which the preparation before you was obtained—where an abscess has made its way into the carotid. Though these instances of perforation of arterial tubes do not occur every day, still you may, possibly, meet with puzzling cases of hæmorrhage from deep abscess, more especially in this region. The perforation of the internal jugular vein, however, is by no means uncommon, more especially in children, and I know of several instances, when this followed upon abscess supervening in scarlet fever.

Cases are occasionally met with of great enlargement of the arterial branches, ramifying in the scalp, without any interposed erectile tissue. The tumour so caused looks more like that occasioned by an "arterial varix"—no more appropriate name can be given to it. Mr. Crowfoot, of Beccles, a most intelligent surgeon, consulted me about a case of the kind lately. The patient was a woman, twenty-five years of age.

"The disease," he says, "is what I should call a varix of the temporal artery of the right side. As the artery passes in front of the ear, it gradually enlarges; on the forehead it is joined by the supra orbital artery, also enlarged, and almost immediately afterwards it dilates to nearly the size of the little finger, and pursues a most tortuous course, for about seven inches, backwards over the vertex, receiving branches from the left temporal artery, and is gradually lost behind the occiput; with the exception of the pulsation, it exactly resembles a large varicose vein, and is lodged in a groove in the bone, occasioned by the absorption of the outer table.

"Pressure on the right temporal artery has but little influence on the pulsation of the varix, but if firm pressure be made on the right carotid, the pulsation nearly ceases. The whole course of the diseased vessel is exquisitely sensible, and even the right carotid is very much more so than the left.

"I do not remember ever to have seen a precisely similar disease—it is quite unlike common aneurism, or aneurism by anastomosis; I call it an arterial varix, from its great resemblance to a varicose vein, but you may give it a more appropriate appellation.

"The woman tells us that the disease began about fourteen years since, and for a time occasioned no great inconvenience, but for the last few months she has suffered severely from pain in the ear, eye, and head, and from a distressing, whizzing sound at each pulsation, much increased on lying down. Under all the circumstances, what will be the best mode of treatment? To tie the right temporal artery, even if it were sound, would not be to cut off the supply of blood; and we are not quite sure that the right carotid is free from disease; or that, in the event of its obliteration, there would not be a sufficient communication with the left temporal to continue the disease;—perhaps the best chance of a cure for the poor woman would be afforded by tying the right carotid and the left temporal arteries."

In this case, I was induced to advise non-interference, unless the disease seemed to gain ground, and in this I was so far influenced by the result of a case which occurred not long before in this hospital. The patient, a young lad, about twenty, laboured under a precisely similar affection of the vessels of the scalp, and I here shew you a sketch of the appearance presented.

The coats of the carotid, which I cut down upon and tied, seemed to be thin, and although the ligature was put on with great care, without the slightest disturbance of its cellular connexions, the vessel gave way ten days afterwards, and the patient died in consequence of secondary hæmorrhage.

Mr. Crowfoot's patient, he states, suffers much less now than she formerly did, and the affection seems quite stationary.

In aneurism on the side of the neck, and wounds on the carotid itself, it will be necessary to have recourse to this proceeding. It is upwards of thirty years, now, since this operation was first performed by Mr. Lynn, by Sir Astley Cooper, and various other

surgeons. You must be quite sure that the disease you are treating is an aneurism. You must not mistake a solid tumour, or, indeed, a tumour of any kind pressing on a vessel for an aneurismal tumour. There must be pulsation in all parts of the swelling; you must ascertain, by pressure on the carotid, that the tumour shrinks somewhat in size, that the pulsation is arrested, and that it is communicated to the whole mass of the swelling immediately on the pressure being relaxed. The operation is also performed in aneurism about the root of the neck, with the view of favouring the coagulation of the contents of the tumour. This proceeding was very much cried up some years ago; it was practised repeatedly in this city, and also by surgeons in the country and abroad, but the results were not very satisfactory. I believe the fact was, that in many cases the operation was not completed; that in some instances, after the patients died, the carotid was found quite pervious—the artery had never, in fact, been reached—and surrounded by the ligature, yet wonderful success was advertised from this proceeding. The patients on whom the imperfect operation was performed were, strange to say, believed, and said to have been benefited by it. I think that my colleague, Mr. Quain, dissected one subject in whom the artery had never been reached; if any vessel at all had been tied, in that case it must have been the inferior thyroid. It is a proceeding which, in desperate cases, and where death was otherwise inevitable, you might have recourse to, as a last chance, but I should not expect any very great benefit from it. Those who advised the proceeding do not seem to have been quite aware that, very generally, the principal trunk beyond an aneurismal tumour of any standing is all but obliterated, sometimes altogether closed.

When you are called upon to tie the carotid, you will be guided a good deal by the situation of the swelling, and the condition of the neck, as to the place where the operation is to be performed. If you can tie the vessel in the middle of the neck, where it is crossed by the omohyoid muscle, all the better. You tie it above or below where it is covered by the small tendon. Sometimes you will not have room to get near the spot; the tumour may pass so far down the neck, that you may have a difficulty in getting to any sound part of the vessel. In the case I spoke of the other day, the vessel was tied close to its separation from the arteria innominata. There the dissection was difficult, in consequence of the infiltrated state of the neck, and the immense size of the swelling. You have sometimes difficulty in getting to it, from its depth, and also, though rarely, from the position of the vein in relation to it. In the lad whose case I have just alluded to, with arterial varix of the scalp, it was with the greatest possible difficulty that I could reach the trunk of the common carotid. The neck was short, and the internal jugular vein lay right in front of the artery, and it was of course distended every time the patient emptied his lungs. He made a great noise; his breathing was accordingly very rapid; he was, besides, exceedingly restless, and in all respects what you would call a bad patient. I was scarcely prepared for this difficulty; I have performed and witnessed the operation over and over again, but I was never before embarrassed with the vein; the difficulty, however, arose in this case, and arose to perfection.

Having determined on tying the carotid, you will do so in the most exposed place; as high as you can with safety and propriety. You will provide yourself with a good knife, a pair of dissecting forceps, a copper spatula or two, and some instrument to pass the

ligature round the vessel. Your object will be to denude the vessel as little as possible, to make a clean incision down upon it, to disturb it scarcely, if at all, to denude it by a clean dissection. and to pass your ligature, without separating the cellular connexion of the vessel, on any side, and this with a view to the permanent obliteration of the vessel at the deligated point, and preventing any destruction of the coats, which would certainly end in secondary hæmorrhage. You place the patient for this operation in a recumbent position, with the head pretty low, and turned on the opposite side to that on which you intend to operate. You must try to set to work in cutting on the living body as coolly and exactly as you do on the dead. You mark out the situation of the sterno-mastoid muscle, and the prominence of the larynx. Supposing that at the angle of the jaw there is an ulcer or abscess which bleeds very profusely, or a small and circumscribed aneurism for which you intend to tie the vessel, there is then no obstacle to your going to the middle portion of it; you make an incision in its course, and of sufficient length; you make that pass at once through the skin and the platysma-myoides, and you thus get into the angle between the sterno-mastoideus muscle and the muscles covering the larynx. You expose the omohyoid and get down on the sheath of the vessel, taking care not to tear the cellular tissue; you take the sheath up with the forceps, cut upon it, and you need not be under any apprehension that the point of the knife will dip into the vessel. Many people have recommended that after you have cut into the superior triangular space, you should tear through the cellular tissue, and they advise you to have a silver knife provided for the purpose. That was the way in which some operations beyond the tumour were performed. For surrounding the artery, you use a plain aneurismal needle, such as this, with a blunt point. Care must be taken that it is not at all sharp in its edges, because in passing it through the cellular tissue you might injure the vessel itself, or the vein. This instrument is passed from the outward to the inner side; in that way you guard against including anything but the artery; you take care to enter it between the pneumogastric nerve and the vessel. Having passed the needle, you divide the loop of the ligature, and draw out one-half of it; you have then a single ligature under the vessel, which is sufficient to arrest the flow of blood in it. With the points of the fore-fingers the knot is run down and tied, and you will distinctly feel the inner coats give way under the ligature; the assistant puts his finger on the first noose till the other has been made and secured. If you are operating for aneurism, you will ascertain that it pulsates no longer, and you do that before tying the vessel. You may leave both ends of the ligature hanging out, or one end may be cut away after you have put on a third knot, and at the proper time you put the edges carefully together.

FOREIGN DEPARTMENT.

ACADEMIE DES SCIENCES (PARIS.)

AUGUST AND OCTOBER.

ON THE PASSAGE OF MEDICINAL SUBSTANCES THROUGH THE HUMAN ECONOMY.

MM. MILLON and LAVERAN, after going through a series of researches, with a view to ascertain in what manner certain medicinal substances affect the urinary secretions, have arrived at the following interesting results:—

The substances experimented on were, principally, the double tartrate of soda and potash, which was administered 268 times; the sulphate of soda, which was administered fifteen times; sulphur, four times; and salicine, ten times. The tartrate of soda and potash was chosen in order to ascertain whether the opinions generally entertained respecting the conversion of alkaline tartrates, citrates, and acetates, into carbonates, in the animal economy, are correct. So far from this being *invariably* the case, it was found that the transformation was very uncertain. Thus, of the two hundred and sixty-eight cases in which the double tartrate was administered, in one hundred and seventy-five the urine was alkaline; in eighty-seven, acid; and in six, neutral. The mode of expulsion of the salt appears to depend nearly entirely on the mode of administration. If taken in large doses—ten or twelve drachms, for instance, in a limited period—its effect is generally concentrated on the intestinal canal, and its ingestion is followed by several liquid stools. Sometimes, however, no purgative effect is produced on the digestive tube, and then the urine is alkaline, the salt evidently being absorbed and expelled through the urinary organs. When the same quantity is administered in fractional doses, during a period of ten or twelve hours, the effect produced is different. The salt does not then give rise to purging, but is absorbed and eliminated as an alkaline carbonate by the urinary organs. In the first instance, indigestion follows its administration, and it may be looked upon as an aliment; in the second, there are absorption, assimilation, and secretion, and it is then a medicine. In order to ascertain whether, when the urine was acid or neuter, after the administration of the salt, the soda and potash might not escape non-decomposed, combined with tartaric acid, or united to some organic acid, several experiments were instituted, by which it was ascertained that the proportion of alkali contained in the acid or neutral urine was identically the same as that contained in normal urine. It thus became evident that the double tartrate did not escape, as such, along with the urine.

Robust men, slightly unwell, shewed the greatest aptitude to digest the tartrates. They occasionally digest part of the salt, even when given at once in large doses. Sometimes, although administered in fractional doses, the urine remained acid. This was the case when the patient was attacked with diarrhœa, or was in an acutely febrile state. But even then, by persisting in its use, the urine, at first acid, gradually became alkaline. On the other hand, absorption was favoured by constipation.

The administration of the citrate, in absorbing doses, was tried in pneumonia and rheumatism. The blood of the patients thus treated was analyzed ten times. The fibrin was not found to have diminished in quantity, and the buffy coat was as great as before it had been given. Although the alkaline carbonate was formed in the urine, these diseases progressed as usual. The increase of the powers of oxidation, rendered evident by the excess of urea, led to its trial in cases in which the nutrition was languishing; and it was found useful in general debility, phthisis, albuminuria, &c.

The sulphate of soda gave the same results as the double tartrate. Sulphur was never found in the urine, under whatever shape it was administered.

INFLUENCE OF DIET ON THE FORMATION OF FAT IN HERBIVOROUS ANIMALS.

M. BOUSSINGAULT communicated a memoir on the above subject. Wishing to ascertain whether sugar and amidon contribute directly to the formation of butter, he had fed two cows for some time, solely on beet-root and potatoes. The question is an important one, as, were this the case, these latter substances might, with great practical advantage, be substituted for the hay, straw, and grains, with which herbivorous animals are now fed.

One of the cows had calved ninety days, and the other forty days, previous to the commencement of the experiment. They were both thriving on the usual stable allowance—viz., for the twenty-four hours, each: Hay, twenty-four lbs.; potatoes, sixteen lbs.; beet-root, twenty-four lbs.; colza cakes, two lbs.; chopped straw, *ad libitum*. The medium quantity of milk given, under this regimen, was eight or nine pints. Their united weight was 2322 lbs. After feeding exclusively on beet-roots for fifteen days, their weight had fallen to 2158 lbs., so that they had lost seven and a half per cent. of their primitive weight. They were then found to be in so bad a condition as to make it prudent to give them their usual food. In the course of fifteen days, having regained four per cent. of their original weight, they were fed on potatoes for fourteen days consecutively. At the end of that time they had lost three per cent. By these two experiments the cows had each lost 164 lbs., and had become extremely thin, although supplied with food *ad libitum*. Thus, it appears evident, that beet-root and potatoes alone are not sufficient to nourish milking cows.

The diet of milking cows, says M. Boussingault, may be insufficient from different causes—1st, If it does not contain enough azotized principles to supply the place of the azotized principles eliminated from the economy; 2nd, if it does not contain the carbon necessary to replace that which is burnt by the respiration or emitted by the secretions; 3rd, if it does not contain the salts required by the economy; 4th, if it does not contain (according to views recently promulgated) enough fatty substances to supply the place of those which are carried off by the milk and other secretions.

In the food given to the cows experimented on, the first three conditions were fulfilled, but the last was not, as the quantity of the fatty principles which it contained was much inferior to that which was found in the milk and dejections. Consequently, the food of herbivorous animals, says M. Boussingault, ought always to contain a certain proportion of substances analogous to fat, destined to assist in forming the fat of the tissues, and of the secretions.

LUMBAR ENTEROTOMY FOR IMPERFORATION OF THE RECTUM.

M. BAUDELOCQUE communicated two cases of imperforate anus, successfully operated on. The first case was that of a child, two days old, that had not voided any meconium. On passing the

little finger of the left hand into the rectum, he found that it terminated in a cul-de-sac, about an inch above the anus. The membrane was ruptured by a sharp-pointed probe passed through a sound, and the meconium at once found a passage. In the second case, the child was also two days old, and the circumstances of the case were the same; but on pushing the probe through the membrane terminating the rectal cul-de-sac, the colon was not attained. M. Baudelocque determined, therefore, on practising the operation of lumbar enterotomy. The child having been placed on its side, a transversal incision, an inch in length, was made in the lumbar region. The aponeurosis of the external obliquus was divided, as were also some fibres of the quadratus lumborum, and the colon, which was found lying on a layer of fat, was then opened. A considerable quantity of meconium escaped, and the intestine was afterwards fixed by three sutures. On the fourth day a little erysipelatous redness appeared around the wound, and the child became feverish. Leeches were applied, the nurse was changed, and the child at once recovered. On the eighth day after the operation it was doing well.

ARYTENOIDEAN GANGLION.

M. Barkow, professor at the university of Breslaw, states that he has discovered a new ganglion in man, which he calls the arytenoidean ganglion. The inferior laryngeal nerve sends from the inferior lateral part of the cricoid cartilage a branch (ramus crico-arytenoïdeus) which, according to M. Blandin, ascends between the posterior surface of the cricoid cartilage and the posterior crico-arytenoid muscle, and which subsequently passes above the superior margin of the cricoid cartilage, and enters the intervals of the fibres of the transverse arytenoid muscle: at this part of its course the nerve on each side swells so as to form a ganglion, about a line in width, and of a round or oblong shape. Very small nervous branches pass off from this ganglion, and ramify in every direction; the most internal penetrating as far as the mucous membrane of the larynx. M. Barkow has not found this ganglion in the ox; has not sought for it in other animals.

ON THE

TRUE CHARACTER OF ACUTE RHEUMATISM*

IN REFERENCE TO

ITS TREATMENT BY MEDICINE.

By J. Arthur Wilson, M.D., Physician to St. George's Hospital.

PART II.

(*Concluded from page* 255.)

In the treatment of a disorder which is essentially one of action, the best indications are those which its own action affords; and thus, in the lavish sweats of rheumatic fever, we find our warrant for the use of remedies which are determined specially to the skin. This principle of cure by perspiration has not met with much favour, of late years, from those who profess a clinical authority in the treatment of rheumatic fever. Its simplicity ill accords with the impatient violence and affected combinations of modern therapeutics; yet of constitutional methods of cure, no one, by long practical experience, has been more thoroughly approved. Exception has been taken to the rheumatic sweats, that, by them, the local suffering is not relieved. Certainly, in the majority of cases, they are not followed by any immediate diminution of the pain; but it should be remembered that, with the pain, they (the sweats) are essential to the safe and regular development of the constitutional disorder. Like the arthritic inflammations, they are important in their series and by recurrence, and are not the less salutary in not being severally critical. To secure effects, by perspiration, in this disorder, diaphoretic medicine has been prescribed in every variety of form and combination. Opium, antimony, ipecacuanha, ammonia, have been unsparingly added to the system, already tasked by an active disturbing principle to its utmost means of resistance. Hence, from undue haste, violence, and inconsistency of action, a great loss of the credit which would otherwise have attached to the sweating practice in rheumatic fever. There is but one way in which the vital fluids can be determined, without change and in quantity, to the skin. By the improved hot air bath, while nothing is added to the blood, we obtain from the surface the greatest possible amount of excretion. In absolute power over the fever of acute rheumatism, by the direct control of every symptom, the hot air bath is superior to all remedial means hitherto employed. The direct sensible effects of its agency are such as to imply the caution necessary for its use. Its demands, by actual waste, are so large, that in weak and empty habits they cannot always with safety be supplied. It affords most relief, when the fever and local inflammation are slow to arrive, and linger in their departure. In a large experience of many years, the hot air bath has thus repeatedly been found to determine the character, and to limit the duration of this disease. The principle of this great remedy for rheumatic fever is that of action by excretion. And here, by the approved means of cure, is suggested a rational method of prevention. From the skin, by interruption of its excretory functions, the disorder is often known to begin. By the contrived temperature and forced sweatings of the hot air bath it has, in many instances, been at once subdued; and in those liable to it, it may assuredly be kept very much at bay by daily ablutions, with general friction of the skin, and other habits of thorough personal cleanliness. In the dirt-crusted knees and ankles of our hospital patients, from whom we principally learn the local symptoms of rheumatic inflammation, there is open evidence of duties long neglected by the skin of those who, as a class, are especially subject to attacks of this disorder.

It is not only from exhaustion by labour, but from want of time and opportunity to be clean, that the lower orders are rendered more liable to the rheumatic as to the other forms of constitutional illness. House-servants, who, without hard work, have no convenient leisure, are frequent in our hospital wards, among the worst cases of acute rheumatism.

In the present month of July, 1844, T. G——, a man aged twenty-two, under my care in St. George's Hospital, has recovered easily and rapidly from severe rheumatic fever, after one full effect of the hot air bath. The treatment, in other respects, was uniform and simple. A few grains of Dover's powder were given occasionally, at bed-time, and he took twelve or fifteen drops of colchicum wine in a common saline draught, at intervals of eight hours, for some days together. In this case, the acute symptoms, which began on July 1, subsided almost immediately after the use of the hot air bath, on July 13.

Another patient, T. S——, aged thirty-eight, a servant, was convalescent from all urgent constitutional symptoms on July 12, having sweated profusely in the hot air bath on July 8, ten days after he first took to his bed with fever and inflammation of the joints. Late in the month, as he still suffered from pain, with weakness of both ankles, a second hot air bath was administered, by which the symptoms were immediately and finally relieved.

In a long practical experience of this disorder, I have found it sufficient, in ordinary cases, that the patient should lie still, be kept from cold, feed on bread, milk, and water, and take, of medicine, little but salines. These are generally prescribed with an excess of the carbonated alkali, and are sometimes combined with a few grains of nitre. If ten or twenty drops of the ammoniated spirit of colchicum seeds are occasionally added to the draughts, it is not in the belief that any specific advantage will accrue from small alterative doses of this drug to the patient. The alkaline salt, which is the basis of this prescription, has been recommended by Dr. Furnival, in some late numbers of The Lancet, as specific in the control of the cardiac and arthritic inflammation of rheumatic fever. Here, no doubt, is the true principle of treatment—that of moderate interference with the necessary actions of the disorder, and of gentle ministration to its supposed necessities. In explanation of the symptoms, we thus assume a previous condition of prejudice to the blood; but are not thereby committed to the doctrine of its acidity. It does not follow that the blood is sour, because the sweat reddens litmus paper, or smells of stale vinegar. Alkalies, taken as medicine, may be effectually alterative, yet not directly antacid, in the cure of the patient.

If the pain, restlessness, and general distress, be urgent, from three to five grains of the Dover's powders are administered every six hours, or a larger dose of this opiate is given at one time, according to the exigencies of the case. The pain, let it be remembered, for which we prescribe in this disorder, often ceases, of itself, before our prescriptions can be followed. In a fever of constant violent action, like that of acute rheumatism, opium should assuredly be administered with a considerate hand. This great remedial agent, in its operation, is never merely anodyne. It pervades the entire system, and modifies every secretion. Its agency, there is reason to believe, directly influences the blood-current while in passage through the chest. That it can be felt in the pulse and breath is in the daily experience of thousands. Possessing these powers, it is a question whether, in the general result, opium, as a remedy for acute rheumatism, has been indeed a blessing to mankind. There never was more of dangerous complication in this inflammatory fever of heart and joints, than in these latter days, when opium has been the most largely used.

It is from an ignorance of the true definite character of this

* In the paper on this subject in the last Number, p. 254, col. 2, line 22 rom the bottom, *for* "rheumatism" *read* "eruptive fever."

fever that so many incongruous remedies are continually suggested as specific for its cure. Rheumatism, even when designated as "acute," is seldom regarded within its fixed and proper limit of self-regulating action. In this compound phrase, the substantive term is one of severe chronic illness, and under it both patient and practitioner are impelled to undue interference by direct and violent treatment with the symptoms. And these approved principles of cure by poison and bloodshed, rest, professedly, on more than conjectural science for their authority. They are not set forth diffidently, as the experimental misgivings, by small induction, of a theory yet to be realized; but are proclaimed as the dicta of a bold and successful experience. They are blazoned as heroic mottoes above the vulgar host, that, seeing them, we may know our leaders, and be prepared to follow. Hence, wherever cures by medicine are professed, rheumatic fever is the hobby of the boasting physician. By the vanity which, in every instance of recovery, arrogates to itself the triumph of a cure, a spurious reputation is easily secured from the latter treatment of a disorder, which is never more violent than towards its natural close; and of which, it is known to few, that, by its own actions, it completes, in a stated time, the measure of its own relief. Hence, too, in the practice of this regular, yet protracted fever, the frequent rebuke, by disappointment, of any one unvarying formula of prescription. In brief commentary on the published lectures, and other treatises which profess the cure of this disorder by system and in detail, let the remark suffice, that, in ordinary cases, rheumatic fever is best treated, when, with most respect for the fever, there is least regard to the rheumatism.

28, Dover-street, Piccadilly, Nov. 1844.

OBSERVATIONS IN MIDWIFERY.

By W. Tyler Smith, M.B. Londin.

ON THE NATURE AND CAUSES OF PUERPERAL CONVULSIONS.

In attempting to apply the physiology of the spinal marrow to the explanation of the mystery which has hitherto surrounded the pathology of puerperal convulsions, it may not be improper or uninstructive to give, in the first instance, the current opinions of the most eminent authorities respecting the nature and causes of this terrible disease. The following extracts will, I believe, be found to contain in as short a space as possible, the most recent views which have been advanced on these important topics:—

"The most usual *proximate* cause of puerperal convulsion is, probably, *pressure on the brain*, this pressure being sometimes produced by the rupture of a vessel, causing a sudden effusion of blood; sometimes by serous exudation into the ventricles or between the membranes; sometimes, and by far the most frequently, *by simple congestion of the cerebral vessels themselves.* But the disease has often proved fatal, without any organic lesion being evident on dissection, and without even the vessels being observed to be preternaturally full.—Into the *remote* causes it is not my wish to enter at any length, *because the subject is at best but unsatisfactory, and little understood.* They have been ascribed to articles of food remaining undigested on the stomach, or irritation existing in some other part of the alimentary tube; to general irritability of constitution; to a delicate and luxurious mode of living; to the depressing passions; to an overloaded state of the system; to over-distention of the uterus; to distention of the bladder; and to the death of the child. But the affection, in my opinion, originates most frequently in some deranged state of the uterus itself, probably in its nervous system, and consists in *some irritation propagated from that organ to the brain.*"—Dr. F. H. Ramsbotham's "Principles of Obstetric Medicine and Surgery."

"The exciting cause of eclampsia parturientium is the irritation arising from the presence of the child in the uterus or passages, or from a state of irritation thus produced continuing to exist after labour. The predisposing causes are, general plethora; the *pressure of the gravid uterus upon the abdominal aorta*; the contractions of that organ during labour, by which a large quantity of the blood circulating in its spongy parietes is driven to the rest of the system; constipation; deranged bowels; retention of urine; previous injuries of the head, or cerebral disease; and much mental excitement. Also 'in persons of hereditary predisposition, spare habit, irritable temperament, high mental refinement, and in whom the excitability of the nervous, and subsequently the sanguiferous, system, is called forth by causes apparently trivial.'"—Dr. Rigby, "Library of Practical Medicine."

"Convulsions of the kind I am considering, evidently are connected with gestation or parturition; they occur at no other time, and are more frequent in a first labour. * * * They arise particularly from uterine irritation, but also seem frequently to be connected with a neglected state of the bowels. * * * The sympathetic irritation is almost invariably accompanied by an affection of the vascular system, productive of *great determination to the head*, either directly or indirectly, through the medium of the spinal nerves, which aggravates the evil, and becomes indeed the chief source of danger. I am inclined to think that, in a majority of instances, *the spinal cord is first affected* by the state of the uterine nerves, and immediately afterwards the head suffers. * * * A strong predisposition is given to this condition of the nervous system by a bad state of the bowels, and labour seems to bring the matter to a serious crisis. * * * On inspection after death, we sometimes find turgescence of the vessels of the brain, or slight effusion of serum, but very often no mark of disease is to be discovered anywhere."—Dr. Burns' "Midwifery."

"Those women are most predisposed to the disease who have had hysteria or epilepsy in early life, who have suffered from injuries of the head, or who have had violent attacks of fever, with severe affections of the brain. Depressing passions of the mind appear to produce a predisposition to the disease. Unmarried women, who are excluded from society, and often addicted to the improper use of stimulants, are peculiarly liable to puerperal convulsions and mania. Terror, and other violent mental impressions, and sometimes the pains of labour alone, are sufficient to excite convulsions. The disease occurs, not only in strong plethoric young women with their first children—in such as are of a coarse thick make, with short thick necks—but in weak, irritable, nervous females. There are some cases where irregularities of diet, especially the use of very indigestible food and stimulants, appear, without any other cause that can be discovered, to give rise to the disease. There are many cases in which the peculiar condition of the nervous system of the uterus appears to be the sole cause, and in all cases it is the principal predisposing cause, for the fits of convulsions occur in most women in the first pregnancy and labour, and at no other time but during pregnancy and labour; and they often suddenly cease when the labour is completed, after every remedy has been employed, without avail, except artificial delivery. *The condition of the brain, on which the loss of consciousness and convulsions depends*, is obviously produced by sympathy with the nervous system of the uterus; and the fits return and increase in violence, till the uterus is emptied of its contents, and it is on them the irritation of the nerves of the uterus alone depends."—Dr. Lee's "Lectures on Midwifery."

"*It is exceedingly difficult to state anything very definite as to the cause of epileptic (puerperal) convulsions.* Doubtless they arise from the *sympathy of the brain* with the irritation of some different, and often distant, organ—it may be, the stomach, the uterus, or the bowels. Intemperance in eating or drinking may give rise to it. Persons previously afflicted with convulsive affections are certainly predisposed to them at this time. Mental emotions and frights occasionally cause convulsions. In some cases, doubtless, they are owing to the efforts made during the labour pains, by which an accumulation of blood takes place in the head. Atmospheric influence appears to have some effect in determining the frequency of the disease.—Dr. Fleetwood Churchill's "Midwifery."

"The immediate causes of puerperal convulsion are often *very obscure.* They appear sometimes *to depend on a loaded state of the vessels of the brain*; at other times, the brain appears to be influenced by distant irritation, either in the uterus or in the digestive organs, and again, in some cases, puerperal convulsions are induced by a peculiar irritability of the nervous system.—The immediate attack may be brought on by a loaded or disordered stomach, or by food, however small in quantity, of an indigestible kind. Some substances—shell-fish, for instance—have been found very frequently to induce convulsions in the puerperal condition, when at other times they may have been taken by the same individual with perfect impunity. A sudden fright, afflicting intelligence, or any unexpected or depressing mental emotion, may excite the paroxysm.—The violent straining caused by labour pains, and even the disturbance of the frame by the earlier uterine contractions, *causing a temporary rush of blood to the head*, will sometimes bring on convulsions."—Dr. Locock, "Cyelop. Pract. Med."

Speaking of the relative frequency of convulsions in head-presentations, Dr. Collins observes, "This fact might be brought forward to support the opinion that puerperal convulsions were caused by the irritation produced in the dilatation of the mouth of the womb. This, however, is not the case, as we not unfrequently find patients attacked when the os uteri is completely dilated, and all the soft parts relaxed. *I conceive we are quite ignorant as yet of what the cause may be, nor could I ever find on dissection any appearance to enable me to even hazard an opinion on the subject.*"—Dr. Collins's "Midwifery."

These quotations are sufficient to shew the great discrepancy and uncertainty of opinion which prevails among the most eminent obstetric writers respecting the *causes* of puerperal convulsions.

As a contrast to this confusion, the views of the discoverer of the functions of the *spinal marrow* may be brought forward. With a few graphic and masterly touches, he stamps the malady as one of the diseases of this division of the nervous system.

"The principal *causes* of puerperal convulsion, besides *the peculiar condition of the uterus itself*, are, indigestible food, a loaded and morbid state of the bowels, a distended condition of the bladder, &c., mental shock or anxiety, muscular effort, hæmorrhage, &c." Dr. Marshall Hall further believes, that all these and similar causes act upon the spinal marrow and its system of excitor and motor nerves. This view of the subject I propose to develope at greater length than Dr. Hall has hitherto done, but in accordance with his physiological and pathological doctrines. One of the chief sources of error respecting the true pathology of puerperal convulsions is, the vague and incorrect idea which is commonly held among practical men respecting the part played by the vascular condition of the brain in their production. As a preliminary step, therefore, it must be of great importance to place this matter on a correct physio-pathological basis.

It may be gathered very plainly, from the quotations given above, that the general opinion is in favour of considering direct or secondary *cerebral congestion* as the grand cause of convulsions in the puerperal state. By this, obstetric writers mean congestion of the *whole* organ, or, at all events, they have never, so far as I am aware, made any attempt to define the part of the brain which must be affected before convulsions can occur, a matter of great moment, both in practice, and as affording a plain rationale of one of the first difficulties which meets us in the inquiry.

It is a well established fact in physiology, that in animals, mechanical irritation of the spinal marrow within the theca vertebralis, of the medulla oblongata, and the corpora quadrigemina, will cause convulsions. It is also well proved that irritation of every other part of the brain and cerebellum may be carried to any extent without producing convulsive action. Loss of voluntary motion may be thus caused, but the involuntary and spinal motions, those which in morbid excess constitute spasm and convulsion, remain unaffected. When the whole of the lobes of the cerebrum and cerebellum have been carefully removed, convulsions may be occasioned to any extent by irritation of the cranial termination of the spinal marrow. All these data have been abundantly proved by the vivisections of Magendie, Schoeps, Flourens, Hertwig, and Dr. M. Hall. In one interesting experiment performed on the dog, Dr. M. Hall found, that while irritation of the brain produced no effect, pinching the dura mater lining the cranium, to which branches of the fifth are distributed, excited convulsions, so that the brain is actually *in*-excitor of spinal action, while the meninges are strongly excitor. The brain, although the sensorium commune, has neither nerves of common sensation nor of excito-motion. This is supported by pathological observation. A tumour gradually developed in the brain itself may excite no cerebral or spinal symptoms, while a spicula of bone on the inner surface of the skull may occasion epilepsy.

It would appear to be a necessary deduction from these facts, that whether we use the term spinal *marrow*, or any other name, we are bound to consider the medulla spinalis and oblongata with the corpora quadrigemina, as forming together one distinct organ—as being a division of the nervous system, which pathologically, as well as physiologically, must be looked on as separate from the brain, cerebellum, and the simple sensory and voluntary nerves of the spinal *cord*.

Thus, then, we should have,—1. The *cerebral system*, composed of the brain and cerebellum, in connexion with that part of the spinal *cord* which conveys sensation and voluntary motor power to and from the brain, which might be termed the intra-vertebral cord; and 2. The *spinal system*, consisting of the spinal marrow, (exclusive of that part of it devoted to the transmission of volition and sensation,) together with the medulla oblongata, and the corpora quadrigemina. This division into the cerebral and spinal systems, though they are each of them both cranial and vertebral, as regards anatomical position, the spinal extending into the brain, and the cerebral situated partly within the vertebral canal, is in nowise theoretical, but a matter of fact, admitting of the most severe physiological proof. Indeed, as Professor Grant and Dr. Marshall Hall long ago predicted, it has been found, by Dr. Carpenter and Mr. Newport, that in the invertebrata the excito-motory cord is anatomically distinct from the cord of nerves devoted to sensation and voluntary motion. Such a division is of great moment for the present pathological purposes. It is necessary, as we proceed, to keep the mind close to the subject, and draw a clear line of demarcation between those parts which belong to each respectively.

Let us now examine some of the presumed causes of puerperal convulsion, and first of all, the subject of cerebral congestion.

During the pregnant and puerperal states, there is a greater tendency to fulness of the circulation than at other times, and in labour, especially in some of its stages, this vascular plethora particularly affects the head. In the second stage of labour, when the presence of the head of the fœtus in the vagina has excited the reflex action of the expiratory muscles, there is, during every pain, partial or entire closure of the glottis. This interferes with the circulation; and, moreover, during the severe pains, a state of partial asphyxia takes place, as may be seen by the distended state of the veins of the head and neck. The same venous congestion must occur to the spinal marrow, particularly its upper portion, though this has escaped the notice of writers on the subject.

It would follow from the above, that if simple pressure on the cerebral vascular system caused convulsions to as great an extent as obstetric authors generally suppose, they ought certainly to occur far more frequently during the second stage of labour than at any other time. But this is not the fact, as patients frequently fall into convulsions before labour has commenced, or during the first stage, when the respiratory system is undisturbed, or the patient may pass through the second stage of labour, when the disturbance of the circulation is at its maximum, without any sign of convulsion; and they often appear for the first time after delivery has been completed.

These facts alone are, I submit, sufficient to overturn the most generally received opinion as to the *cause* of puerperal convulsions. The error has arisen partly from observing the immense distention of the vessels of the upper part of the body during the paroxysm, and partly from the congestion and serous or sanguineous effusion sometimes found after death. But it can be made clearly evident that these signs are in the great majority of cases not the *causes*, but the *results*, of the disease. Rarely, excepting in convulsions occurring during a pain in the second stage of labour, can the congestion of the brain be fairly considered the *exciting* cause of the convulsions; and even here we have two causes in operation—the irritation of the excitor nerves of the uterus, as well as the vascular fulness.

Bolton-street, 1844.

(To be continued.)

ON AN EXAMPLE OF CEPHALOMATOUS TUMOUR OF THE ABDOMEN, AND ON A CASE OF MELANOSIS.

By Alexander Montgomery, Esq. Surgeon, R.N., and Surgeon to the Civil Government Hospital, Mauritius.

(Communicated to The Lancet *by C. S. Webber, Esq. late Surgeon-Superintendent of the Government Emigrant Ship, the Sir Charles Napier.)*

The subject of this case was a boy named David Blackburn, aged five years, the son of an overseer of convicts, formerly a serjeant of the 22nd regiment of foot.

The child is reported to have fallen in March last, when his left side struck against the corner of a table; he suffered very considerable pain for some days, and a tumour made its appearance some time after in the left lumbar region, which continued to enlarge. He was sent to hospital on the 6th August, when it had increased to such an extent as to be mistaken on first view for ascites. The abdomen was much distended, but of an irregular lumpy feel, and on pressure being applied, a tumour was distinctly discovered to occupy the whole cavity, excepting a small portion of the epigastric and right hypochondriac regions. The tumour felt as if divided into two parts by a longitudinal thickened cord, which reached from the left hypochondrium, obliquely downward to the pelvis. A consultation of the medical officers of the garrison was held, and no decisive opinion on the nature of the disease could be formed. All acknowledged that it was a novel case. Longitudinal measurement on left side, 6¾ inches; on the right, 5¾ inches; transversely, 13 inches; circumference of body, 22¼ inches. The child was rather emaciated, but not so much so as might have been expected from the extent and duration of the disease. Bowels obstinately constipated. Purgatives, hot baths, fomentations, embrocations, with alterative doses of calomel, were tried in vain, as the disease went on increasing; and his parents, seeing no hopes of a recovery, removed him from hospital on the 19th of October. He lingered on until the morning of the 8th instant, when he expired, and on the 9th, I opened the body in the presence of Dr. Shanks, of the 82nd regiment, who had frequently visited the child whilst in hospital.

Appearances on Dissection.—The circumference of the body

measured 29 inches. There was an obscure sense of fluctuation in the abdomen, but on a puncture being made in the linea alba, not more than a pint of a dirty serous fluid escaped. On laying open the abdomen, the omentum was found to be thin, elongated, of a dark purple colour, and covering an immense encysted tumour of an irregular globular form: on throwing the omentum upwards, the descending colon was found to adhere firmly to the front of the tumour, being pushed forward out of its natural situation, and it proved to be the thickened cord alluded to above. The hand was now passed over the face of the tumour to the left, when it met with resistance at the extremities of the false ribs, from which point the peritoneum was reflected over the tumour, to which it firmly adhered, as if forming the outer tunic of the sac, and was traced round to the lumbar vertebræ, to which it was firmly attached, the small intestines being pushed upwards into the right hypochondrium, so that the tumour actually filled the whole of the abdomen, with the exception of the epigastric and right hypochondriac regions, as already stated. An incision was now made through the peritoneum at its point of adhesion to the ribs, the hand introduced, and the tumour pulled over to the right side, it having no connexion with the lumbar region, or psoas muscle, excepting through the medium of the loose cellular substance; it was, however, firmly bound down to the right side of the lumbar vertebræ, so that this point and the extremities of the ribs were the points of attachment, the tumour occupying the whole of the intermediate space. Not a vestige of the left kidney or mesenteric glands was visible. The tumour, on being removed, weighed 9¼lbs., and contained a soft, pulpy, whitish coloured mass, resembling the medullary portion of the human brains, mixed with a dirty reddish-coloured fluid, a portion of which mass I supposed to be the seat of the kidney, from its reddish-grey colour and radiated appearance resembling the tubulæ of that viscus. There were several tubercles in the liver, containing a brain-like substance, in the centre of which was a small quantity of reddish fluid. The left lung was composed of solid masses of tubercle, each the size of a large turkey's egg, and containing the same kind of soft brain-like mass as that found in the tubercles of the liver.

The subject of this formidable disease was a black, about twenty-nine years of age, a native of Madagascar, by trade a carpenter, the slave of Mr. Bule, of Mahebourg, who gave the following history of his case:—He stated that about eighteen months prior to his being sent to hospital, a small sore, not larger than a herring scale, made its appearance on the sole of the left foot, to which numerous remedies were applied with no good effect; that an ungovernable fungus formed, which daily increased, and at the period of his admission into the hospital, on the 8th of July, 1827, was as large as a common-sized cauliflower, which it resembled in the rough tuberculated appearance of its surface, but was of a deep livid colour, approaching to blue. The foot was much deformed by numerous tubercles, resembling the mulberry fruit; there were also numerous enlarged glands extending from the inner ancle, following the course of the vena saphena to the groin. The inguinal glands were very much enlarged, one being the size of an orange, the integuments covering it of a mottled blue colour. Bowels torpid, health in other respects apparently good, spirits remarkably so. Tumour but little sensible, excepting when a probe was introduced between the tubercles, which produced hæmorrhage, to attacks of which it had been subject.

From this period numerous remedies were applied, as well constitutional as local. The bowels became more regular, but the other symptoms increased, and notwithstanding that the removal of the diseased parts by extirpation appeared to all who saw him the sole chance of saving the man's life, yet he obstinately refused to submit to an operation until the 6th of August, when I amputated below the knee, in the presence of several medical gentlemen. Diseased glands, of a black colour, and hard, firm texture, were discovered, in the course of the operation, situated in the cellular substance, and were removed. The gland in the groin had much increased in size, but the patient would not submit to its removal. The following were the dimensions of the tumour of the foot when removed:—viz., Circumference round the extremities of the toes, sixteen French inches; from the great toe to the little one underneath, twelve and three-quarter inches; at the dorsal bones, twelve and three-quarter inches; the diameter of the tumour, which was of a circular form, eight inches, and its depth, (on an incision being made, separating the great and second toes,) four inches. The surface exposed by this incision resembled the kidney of an ox, but was of a deeper livid colour, and appeared as if composed of a consolidated mass of tubercles, the striated lines of separation being very distinct. The cellular substance beneath the integuments was at least an inch in thickness, firm in texture, and of a purple colour, extending as high as two inches above the ancle, where the bones were sawed across, to admit of the more easy preservation of the preparation, in order to its being sent to England. From this period the glands in the groin went on increasing in size; yet the stump healed kindly, and was perfectly cured by the 10th of September. On the 24th of October, the gland in the groin had increased to the size of a six-pound shot; a small piece of the integuments on its centre sloughed, but this was not followed by a discharge of matter. The ulcer thus formed resembled an issue made by caustic alkali, but continued gradually to increase in size until it became four inches in diameter, exposing the cellular substance in a sloughing state, forming a most offensive ugly ulcer. Emollient poultices, mineral acids, oil of turpentine, and other detergents and styptics, were alternately applied without the least good effect; an hæmorrhage, to which the wound became subject, was, however, invariably arrested by the latter application. Soon after the formation of the ulcer in the groin, small hard moveable bodies began to make their appearance under the skin in different parts of the trunk and extremities, gradually increasing in size, with a corresponding emaciation and debility, until three o'clock on the evening of the 23rd of January, 1828, when the patient expired. The odour emitted from the ulcer for nearly a month prior to his death was most offensive. The body was inspected the following day, at noon, in the presence of the gentlemen who witnessed the amputation, and who appeared much interested in this extraordinary case. The following were the appearances which presented themselves on dissection:—The ulcer in the groin was four inches in diameter, of a circular form, having a solid elevated margin of two inches in thickness; its surface was covered to the depth of an inch with disorganized cellular substance, beneath which was a solid brainy-looking mass, two inches in thickness, and of the size and form of the ulcer. This brainy substance seemed to be connected with a black firm mass of either cellular substance or diseased consolidated glands, extending to three inches above Poupart's ligament, terminating in a black-coloured mass, the size of a large orange, and containing a fluid resembling that of a cuttle-fish. The abdomen, when laid open, struck all present with astonishment. The cellular substance, posterior to the peritoneum, was thickly studded with small black moveable glandular bodies, about the size of the common garden pea; similar bodies were observable in the cellular substance beneath the pleura. The omentum was equally filled with them, many hanging pendulous; mesenteric glands much enlarged. The liver was also enlarged, of a dark colour, and weighed six pounds; its surface thickly studded with tubercles, some the size of a walnut, others smaller; its substance when cut into seemed as if composed of a solid mass of tubercles. No apparent change in the structure of the stomach or intestines; kidneys elongated and unusually soft; spleen in its natural state; pancreas enlarged; lungs adherent generally; right one solid, small, and tuberculated; the anterior surface of left of a marble grey colour, and beautifully spotted by small bodies resembling black feathers; posteriorly, the lung adhered to the pleura costalis, and was thickly tuberculated. The pericardium contained a large quantity of a turbid yellow-coloured serum. The surface of the heart was covered with tubercles, and its structure so completely changed, that, when removed from the body, it was difficult to distinguish it as a heart. The os innominatum, with a few inches of the thigh bone, and such portion of the soft parts as were considered necessary to shew the relative situation of the disease in the groin, were removed, forming a beautiful preparation. The liver, lungs, and heart, were also removed, forming an equally beautiful preparation, but it is to be regretted that the heat was so intense, (thermometer 88° in the shade,) and rectified spirit so scarce, that both specimens were totally destroyed, arrack, in which they were immersed, being too weak to preserve them.

Civil Hospital, Grand River, Mauritius.

REMARKS ON THE COMPOUND NATURE OF CARBON.

By Philip B. Ayres, M.D., Lecturer on Chemistry at the Charing Cross Hospital.

Two communications of a very singular character have appeared in The Lancet for September 21st and 28th, in which the writers endeavour to make it appear that carbon is a compound substance. A work by Mr. Rigg is also advertised, bearing the title of "Researches, Chemical and Agricultural," which is occupied by the *demonstration*, "that carbon is a compound substance, made by plants in quantities varying with the circumstances under which they are placed." Mr. Rigg, in his paper

in THE LANCET, has endeavoured to extend this formative power to animals, and gives some experiments which he thinks countenance his opinion. Now, although I would by no means deny that carbon, or any of what are now called elements, may be really compounds, yet we must have good and sufficient evidence that they are compounds before we can admit that they are so. A short time since we heard that boron and silicum were mutually convertible! We now hear that carbon is a compound, but are left in the dark as to its elements. When it is asserted that a substance is compound, we certainly have a right to expect that its elements should be either isolated and exhibited; or when, as in the case of fluorine, they cannot be so isolated, we expect, at the least, that their existence should be rendered probable. But although the carbon is said by Dr. Aldridge and Mr. Rigg to be *made* by plants, and by Mr. Rigg to be *secreted* by animals, neither of these gentlemen have been kind enough to tell us what the carbon is made or secreted from; or, in other words, what is its source?

With these preliminary remarks, proceed we to examine the experiments on which this rather strange assertion is founded. And first, of Dr. Aldridge. The note of Dr. Aldridge is headed, "Carbon a Compound Body made by Plants;" but I am at a loss to conceive how the compound nature of carbon can be asserted from the contents of that paper! The experiments of Dr. Aldridge simply shew that carbonic acid is sometimes decomposed, and the carbon deposited in the plant, without the agency of *much* light. His experiments are given in so vague and general a manner as to throw an air of uncertainty over them. We are told that the carbon of half a pound of grass, kept in water fourteen days, either exposed to the light or in perfect darkness, had increased its carbon over and above a similar weight of fresh grass. We are not told whether this grass was gathered, or remained attached to the roots, nor whether, during its long immersion in water, it had lost its vitality, and undergone the putrefactive fermentation, which I should imagine was the case. If putrefaction had taken place, of course the proximate principles of the grass had undergone a change of composition, which would render the results fallacious.

Dr. Aldridge's second experiment, in which he caused an equal weight of beans to grow in perfect darkness, and others exposed to the light for a month, and found that in each case the carbon was greater than in the same weight of beans that had not germinated, is liable to the objection that it is very doubtful whether the plants would be found alive at the end of the month if light was *perfectly* excluded. But even if vitality remained, and the carbon was increased in weight, the experiment merely proves that the assistance of light is not absolutely necessary to the decomposition of carbonic acid by plants. The experiment with lemna minor, where oxygen was given off in total darkness, proves nothing more than the former experiments—the decomposition of carbonic acid gas without the assistance of light, or, at all events, of much light, not that carbon is made by plants. Mr. Rigg, in his observations on the manufacture of carbon by animals, sets out with the suppositious case that an animal, containing fifty grains of carbon, consuming other fifty grains in the shape of food during a given time, should, during the same time, give out sixty grains, and finally yield sixty grains on incineration, whereby an increase of twenty per cent. of carbon would occur, which Mr. Rigg says can only be accounted for by the secretion of carbon by animals. He decidedly states that he has repeatedly observed this increase in the amount of carbon. But how are the experiments conducted on which such a conclusion is founded? He takes two *small* young animals, kills and dries one, and ascertains the amount of its carbon. He next feeds the other for some days with food, the composition of which is known, and at the same time placing the animal in a limited atmosphere, which is changed every two or three hours, ascertains the quantity of carbonic acid formed by respiration. Finally, the animal is subjected to the same treatment as the former one. This mode of experimenting is liable to very serious objections; first, there is the comparison of the two small animals, which, although apparently of the same size, may differ, to a considerable extent, in composition; and secondly, there is still some liability to error in the ultimate analysis of animal substances, which is, in truth, a very complicated and delicate manipulation; and thirdly, a larger number of analyses are necessary in organic chemistry to arrive at a satisfactory mean.

The favourite experiment of Mr. Rigg was on a mouse, which, weighing two hundred grains, contained from twenty-five to thirty grains of carbon. This mouse being fed with sixty grains of bread daily, containing about sixteen grains of carbon, yielded twenty to twenty-six grains of carbon in the shape of carbonic acid by respiration. Mr. Rigg, however, does not tell us what was the amount of carbon ultimately existing in the mouse; nor does he inform us how often the experiment was repeated, nor from how many data he drew his conclusion. Mr. Rigg says, further on, that either of these animals may be kept without food until they give off, by respiration, a weight of carbon equal to eighty per cent., and retain, at the same time, sixty to seventy per cent. of that which they comprised at the commencement of the observation, *shewing*, says Mr. Rigg, *that a weight of carbon equal to forty per cent. has been secreted.*

I confess I am at a loss to understand what Mr. Rigg means here by secretion; he has stated that an animal kept without food excretes a quantity of carbon by respiration, which, together with what is found in the body after death, exceeds very greatly what the animal originally contained, and, therefore, that carbon is secreted. Perhaps, Mr. Rigg thinks that carbon is produced by a sort of spontaneous generation! but until Mr. Rigg is able to bring forward more convincing proofs of the spontaneous generation or manufacture of carbon, we must be allowed to adhere to the old adage, "Ex nihilo, nihil fit."

The ordinary estimate of carbon expired as carbonic acid is probably much too high when stated at from 5000 to 6000 grains per diem, amounting, as it would, to about three quarters of a pound avoirdupois. Mr. Rigg, taking this estimate, analyzes a number of the ordinary articles of food, gives us their proportionate amount of carbon, and finally presents us with a table of the quantities of different articles of diet necessary to make up the six thousand grains of carbon, and a most generous diet table it certainly is. He then calculates the amount of carbon in the diet of prisons, penitentiaries, and workhouses, and finds the amount of carbon in the food very much below 6000 grains, and hence he again concludes that carbon is *secreted* to make up the deficiency. The diet table given by Mr. Rigg shews in how shocking a manner our poor are treated in many of our union workhouses, when we find that the diet of prisons is preferable to that of workhouses.

In all cases, Mr. Rigg finds that the carbon excreted by the respiratory process alone, not taking into account that contained in the urine, is greater than that contained in the food, and that the difference is increased by exercise. This sounds well for Mr. Rigg's theory,—but where does the carbon come from?—out of what is it made? Surely it cannot be made out of nothing! What other substance is converted into carbon, and if compound, what are its elements? These questions must be answered before we can admit that carbon is a compound substance, or a substance *made* by plants.

12, Howland-street, Fitzroy-square, Oct. 4th, 1844.

THE HYDRATED PEROXIDE OF IRON AN ANTIDOTE FOR PRUSSIC ACID.

By THOMAS UNDERHILL, Esq., Surgeon, Great Bridge.

IN the last two numbers of THE LANCET I have read reports of cases of poisoning by arsenic successfully treated with the hydrated peroxide of iron. This remedy has, I believe, been employed with great success for the last ten years, and yet there are many who now doubt its powers as an antidote. In order to convince those who are still sceptical, we should endeavour to bring forward all the evidence in our power; and with that view, I send for publication the results of eleven cases which have occurred under my own immediate observation during the last three years; for in this, as in all other disputed points connected with medicine, experience is the grand basis upon which to found our arguments.

The first case presents some rather remarkable peculiarities, the symptoms differing in many respects from those generally observed in cases of arsenical poisoning. They bear some analogy to that class described by Christison as his second variety, which, as that author observes, are generally produced either by taking a large quantity of the poison, or by taking it in a state of solution.

The subject of this case had taken, as he admitted, nearly two table-spoonfuls (two pennyworth) of arsenic, mixed in about a pint of water. When called to him, I found him lying on the floor, in a state of syncope; pulse imperceptible; skin covered with a cold perspiration, with occasional convulsive tremors of the limbs, but no sickness. In a short time slight re-action came on, when, the stomach-pump not being at hand, I commenced giving the hydrated peroxide of iron, which I had carried with me, in large and frequently repeated doses. On the arrival of Mr. Davis (a surgeon living in the neighbourhood) with the stomach-pump, we immediately proceeded to use it, and well washed out the stomach by the injection of successive quantities of warm milk and water. In a few hours, symptoms of inflammation of the stomach began to present themselves, but these soon yielded to the ordinary antiphlogistic treatment.

The principal peculiarities observed in this case were the extreme faintness, and the absence of sickness, not indicating great irritation of any part of the alimentary canal, but more evidently pointing out some disorder of the nervous system. This man suffered for some time from gastric derangement, but ultimately his recovery was complete.

Case 2.—A child, about three years of age, took by mistake a considerable quantity of arsenic, which had been mixed with oatmeal, for the purpose of destroying rats. The ordinary symptoms of poisoning by this drug soon developed themselves, and were very acute, but gave way in a short time on the administration of the antidote.

Case 3.—Rachael S——, aged thirty-one, went to Wolverhampton, a distance of six miles, on the morning of the seventh of last month, on a visit to her sister. She had been in a very low, desponding state of mind for some time, and had more than once threatened self-destruction. On the afternoon of the same day she bought from a druggist's shop two pennyworth of arsenic and one of essence of bergamot; she took them to her sister's, and having mixed them together with a little water in a cup, drank off the mixture, and threw the cup away. In about half an hour the usual symptoms began to appear, and continued, the vomiting and diarrhœa excessive, till about eleven o'clock the next morning, when she told her friends what she had done. My father was immediately called in, but she was then in a dying state; we administered the antidote, and used other means which we thought advisable, but it was too late; she died about three hours after we first saw her. On opening the stomach after death, we found one solid lump of arsenic which weighed fifteen grains, besides several smaller ones. This is rather remarkable, considering that she had vomited almost incessantly for so many hours. That the hydrated peroxide of iron did not produce the desired effect in this case, is no argument against its powers as an antidote, for the state of the patient when we first saw her was hopeless.

The next eight cases occurred on the evening of the 21st of last month. A neighbour of the parties who took the poison, being sadly troubled by rats, had obtained a quantity of arsenic for the purpose of destroying them, and had made up about half an ounce of it into three cakes, with two biscuits and a little flour, and put these cakes in the cellar. One of the children going into the cellar, saw them, and not knowing their contents, eat part of one, and then distributed them among four of her playmates and three women, the mothers of the children. The women described the taste as being very much like gingerbread. They were all affected in a short time with the usual symptoms of poisoning with arsenic, the severity of the symptoms being in proportion to the respective quantity which each had taken. Two of the children were exceedingly ill, one, a boy three years of age, was seized ten minutes after taking the poison, and the symptoms were so acute for some time as to lead us to expect a fatal result. In each of these cases the hydrated peroxide of iron was plentifully administered, and with the happiest effect. It seemed to act as a charm, affording almost immediate relief. They all perfectly recovered.

I have given these cases as briefly as possible, not wishing to take up much space. The efficacy of this antidote has been proved, not only by experience in the human subject, but by experiments on animals. Pareira says, "1st. That it renders the poison insoluble. 2ndly. That experiments on animals have shewn its efficacy; and 3rdly. That in poisoning in the human subject it has proved successful." These arguments, well substantiated as they are, should seem quite convincing to any unprejudiced individual, it therefore becomes a duty incumbent on every medical practitioner, when called to cases of poisoning by arsenic, to give this remedy a fair trial, for if not a certain antidote, it is at all events the best we possess.

Great Bridge, Nov. 12, 1844.

MIDWIVES' SURGERY.

By M. O'Shea, Esq. Surgeon, Lambeth.

Having given "Midwives' Midwifery" in the late numbers of The Lancet, perhaps you would permit me, through the same medium, to call Sir James Graham's attention to Midwives' Surgery; and I cannot help thinking, if it had been practised at an early period on the learned baronet, he would not have been so flippant on the introduction of his quack bill; nor would he think—

> "Doubtless the pleasure is as great,
> In being cheated, as to cheat."

Few have so many opportunities of witnessing the awful effects produced by quackery, as those engaged in the administration of medical relief to the poor; and this circumstance proves that the registration clause would be useless towards checking its progress, for at present none but qualified practitioners hold parochial appointments, and yet, from the laxity of the laws in relation to medical practice, the poor are exposed to the most fatal imposture.

I can only account for the tendency in the public to submit to imposition, by the circumstance of uneducated minds, incapable of understanding the abstruse doctrines of medical science, having a greater affinity for false arguments, and, thus predisposed, becoming the dupes of all the ridiculous absurdities which every quack has at his fingers' ends.

I may, without impugning the knowledge of society, safely say that, in medical literature, at least, the number of non-professional adepts are few, and this is a reason why they need protection, not to be exposed to hordes of manslaying empirics. The midwives' surgery to which I have alluded, occurred in the practice of one Mrs. Brown, quite an eminent person in her circle; and since the College declared its intention of raising (?) operative surgery, to the exclusion of that "degrading" branch of medical science which embraces in its practice the treatment of every female all over the globe, this Mrs. Brown thought she might vie with some of the "fellows" of Lincoln's-inn-fields—for there is *no restriction* on the practice of surgery. Accordingly, *being of opinion* that the frænum linguæ of an innocent in Captain's Walk required to be divided, she, with scissors in hand, on operation bent, completely divided the tongue, horizontally, so that the babe now has literally got two tongues, but whether it will speak two languages, or even one, or lisp the praises of dear Sir James, futurity alone will tell.

Was there no danger in this operation? How did the ranine arteries escape? I must be so uncharitable as to explain, that her hand being a little tremulous, and her head a little ginified, she directed the scissors so high as to dip right into the substance of the tongue, leaving the ranine arteries and veins on a plane inferior to the incision. The wound, for obvious reasons, has never since united. Certainly she is not the *only* emulator of operative surgery, for a Mrs. Saunders, another wise dame, made a similar attack on another child, as soon as I had left the room, considering it a very great oversight in me to leave her *alone* in the performance of the operation, on the improper performance of which it is not now my intention to enlarge, as the medical public know it already, it having engaged the attention of a Petit; but I mention these facts as a few of the many that have come under my observation; and I cannot help pointing to a far greater evil. Already the principle of Sir James Graham's Bill is being put in practice: there is a small establishment in this neighbourhood which was once carried on by a reputed surgeon; the widow now keeps the doctor's shop, and the *practice* is conducted with the assistance of a druggist's boy, to whose tender mercies the lives of many are exposed. During the past week I was called to see one of the victims of this creature's ignorance and avarice in the person of M.Y——, of Union-court, labouring under an acute attack of peritonitis; a worse case I never met. And what were the remedies? absolutely nothing but laudanum, in which the unfortunate patient had persisted for two days, and for which she paid the last shilling in her purse, not wishing to throw herself on the parish as long as she could. Here is a fellow-creature in the jaws of death, satisfied that she had procured from the *doctor's shop* the remedy best suited to her case. How can Sir James Graham contemplate such a state of things? Her intellect stupified with opium—her life in imminent danger—and as to an hereafter, her soul all but summoned before her Maker, without any previous notion of the awful change that was likely to take place, having perfect confidence in this Grahamite doctor. Fortunately for the termination of this case, the prompt application of the usual treatment proved successful; but instances such as this cry aloud, in the name of humanity and religion, to stop such a course of legislation as would consign the body to the grave, the soul to an eternity. I could elucidate my position with other facts, such as fractures mistaken for sprains, concussion of the brain considered as drunkenness; but I hope these will suffice, as I am unwilling to trespass upon your pages.

Lambeth, October 5, 1844.

BRITISH MEDICAL JOURNALS.

STATISTICS OF OBSTETRIC PRACTICE.

In the last number of the *Dublin Journal* we find a communication from Professor Murphy, which contains several points deserving attention. We shall refer to them in the order of their occurrence.

1. *Menstruation.*—Dr. Murphy has ascertained *the age* at which this function commenced in 559 individuals. This inquiry has been already pursued in 450 instances by Mr. Robertson, and in 1160 by Dr. Lee. A total of 2169 cases shews,

"That there is a great variety in the age at which the catamenia first appears; 9 years [14 cases], and 23 years [1], seem to be the extremes; the most frequent period of its occurrence is between the ages of 12 and 18; and of those recorded, it commenced, in the greatest number of instances [417], at 15."

The interval of the catamenial function was recorded in 591 cases by the author, and by Mr. Robertson in 100. In 557 of those cases the interval was found to be 28 days; in 105 it was 21 days; and in the remaining 29 it was irregular, varying from 14 days to 42. It should be observed, that Dr. Murphy's inquiries were addressed to pregnant females, in whom probably the menstrual period would be found to have been more regular than in the same number of females taken indiscriminately.

2. *Pregnancy.*—Its duration was made by the author the principal subject of inquiry; some curious and useful facts are the result. The number of cases in which accurate information was procured was 186; in each the catamenial period was noticed; and

"To prevent error arising from uncertainty as to the exact date of conception, this interval was deducted from the whole number of days of pregnancy; thus, 328—28 would make the duration of pregnancy 300 days."

The results thus ascertained establish 301 *days as the average limit of gestation.* To this there are, however, three remarkable exceptions. In the first a fully developed child was born after an interval of 261 days. The evidence in this instance (an unmarried female, stating herself to be pregnant after one connexion) is not to be wholly relied on. In two other cases the duration of pregnancy extended to 342 and 352 days, or deducting the menstrual period, to 324 and 314 days respectively. The histories of those cases given in detail are such as to lead to the conclusion that pregnancy may be prolonged to this extended period—a fact of great importance to the medical jurist. The relation of pregnancy to previous menstruation is referred to, and some exceptional cases are recorded. Thus in one instance pregnancy occurred without previous menstruation; in another, menstruation ceased on marriage, and in a few cases periodic discharges resembling the catamenia were present during pregnancy.

A remarkable coincidence between the periods of human gestation and those of the cow, as deduced from the tables drawn up by Lord Spencer, some valuable practical points connected with the use of instruments, the treatment of hæmorrhage, and the origin of puerperal fever, remain to be noticed. To these we shall again refer.

ON THE USE OF CONIUM, AND THE MEANS OF ASCERTAINING THE VALUE OF THE EXTRACT.

In the same journal, Dr. Neligan communicates his experience of this agent in the treatment of subacute and chronic rheumatism, of neuralgia, and of senile gangrene. Having extensively employed this remedy in hospital and private practice, he met with but few instances in which it failed to afford relief. The extract, as ordered by the Pharmacopeias, is in almost all instances inert; heat of even a moderate degree, when continued for any time, being sufficient to cause a decomposition of its active principle. He recommends the application of the "potash test" before commencing the use of any of the preparations of hemlock.

"It consists merely in triturating in a mortar the preparation we wish to test with a small quantity of strong caustic potash, when the peculiar odour of the active principle, *conia*, is in a few moments emitted; care, however, must be taken not to confound this odour with that of the plant itself, from which it differs most remarkably, the latter bearing a singular resemblance to the smell of mice, while that of *conia* is a peculiar, penetrating, very disagreeable, somewhat alkaline odour, an acquaintance with which may be easily acquired by applying the test to the fresh green leaves, or to the recently gathered ripe fruit."

Dr. Neligan places much more reliance on what he calls the *succus conii*, than on the extract. It is thus prepared:

"Take of fresh-hemlock leaves any quantity, express the juice in a tincture press, set it aside for forty-eight hours, pour off the clear, supernatant liquor from the fecula and chlorophylle which it has deposited, and lastly, add to it a fifth part, by measure, of rectified spirit."

The dose seems to have been in the cases recorded from 20 to 40 minims three times a day, or oftener.

THE DIAGNOSIS OF ŒDEMA GLOTTIDIS AND ACUTE LARYNGITIS.

"In œdema glottidis, there are very violent paroxysms of dyspnœa; in acute laryngitis the paroxysms are less marked and violent; in the former disease, inspiration is singularly sonorous, sibilant, and difficult, expiration being comparatively easy and exempt from sound, whilst in the latter, respiration is not marked by any peculiar noises, nor is there that discrepancy between its two parts which is manifest in the former. In œdema of the glottis, the quantity of air entering the lungs being very small, the respiratory murmur is very feeble indeed, almost abolished throughout the thorax, whereas in simple acute laryngitis, this murmur is rather loud. Finally, in œdema we can, by carrying the finger to the upper part of the larynx, detect there a soft ring or cushion, caused by the infiltration of serous or sero-purulent fluid into the submucous cellular tissue, which is of course wanting in laryngitis.

"The affection of the breathing is exclusive of the swelling round the larynx, one of the most distinctive symptoms of the disease. According to M. Valleix, inspiration is extremely difficult, requiring the greatest efforts on the part of the patient, and amounting frequently to true orthopnea. On the contrary, expiration takes place with so much ease, that M. Blache regards it as a pathognomonic sign. During inspiration there is often produced a wheezing, a guttural snoring, often very loud."—*British and Foreign Review.*

THE ADMINISTRATION OF MEDICINES IN A STATE OF FLUIDITY.

"It has been found that fifteen grains of sulphate of quinine exhibited in infusion of senna, are more efficacious, as a *tonic*, notwithstanding the aperient quality of the vehicle, than twenty-four grains of quinine taken in pills. M. Panezza accounts for this difference by supposing that the senna, by augmenting the peristaltic action of the alimentary tube, and increasing the secretions of the bowels, excites the production of a fluid well adapted for perfectly dissolving the quinine, and in that state it is applied to a much greater surface of absorption than if it passed along the canal in the form of pills."—*Medico Chir. Review, from Medical Examiner.*

FREE TRADE IN PHYSIC.

"If Ministers have been unable or unwilling to throw open a free trade in Corn, they seem determined to do it in Physic! The MILLENNIUM MEDICUM is fast approaching. In the year of grace, 1845, *unlawful* medical practice will cease throughout Great Britain. In that year all *preventive* checks on the noble art and science of medicine and surgery will vanish into air—thin air. * * * * Sir James Graham tells us there is to be a *penalty* on unlicensed practitioners. It is certainly an Irish one. Such practitioners are not to be *rewarded* for their ignorance or want of diploma! They are not to be promoted to places of rank or emolument. They will not be eligible (they are not so now) to appointments in Hospitals, the Army, the Navy, &c. Why no. They would take good care to decline such appointments were they offered to them. They covet no such theatres for the display of their abilities. They will be perfectly content with the liberty of starting in every street of the metropolis, or of provincial towns, to practise medicine, surgery, midwifery, and pharmacy, quietly, *legally*, and lucratively, without disturbance. * * * * The working of the bill will tend to foster ignorance and effrontery—to depress skill, learning, and science. It is hesitatingly proposed to deprive the unregistered practitioner of the power of recovering charges in a court of law. What cares the quack or the ignoramus for this? Do we ever see the charlatan go to law for the recovery of his medical debts? Never. Nor is this boon of any use to the regular practitioner. He ought never to go to law with his patient. He will lose ten times more than he will gain by such a procedure. And, after all, can any physician in Great Britain recover a fee? Not one; and physicians thrive as well as other classes of their brethren."

So much for Medical Reform, says the *Medico Chirurgical Review.*

A gentleman of fortune was attacked with diarrhœa, while at Graefenberg. To promote the descent of the "bad stuff," he was ordered the hip-bath, and to repeat it every two hours. Evacuations of blood succeeded, which were pronounced to be favourable symptoms. In about a week he died!

CHEMISTRY, PHARMACY, AND MATERIA MEDICA.

ASPARAGINE—A READY METHOD OF OBTAINING IT; REMARKS ON ITS FUNCTIONS IN THE ECONOMY OF VEGETABLES.

M. Piria having had a crystalline substance sent to him from the country, said to have been obtained from a species of vetch, (blanched,) he was desirous of ascertaining its nature. In order to do this, he sowed about 10 lbs. of vetch seed in a close chamber, the floor of which was covered with vegetable mould; the seeds germinated in the absence of light, and the plants grew to some height. The plants were then gathered, their juice expressed and evaporated. A large amount of albumen first separated. The concentrated juice set aside deposited a mass of brown crystals; further evaporation increased their quantity to nearly eight ounces. Decoloured by animal charcoal and repeated crystallization, nearly five ounces of perfectly white large prismatic crystals were obtained, like those of sugar-candy.

Analysis proved this body to be identical with *asparagine*. It yielded—

Carbon.....	31.80
Hydrogen	6.85
Nitrogen	42.54
Oxygen	18.80

This, therefore, furnishes a ready and abundant source whence chemists may obtain that substance.

M. Piria then goes on to observe that several important questions relative to vegetable physiology are connected with this subject:—1st, Whether the absence of light be indispensable to the production of asparagine. 2nd, Does asparagine pre-exist in the seed, or is it produced in the act of germination? 3rd, What part does it play in the economy of the plant? To answer these questions, M. Piria treated some seed, and also some plants growing under the influence of light, in the manner above detailed. He found no trace of asparagine in the seed, but abundance of it in the plants. Again he tried plants in the state of flowering and during fructification, but he could then obtain no asparagine; the plant contained, instead, a salt of lime, and an acid which he conceives to be new. The development of asparagine during germination, whether the plant be exposed to light, or excluded from its influence, proves that its elements are not derived from the atmosphere, but most probably from some azotized body, (caseine perhaps,) existing in the seeds. This inquiry M. Piria has undertaken to pursue.

When asparagine is not perfectly pure, its solution undergoes a kind of fermentation, and in the course of a few days becomes converted into succinate of ammonia. This transformation is effected by the assumption of two atoms of hydrogen by the asparagine, which it derives from the putrefying matter, in a manner analogous to the transformation of blue indigo into white, under the reducing influence of organic matters undergoing putrefaction.—(*Comptes Rendus*, Sept. 16, 1844.)

NARCOTINE, AND THE PRODUCTS OF ITS OXIDATION.

Dr. Blyth undertook, with the co-operation of Professor Liebig and Dr. A. W. Hofman, to determine the atomic weight of *narcotine*, the analyses of Liebig, Pelletier, and Regnault, and the formulæ deduced from them, differing very considerably. Dr. Blyth began by studying the sources of error attaching to the method of determining the atomic weight of narcotine by means of the double salts of platinum and narcotine. These sources of error are: first, when chloride of platinum and narcotine is washed too long with water, it is decomposed; secondly, bichloride of platinum, at a temperature of 212° F., or even below this, acts as an oxidating agent, and converts the narcotine into several new products. To avoid these errors, pure narcotine was dissolved in dilute hydrochloric acid, and to the cold solution, just so much bichloride of platinum was added as was sufficient to precipitate the double salt.

The organic alkalies, for the most part, form insoluble double salts with bichloride of platinum, which are exactly analogous in constitution to the bichloride of platinum and ammonium—that is, one equivalent of bichloride of platinum is united to one equivalent of the hydrochlorate of the base; so that, on burning the precipitate, the atomic weights of these bases may be readily calculated from the quantity of metallic platinum left. Proceeding in this manner, Dr. Blyth found the atomic weight of narcotine to be 5339.5, (oxygen being 100,) and its formula, $C_{46}\ H_{25}\ N\ O_{14}$.

Cotarnin, one of the crystallizable bases formed by the oxidation of narcotine, on being analyzed, was found to have the formula, $C_{24}\ H_{11}\ N\ O_6$; when anhydrous and crystallized, it contains, in addition, 2 aq. To this base the term cotarnin is applied. The crystallized hydrochlorate of cotarnin is represented by the formula $C_{24}\ H_{11}\ N\ O_6\ H\ Cl + 5$ aq.

Opianic acid, another product of the oxidation of narcotine, has the formula $C_{20}\ H_9\ O_{10}$, with the atomic weight 2567, and acts as an acid, forming *soluble* salts with metallic oxides.

Hemipinic acid, another product of the decomposition of narcotine, is an acid so called, which forms *insoluble* salts with the oxides of lead, silver, and peroxide of iron. Its formula is, $C_{10}\ H_4\ O_4$ with the addition of one equivalent of water of crystallization.

Narcogenin, another base intermediate between narcotine and cotarnin, was found to be sometimes produced by the decomposition of narcotine. It forms, like other bases, double salts with chloride of platinum, but cannot be isolated. It requires further investigation.

On comparing the formula of *narcotine* deduced from the analysis with the products of its decomposition, their relations are seen to be very simple.

Thus, by employing a large excess of bichloride of platinum to effect the decomposition, the products obtained are, *cotarnin, opianic acid, carbonic acid, and water*. With these is usually found *hemipinic* acid, which is derived from the further oxidation of opianic acid.

1 equiv. of narcotine	$= C_{46}\ H_{25}\ N\ O_{14}$
+ 7 equiv. of oxygen	$= \quad\quad\quad O_7$
	$C_{46}\ H_{25}\ N\ O_{21}$
Produce:	
1 equiv. of cotarnin	$= C_{24}\ H_{11}\ N\ O_6$
1 equiv. of opianic acid	$= C_{20}\ H_9\ \quad O_{10}$
1 equiv. of carbonic acid	$= C\ \quad\quad O_2$
3 equiv. of water	$= \quad H_3\ \quad O_3$
	$C_{46}\ H_{23}\ N\ O_{21}$

The further oxidation of opianic acid gives, from

1 equiv. of anhydrous opianic acid	$= C_{20}\ H_8\ O_9$
1 equiv. of oxygen	$= \quad\quad O$
2 equiv. of anhydrous hemipinic acid	$= C_{20}\ H_8\ O_{10}$

To prove the disengagement of carbonic acid when narcotine is mixed with bichloride of platinum, the process was conducted in an atmosphere of hydrogen.

If only a very small excess of bichloride of platinum be employed, the decomposition of the narcotine does not proceed so far. The principal product, in such case, is platin chloride of narcogenin, with smaller quantities of opianic and hemipinic acid, and only a trace of platin chloride of cotarnin.

2 equiv. of narcotine	$= C_{92}\ H_{50}\ N_2\ O_{28}$
+ 5 equiv. of oxygen	$= \quad\quad\quad O_5$
	$C_{92}\ H_{50}\ N_2\ O_{33}$
Produce:	
2 equiv. of narcogenin	$= C_{72}\ H_{38}\ N_2\ O_{20}$
1 equiv. of opianic acid	$= C_{20}\ H_9\ \quad O_{10}$
3 equiv. of water	$= \quad H_3\ \quad O_3$
	$C_{92}\ H_{50}\ N_2\ O_{33}$

Proceeding with the further oxidation of the narcogenin by excess of bichloride of platinum, the following is the result:—

2 equiv. of narcogenin	$= C_{72}\ H_{38}\ N_2\ O_{20}$
+ 9 equiv. of oxygen	$= \quad\quad\quad O_9$
	$C_{72}\ H_{38}\ N_2\ O_{29}$
Produce:	
2 equiv. of cotarnin	$= C_{50}\ H_{26}\ N_2\ O_{12}$
1 equiv. of opianic acid	$= C_{20}\ H_9\ \quad O_{10}$
2 equiv. of carbonic acid	$= C_2\ \quad\quad O_4$
3 equiv. of water	$= \quad H_3\ \quad O_3$
	$C_{72}\ H_{38}\ N_2\ O_{29}$

Dr. Blyth suggests that bichloride of platinum has most probably the same oxidizing action on many other organic bases, which may account for the differences of their atomic weights when calculated from their platinum double salts. Upon morphia its action is very strongly marked, and Dr. Blyth promises to pursue its investigation.—*Transactions of Chemical Society.*

*** It is gratifying to see an English chemist engaging in these researches, so interesting to the physiologist. The time is doubtless approaching when we may be able to trace the course of change in medicinal agents as they pass through the organism, and obtain a key to their *modus operandi*. But the study is a very extensive one, and the transformations and mutations which bodies undergo must be first successfully studied in the laboratory.—Ed. L.

THE LANCET.

LONDON: SATURDAY, NOV. 30, 1844.

From the crowded state of our columns, and the immense mass of matter which still lies before us for publication, we are compelled to postpone our analysis of the scheme of *registration* which has been proposed in the Government Medical Bill, until next week; but we may remark, *en passant*, that, like almost every other portion of the measure, it is clumsily devised, and would effect no other *certain* object than that of placing the general practitioners of this empire at the *lowest point of degradation* in the scale of professional rank.

In the *first* clause of the Bill, the legal protection which general practitioners now enjoy is annihilated by the repeal of the penal portion of the Apothecaries' Act.

In the *second* clause, a thing is constructed, called a "Council of Health and Medical Education," from which all general practitioners are most impertinently excluded.

And, then, when we come to the next device, the plan of "Registration," nineteen-twentieths of the general practitioners of England and Wales are stigmatized by being put down at *the bottom of the scale*, and their claims to public confidence thus fixed at Zero.

But the trumpet of alarm has been sounded, and is, at length, heard, throughout the length and breadth of the land, by the parties whose interests and professional position in society have been so wantonly, so basely, and so treacherously assailed. The mask which has long served the managing members of the Council of the Provincial Medical and Surgical Association, can no longer avail them. It has been torn off, and *never can be efficiently replaced*. The two letters of Dr. Webster—the one published by us in The Lancet of Nov. 16th, (p. 241,) and that which will be found in the columns of our present number, (p. 294) —lay open to view a scene of trickery and treachery which is almost unequalled in moral turpitude. Those letters relate to the proceedings at Derby. That of Mr. Brent (page 301) refers to the annual festival at Northampton, held in August last. In connexion with these communications, the resolutions which were adopted by the College of Physicians of Edinburgh, in October, (Lancet, page 233,) and those which were sent by the Secretary of the Provincial Medical and Surgical Association *for adoption*, at Derby, which resolutions we have placed in juxtaposition in another page (295), should be most carefully and attentively examined. In both sets the proposal is unblushingly and unscrupulously made, to return the "best thanks" of the assembled persons to that minister of the Crown, who conferred the present iniquitous charter upon the Council of the College of Surgeons, allowing that council, by it, to degrade and annoy upwards of eleven thousand members of the college,—to that minister who, subsequently, laid a Bill upon the table of the House of Commons, the whole scope and tendency of which are to effect, first, the inevitable degradation of the *general practitioners* of this country, and, secondly, *within a comparatively brief period, to accomplish their complete ruin*.

The Provincial Medical and Surgical Association numbers, it is said, eighteen hundred members, an enormous majority of whom must, necessarily, consist of surgeons in general practice. The assembly at Derby has been pompously announced as a "general meeting" of that body. Dr. Webster has been through the list of the names of the gentlemen who were really in attendance at Derby on that occasion, and has discovered that there were present only thirty-seven out of eighteen hundred members,—"two per cent." of the entire Association! By *this fractional number* was a vote of thanks passed to Sir James Graham, which stands in the names of the members *of the whole of the Association!* The petitions to be presented to the Houses of Parliament will bear a similarly deceptive title. But the *actual truth* shall be known on the subject, *at least in the House of Commons*. The fraud which has been practised on the great body of the lawful medical practitioners of this country shall be exposed and denounced *there*, in appropriate terms.

The general practitioners, as we have often stated—the real "doctors" of the nation—are now placed upon their trial. Their station, their character, their position in the profession, their rank in society, their interests, their very means of subsistence, are daringly and wantonly assailed, their degradation and ruin are meditated. Will they now combine for their own protection? Will they resist *all* their enemies,—open, secret, treacherous? Against whom is the battle to be waged? It is well to know and understand the foe. How is the enemy to be described? His forces consist of,

The Ministers of the Crown.

The Ex-Ministers.

The Governing Authorities of all the Colleges of Physicians.

The Governing Bodies of all the Colleges of Surgeons.

Physicians (generally), and Unlawful Physicians (in particular).

Pure Surgeons.

A host of Chemists and Druggists, and not an inconsiderable number of

Place-Hunters, to be found amongst the patientless dubs and pures, and the unlawful practitioners.

With the exception of the executive government, the rest might easily be resisted and overcome, although they are organized, and can work with facility the machinery that is under their control. With organization and union on the part of the general practitioners, why should they fear to enter into any contest with such foes? The ministers of the Crown, with public opinion against them, would at once leave the governing authorities of the corrupt corporations to their fate. Against a similar weight of authority and influence, the Chemists and Druggists would be powerless, *their* claims to the right of engaging in medical practice, either by themselves or in partnership with qualified men, having no foundation in justice or in common sense.

Taking this view of the question, if there *be* an *unconquerable* enemy of the general practitioners, he is to be found *amongst themselves*. A sense of apathy, or indifference, is the only foe by whose instrumentality they can be vanquished and ruined. If they be true to themselves, they are safe. If they be false to themselves, they are lost. It is obviously meditated to wrest from them the legal rights which they have long enjoyed; and, we may ask, through whose agency? Strange and extraordinary anomaly,—by a *small knot of unlawful physicians!* By what right, *at law*, for example, do Dr. Hastings and Dr. Streeten practise as physicians in this country? They are neither *Fellows*, nor *Licentiates*, nor *extra-licentiates*, of the *College of Physicians*. They are neither *Fellows* nor *Members* of the *College of Surgeons*. They are not *Licentiates of the Apothecaries' Company*. Such are the men, who have had the audacity

to concoct resolutions, and arrange meetings all over the country, in which, and at which, it has been proposed to *thank* Sir JAMES GRAHAM, in the best manner, for framing a Bill wherein it is provided that the *unlawful* practitioners now in this country, may become *legalized*, and the whole body of *lawful* practitioners be deprived of the only vestige of law which is their protection against the quacks and impostors by whom they are everywhere beset. Such, we repeat, are the men who, *according to the opinion of the highest legal authorities*, have no more right *at law*, to practise medicine in this country, than has any presumptuous speculator who may thrust his claims to professional notice upon the attention of the community.

This certainly is a curious specimen of diffidence on the part of Drs. HASTINGS and STREETEN and their unlawful accomplices in the Branch Associations. But what is to be said of the imbecility of their followers, who, being qualified at law to practise medicine in this country, submit to be hounded on to their own destruction? There is no concealing the fact that the members of the Provincial Association have at length discovered to what objects the labours of the active managers in their Council tend. They had become disgusted, and refused to be present at the meeting at Derby. The attendance of only *thirty-seven* out of *eighteen hundred*, is far more expressive of the opinions which an overwhelming majority of the members entertain relative to the proceedings of the Council than any language we could employ. It speaks home to the mind of every one; it carries with it a most forcible conviction, and leaves nothing to be surmised or inferred. That Association, as it is now organized, is doomed; and the ill-assimilated elements of which it is composed must be separated and assorted, and occupy their legitimate and proper positions. The hundred "unlawful" practitioners, and dubs, and pures, must be made to stand apart from the seventeen hundred general practitioners whose respectability and interests are so unjustly and so insultingly attacked. Purged of the impure elements with which they have been in contact, this body must unite with all the other practitioners of the same class in England and Wales, who are now bound together by a lawful bond of interest which the "unlawful" practitioners would delight to see severed for ever. The demand has been raised for an Incorporation of General Practitioners by Act of Parliament, with the right of periodically electing their own governing body by a just system of representation. A more righteous claim was never raised by a high-minded body of scientific men; and rejoiced are we to perceive that a plan of organization is already at work for securing the means of success. Warned by the past, the necessary precautions against further treasonable practices are being taken. A determination is now everywhere expressed by the general practitioners to form, in the first instance, a voluntary association of all who are, or have been, or are entitled to be, general practitioners in this country. This is the only safe course. The Association of St. Marylebone, presided over by the venerable Mr. PENNINGTON, which is likely soon to number its thousands, is confined entirely to General Practitioners. There is not a mere Dub or Pure in the ranks of that highly respectable and influential society.

If general practitioners unite amongst themselves, of themselves, and by themselves, they will make such a manifestation of moral power as must have the effect, not only of preventing the re-introduction of the odious Government Bill into the House of Commons, but of obtaining that legal recognition, by Act of Parliament, which will elevate them in rank, strengthen them as a body, and shield them from the intrigues and malice of all classes of their enemies. If anything could give an additional stimulus to the qualified practitioners of England and Wales, at this time, it would be such a prospect into futurity as is disclosed by the contents of the letter from a Chemist and Druggist at Liverpool, which is printed at page 289. Evident is it, that if the Bill of the Minister be enacted into a law, a very large majority of the existing race of general practitioners will be reduced to misery and want. And who can calculate what would be their sufferings during the struggles and desperate efforts which they would make to maintain their station, and uphold their respectability? Before they could sink into the final gulf which the Government has so benignantly opened for their reception, loud would be the imprecations which they and theirs would bestow on the enemies who had been instrumental in effecting their ruin.

MISREPRESENTATIONS IN IRELAND AND SCOTLAND.

IN Ireland and Scotland statements are industriously circulated, even by the conductors of a portion of the press, in which it is alleged that the English general practitioners are opposed to the admission into this country of Scotch and Irish practitioners upon equal legal terms—in a word, that the English refuse to receive the Irish and Scotch practitioners upon conditions of just reciprocity. Nothing can be more untrue; and many of the persons who give publicity to such statements know them to be untrue. The position of the general practitioners of England is this—They are entitled at law, under the penal provisions of the Apothecaries' Act, to a certain extent of protection against the nefarious practices of unqualified persons; and they most justly insist, that the Irish and Scotch practitioners have no right to demand that the removal of that protection should be the precursor of their recognition as legal practitioners into this country. All the Medical Reform Associations, without a single exception, propose to place the medical practitioners of England, Ireland, and Scotland, precisely on the same footing at law, with respect to the privilege of practising anywhere and everywhere, and as regards all the immunities and advantages they can enjoy. Further, they demand that the entire profession shall be protected against quacks and impostors, by a law sufficiently effective and powerful to insure that protection.

The late proceedings at the GENERAL HOSPITAL, BIRMINGHAM, appear to have excited the anxious attention, not only of a numerous body of the medical profession, but also of great numbers of the lay-portion of the community. Whatever may be believed by the present triumphant governors, who constitute the majority of the acting committee, we can assure them that the conduct which they lately exhibited towards Mr. GUTTERIDGE and Mr. LEDSAM, has created a very strong feeling of disgust. It was, in fact, an unmitigated specimen of ruffianism, and was emblematic of scenes which are, of all places in the world, the most inappropriate for charitable institutions. Amongst the governors of the hospital who *profess* to dedicate their minds, and devote their feelings and purses, to the cause of humanity, we should expect to find men of sober and chastened judgment, of patient and retiring views, of subdued and softened manners. But it appears that there is at least *one* hospital in England in which the governors unblushingly exhibit themselves to the world in attitudes and habits of blackguardism which

would be disgraceful even to the tap-room of the dirtiest pot-house.

Their assailant, however, ought to derive new and cheering encouragement from the turbulence and violence of his opponents. When the upholders of a cause are obliged to resort to a brutal and violent manifestation of temper for its support, better proof could not be furnished that it has ceased to be sustained by intelligence or justice. Every clear-sighted and experienced assailant of public abuses can discover that Mr. GUTTERIDGE is winning the race, as his opponents are exhibiting precisely that kind of uneasiness which indicates that they either will not, or cannot, much longer sustain the contest. Mr. GUTTERIDGE ought to rejoice at the violence which has been exhibited by the tyrannical majority; and he certainly should not feel disquietude at any severity of language which may be applied to him, because he is himself unsparing in his reproaches and denunciations. A thin-skinned antagonist of abuses is only a mock instrument of utility in the work of reform.

The opposing parties in this hospital contest have both been wrong on two subjects which have lately excited much of their indignant ire and earnest attention. Mr. GUTTERIDGE has accused the Messrs. WHATELEY of unprofessional and dishonourable conduct in having procured the election of Mr. CROMPTON after they had obtained the opinion of the ATTORNEY-GENERAL in proof that they were engaged in an illegal proceeding, and that the election would be unlawful. Here Mr. GUTTERIDGE committed a very serious error, and made charges against those gentlemen which are altogether untenable. The Messrs. WHATELEY, it is now acknowledged, had been employed as *solicitors*. The father of the candidate was their client. *As* solicitors, and *for* their client, they obtained the opinion of the ATTORNEY-GENERAL. That was the business of their office. There they acted in their private professional capacity. In the board room of the hospital they appeared in another character, namely, as governors of the institution. In those two capacities, the usage of their profession, and the custom of society, recognised them as totally distinct persons; and it is only just to them to state, that the acknowledged etiquette of the legal profession required of them *not* to be influenced, in their public acts, as governors of the hospital, by any information which they had obtained, in private, as the solicitors of the father of one of the candidates. When opposite official and professional characters are thus associated in the same individual, it certainly is unfortunate, and may operate most unjustly upon deserving persons. What has passed, then, must be endured. The work of purification should now be carried on with a view to *the future*. A resolution to the following effect should be moved by Mr. GUTTERIDGE, namely, "That any governor of the hospital, being "an attorney, or a solicitor, who may, by himself, or his agent, "either directly or indirectly, act as the professional adviser and "advocate of any candidate at the election of a medical officer "to the hospital, shall be expelled from the institution." An existing standing order of the House of Commons to this effect was adopted, a few years since, and is now in force, with respect to attorneys and solicitors in that assembly. While holding seats in the House they are forbidden to act, directly or indirectly, as parliamentary agents. We entirely acquit the Messrs. WHATELEY, therefore, of having been guilty, at the election in 1843, of dishonourable or unprofessional conduct. Relative to this accusation, Mr. GUTTERIDGE was wrong, and the Messrs. WHATELEY were right. In the next case, the position of the parties must be completely reversed.

Violent are the accusations which were made against Mr. GUTTERIDGE for the public production of the opinion of the ATTORNEY-GENERAL, which was obtained privately by the Messrs. WHATELEY. Mr. GUTTERIDGE alleges that it had previously been produced, on one occasion, before a committee of the hospital. If that fact be established, it settles the question. But supposing it not to be established, a full justification for the production of a private document which related to a public transaction of importance, is to be found in the proceedings of the House of Commons, not of a remote date. Certain private instructions, of a very extraordinary nature, had been given by the ministers of the Crown, in 1833, for framing the Poor-Law Amendment Bill. The paper containing those secret instructions fell into the possession of Mr. WALTER, the then member for Nottingham—than whom the man does not exist whose mind is influenced by a higher sense of honour. What course was taken by Mr. WALTER? Actuated by an imperative sense of duty, he made that document the subject of a motion, and a long debate, in the House of Commons. Here, then, is a precedent for Mr. GUTTERIDGE, incontestably proving that he had the sanction of proceedings which had been deliberately adopted in the legislature, for the course he had pursued relative to the public production of the opinion of the ATTORNEY-GENERAL.

DISSECTIONS IN THE SCHOOLS, AND IN PRIVATE.—THE ANATOMY ACT.

As several correspondents have written to us on this subject at various times, and as some of them have requested to be furnished with answers, we embrace this opportunity of giving a public reply to their questions, in order that the law relating to dissections may be generally known, and also for the purpose of relieving ourselves from the necessity of answering these and similar questions in private letters, which often entail upon us labours and duties that cannot be discharged without subjecting us to extreme inconvenience—a circumstance which will be readily understood when we state that we receive sometimes several hundred letters in a week, on public business of one kind or another.

The Anatomy Act has not been amended. There is but one inspector of anatomy for England. The name of that officer is John Bacot, Esq., and his office is situated at No. 4, Middle Scotland Yard. Licences for practising dissections, whether in public schools or private establishments, are granted by the Secretary of State for the Home Department, to any legally-qualified member of the medical profession. The application must be countersigned by two justices of the peace, acting for the county or place wherein the applicant resides. They must certify that, to their knowledge or belief, the applicant "is about to carry on the practice of anatomy." The Anatomy Act was printed verbatim in THE LANCET, vol. ii., for 1831-2, page 712. The districts in which the inspectors are to act are regulated by the Secretary of State. The charge for the licence is about £3. Any persons having the legal custody of bodies, or parts of bodies, may cause them to be removed or sent to licensed persons; but if they be sent from the place where the death has occurred, the bodies cannot be removed until after forty-eight hours from the time of death; nor until after twenty-four hours' notice has been given to the inspector of anatomy. A certificate, also, must first be procured, signed by a physician, a surgeon, or an apothecary, who either attended the patient before the death, or was called in subsequently, stating "the manner or the cause of death, according to the best of his knowledge and belief." The certificates thus received by the licensed anatomist are to be forwarded, within twenty-four hours, to the inspector. The dissection may be conducted, "in privacy and secrecy," by any licensed individual; but before any body, or part of any body, can be received for dissection, he shall give one week's previous notice to the Secretary of State. One of our correspondents on this subject says,

"I am anxious to dissect without absence from home, if possible; but if not, where would you recommend me to proceed, for a short season, in order, at the most economical rate, to rub up my acquaintance with regional and surgical anatomy?" We regret that we are compelled to advise our correspondent to go to Paris for that purpose, as there is such a scarcity of bodies at this time in the schools of London, that he has no chance of succeeding in his object in this capital. Here, again, is another example of the benefits which the public and the profession derive *from connecting the affairs of medicine with* THE STATE. The schools of *anatomy, with respect* to the practice of dissections, are *in direct connexion with the* HOME OFFICE. How does the system work? Let the unhappy and disappointed students answer the question. If they go to Paris and dissect, their certificates are not recognised by the Colleges here. Information which is acquired abroad is deemed contraband at home, and spurned accordingly. A just system of representative government in medical affairs is the only remedy for this and a hundred other evils. What "DIGNITY" do the schools of anatomy derive from their being placed under the Home Office? We do not hesitate to say that a few of the public meetings have been "managed," in the late discussions on the Government Medical Bill, by some, either of the most dishonest or the most stupid men to be found in the ranks of the profession.

ONE OF SIR JAMES GRAHAM'S MEDICAL PRACTITIONERS.

MR. WILLIAM JAMES CLARKE, M.R.C.S.E., of Huddersfield, has forwarded to us for publication the following statement, in the hope that it will be of use in convincing Sir James Graham of the extreme danger of allowing unqualified individuals to practise medicine. Had the gross ignorance of quacks been generally made known by our profession, (adds Mr. Clarke,) unrestricted practice could never have been contemplated:—

About eight months ago, Mr. Clarke was engaged to attend the wife of an itinerant quack, then resident in this town, in her approaching confinement. She told him that she had had four children, but had never been able to rear one. They had all died within a few days after birth. Her labour was natural, and the infant was healthy and full-sized. Next morning, when he was called, she complained of having had a good deal of after-pain, and said that her husband (whom she styled "Doctor") wished to give her some portion of a favourite mixture that he was in the habit of prescribing for "his patients" when suffering great pain. The prescription he had left for Mr. Clarke to see. The following is a literal copy of the document:—

"℞ Tinct. opii; syrup rhœados; syrup croci. Equal parts."

When Mr. Clarke reached home, he found the "doctor" waiting to see him, and to ask the question himself. He was "a spruce, dapper, little man," about thirty years of age; courteous in his manners, and rather fashionably dressed, with a profusion of jewellery, and carried a smart cane. Mr. Clarke told him that his wife was doing well, and that at present medicine was uncalled for, adding, that if any should be required, he (Mr. C.) would supply it himself. "I presume, Sir," said the *doctor*, "that you have no objection to me giving the baby a little of the mixture; it was very cross during the night?" Mr. Clarke inquired how much he thought of giving. "Oh," replied he, "a teaspoonful or so." "Whether" (adds Mr. Clarke) "he saw my countenance change or not, I do not know, but he quickly added, 'You know, Sir, drachm only contains twenty drops of the laudanum.' Comment on these facts is unnecessary; but I could not help thinking of the four babes that could not be reared. This individual remained nearly three months in Huddersfield, and was called in by many members of the middle class of society, and by numbers of the poor, respecting whose treatment, some gross cases of *mala praxis* by him could be named."

AGREEABLE PROSPECT FOR GENERAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—No one can help admiring the ability you have displayed in analysing the Bill of Sir James Graham. It is done profoundly well, I and every one else must admit; but I wish to hint to you, that probably you are not aware how strenuously you are writing and labouring against your own interests. You are, I should think, great as is your circulation, desirous of increasing the number of your purchasers. Now, if the Bill of Sir James Graham should become the law, many thousands of the chemists and druggists will become *medical practitioners*, to a certain extent, and, of course, readers of THE LANCET. There are, as you know, between 30,000 and 40,000 of us, and the facts I am noticing are, I am sure, worthy of your consideration. Since the prosecution and conviction of Mr. Greenhaulgh, by the London Company,* we have done very little in the medical line. We are quite afraid, and don't go out, and hardly advise in the shop; so that our business has been much injured. We all want Sir James's bill, and would subscribe amongst us some thousands to get it. It will make the physicians and surgeons very great men, and will make us the general practitioners. I am sure you cannot think it right, that it is creditable, for the physicians and surgeons to send out drugs. But the plan that will be mostly used will be, for all the chemists and druggists of any extent of business to engage gentlemen as assistants who are registered under the bill. The younger ones will be very glad to lodge in our houses, and take very small salaries; and in this way the public will get qualified medical surgeons, and the drugs compounded at our shops, and served to the public at less than half the present charges of medical men. This would be a great boon to the public; and, as one of their liberal and reforming advocates, you, I really think, ought to support it. Who will deny that it would be much to the general advantage for nearly every chemist and druggist to have in his house a qualified assistant from one of the colleges? The licentiates of twenty-one,† under the bill, will be sure to get their *first* employment with *us*. By this plan medical skill and medicines will be everywhere at hand, and at the cheapest rate; and you cannot contend that these are not advantages to the people. Of course I have not written this letter to be published, as I know full well that you would not publish it; but it contains some hints that you may deem deserving of a little attention.

I am, Sir, your obedient servant,

A CHEMIST AND DRUGGIST.

Liverpool, Nov. 25, 1844.

P.S. I have been a reader of THE LANCET since September, in the expectation of the passing of the bill, being anxious to pick up all the knowledge I can, about the treatment of complaints, as written by you in the reports of the great hospitals.

*** Our correspondent has miscalculated. We not only publish his letter, but deem it to be an invaluable production at the present crisis. A tolerably correct indication of some of the blessings which are in store for the general practitioners of this country is here offered to them. Can they remain insensible to such a warning? If they can, they deserve the fate tha threatens them.

TREATMENT OF GOVERNMENT MEDICAL OFFICERS IN THE POOR-LAW UNIONS.

To the Editor.—SIR, The profession regard you in the light of a protector, not only in your character as Editor of THE LANCET, but as a member of parliament who is capable of exercising some control over acts of oppression and injustice; I therefore submit to your notice the following fact, which has occurred in my practice. A short time ago, I attended a parish patient who had fractured his leg, thigh, and pelvis, and reduced the fractures and made such appliances as were necessary. He lived about thirty hours. But instead of my receiving any remuneration for my trouble, I was given to understand (by the Guardians) that the poor-law commissioners did not allow any, excepting the patient survived *thirty-six hours!* What particular charm is there in thirty-six hours? Or what would be thought of such a rule in private practice? If it would not be just in the one case, surely it cannot in the other, nor consistent with the scale of fees which the commissioners have published, relative to fractures

* The Society of Apothecaries.—ED. L.

† *Years of age*, we suppose.—ED. L.

and such like accidents. I do hope, Sir, that as I have no alternative, in my individual capacity, but to submit to the dictum of the commissioners, you will deem the matter worthy of your notice, either as a journalist, or as a member of parliament and a fearless defender of an injured and degraded profession, controlled by laymen who are incapable of appreciating the value of skill and science in medicine, and the expense that attends the obtaining a perfect knowledge of its practice. To assure you of the truth of my statement, I subjoin my name and address, in a separate note, for your private information, and am, Sir, your obedient servant,

VERAX.

Nov. 25th, 1844.

In this case, the Board has acted illegally in refusing payment. The refusal, in fact, has neither law, nor justice, nor common sense, for its sanction. We have referred to the order of the commissioners which was issued in March, 1842; we have examined the scale of fees; and carefully scrutinized the provisions by which the payments are to be regulated, and we confidently state that no lawyer or jury in the land would apply the restriction of thirty-six hours to the treatment of the fractures therein specified. That restriction applies only to the cases in which *operations* have been performed, and evidently was framed for the purpose of preventing amputations, and other operations, from being performed in cases that were *utterly hopeless*. But, with a view to a final settlement of the question, we would earnestly recommend our correspondent to write to the Poor-law commissioners, and procure *their* decision upon it, which he may then forward to us, for the general information of the profession. Lest, however, he should refrain from so doing, from fear of giving offence to the guardians, or to the commissioners—and there are no officers of the army or navy who are subjected to a more tyrannical or ungraceful authority than are the *Government* medical officers of the unions—OH! HAPPY "CONNEXION OF MEDICINE WITH THE STATE,"—we will here quote, for the special guidance of our correspondent, and for the information of the profession generally, the two provisos which are placed immediately after the scale of fees:—

"The above rates to include the payment for the supply of all kinds of *apparatus* and *splints*.

"Provided that in every such case the patient survives the *operation* not less than thirty-six hours, and that he has required and has received several attendances after the *operation* by the medical officer who has performed the same."—(LANCET, p. 17, vol. ii., 1841-42.)

What can be more evident than that the *first* of the above conditions applies to *all* the cases of operation and treatment of fractures specified in the scale of fees? Then comes the *second* proviso, in which *operations*, performed upon persons who do not survive thirty-six hours, are excepted. Those very *exceptions* establish *the rule*. Should the commissioners decide otherwise—a circumstance that we can hardly believe to be possible—it will only prove that they do not understand their own decrees—the least mischievous portion, probably, of their offences. We ought, however, to remark, that even if the decision at Somerset-House prove to be hostile to the claim of our correspondent, the *legal* question will still remain unsettled. A judge and jury might, and we feel thoroughly satisfied would, take an entirely opposite view of the case.

THE "SIMPLE" REGISTRATION.

A CORRESPONDENT, writing under the initials "M.D.," requests us, at our convenience, to answer the following queries in THE LANCET:—

First. If Sir James Graham's bill pass, will an M.D., Cantab., Oxon, Lond., or Edin., be entitled to register as a physician without his possessing any college diploma? Secondly. It is understood that the College of Physicians will have a new charter next session; will such M.D., as is above described, receive the college licence without examination, on paying the fee; and will the shameless purchasers of foreign degrees equally be entitled to the licence?

Instead of replying to the above questions in the order in which they stand, we state, first, that the "shameless purchasers of foreign degrees" would not, under the Bill of the Government, be entitled to any registration or licence in this country. The two other questions will be best answered by quoting portions of the 16th and 28th clauses of the Bill, and we strongly suspect that they will not be read with very extraordinary feelings of satisfaction by those graduates in medicine, not being fellows or licentiates of any of the Colleges of Physicians, who have lately been spouting their sycophantic froth in laudation of that scandalous project which *somebody* has invented for the ruin of the general practitioners. We advise the dubs, high and low, diffident and impertinent, simple and cunning, to read the provisions which we here quote, with their best and most deliberate attention:—

"16. *Physicians.*—And be it enacted, that no person except such legal practitioners as are hereafter mentioned, shall be entitled to be registered by the council as a physician, unless he shall have attained the age of *twenty-six* years, and shall have graduated in medicine in some university of the United Kingdom of Great Britain and Ireland, (or subject to the restriction hereinafter contained, in some foreign university,) and shall also have been examined by one of the Royal Colleges of Physicians of England, Scotland, or Ireland, or by the Royal College of Physicians and Surgeons of Glasgow. * * *"

In this quotation we have included the words which relate to *foreign universities* in a parenthesis, as we find that their application has been misunderstood by several of our correspondents. We here quote the regulation, in clause 28, relative to the registration of persons who are now legally practising as physicians, surgeons, or apothecaries:—

"28. And be it enacted, that it shall be lawful for the said council, on the application, within twelve calendar months after the passing of this act, of any person legally practising as a physician, surgeon, or apothecary, at the time of the passing of this act * * * * to cause the name of such person to be registered * * * * on production to the said council of his diploma, licence, or certificate, or such other proof as shall be satisfactory to the said council that at the time of the passing of this act he was legally entitled to practise as a physician, surgeon, or apothecary, in some part of the said United Kingdom."

So that with respect to persons who are now practising in any of the departments of the profession, before they could be registered under the provisions of the Government Bill, it would be necessary for them to prove that they were legally entitled to practise as physicians, surgeons, or apothecaries in some part of the United Kingdom (why was Ireland omitted?) before they can be entitled to registration. Are the mere graduates in medicine, who do not belong to any of the Colleges of Physicians, aware of the full force of this provision? We think not, or we should have heard less of their senseless chatter in favour of the "dignifying" Government measure.

ILLEGAL PRACTITIONERS AT YORK.

To the Editor of THE LANCET.

SIR,—Upon reading the extraordinary resolutions passed a short time since at a meeting of the Physicians of York, held to consider the Government Medical Bill, I at first suspected that you had been hoaxed. But as I find that there really is truth in the report, one may account for the ridiculous proposition "that there should be no further examination of candidates after the degree of M.D. has been obtained in an University" from the fact that the gentlemen whose names appear in the report, are not licensed by the College of Physicians, and therefore are *practising illegally*. Dr. Belcombe is a *Scotch* M.D., and Dr. Morris an M.D. of *Dublin*. If the other physicians be in the same predicament, doubtless they see no necessity for being put to the test and expense of an examination by the College of Physicians. By the by, has not that College power to suppress these unlicensed practitioners? If it has, why not do so, out of justice to those who have obtained the licence? I entreat you to let the public know how little value can be put upon the sayings and doings at the York Meeting. I may just add that Dr. Morris is an aspiring physician, who has lately published a pamphlet upon the best construction of Lunatic Asylums,

although it does not appear that he has ever held office of any kind in such an institution. The York folk think this a good joke, and hint that he has a sharp eye to a physicianship at an Asylum that is about to be built in their city. Your obedient servant,

A PHYSICIAN DEEPLY IMPRESSED WITH THE INJUSTICE OF SIR JAMES'S BILL.

York, Nov. 7th.

*** If the physicians who are practising *illegally* in this country, endeavour to obtain a lawful footing here through the enactment of the iniquitous Government Bill, by destroying all the protective rights of surgeons who are engaged in the general practice of their profession, they must expect exposure and denunciation as the appropriate punishments for their impertinence and injustice. Many physicians have honourably signalized themselves by offering an unqualified opposition to the odious scheme of the Government. They have nobly cast aside all consideration of their own individual interests, and reject an advantage which would be offered to them at the cost and ruin of thousands of general practitioners. If the medical gentlemen of York and its neighbourhood who are lawfully discharging the duties of their profession, act with that spirit and intelligence which become them at the present crisis in protecting their rights from all classes of assailants, the "illegal doctors," of all degrees of pretension, will soon discover that their own folly has placed them in a position, the difficulties of which can only be overcome by taking to, and keeping in, a strictly straightforward and honourable course of policy.

MESMERISM, MISS MARTINEAU, AND THE "GREAT NEW IDEA."

AFTER the unequivocal, and almost unprecedented, exposure to which the fraud of mesmerism was subjected, under our own immediate guidance and inspection, we did not consider that it would again be necessary to notice such a piece of arrant trickery and scandal in our columns; but a proper feeling of gallantry demands that we should not pass unnoticed the literary production with which that well-known lady, Miss MARTINEAU, has favoured the profession and the public, in the number of *The Athenæum*, journal of literature, for November 23rd. Miss MARTINEAU, it appears, has long been an implicit believer in the powers of "mesmerism," and yet omitted to resort to that art for aid, although labouring, as she believed, under an incurable disease, during a confinement to her room of four-and-a-half years' duration—a circumstance which seems to us to be entirely inexplicable, and renders the statement of her sufferings for so long a period, and her firm belief in the efficacy of the remedial agency of mesmerism, utterly inconsistent and irreconcileable. If Miss MARTINEAU had been considered to be a quack in politics and literature, her present performance might have been regarded as unworthy of attention. It might have been considered, that in producing the essay now before us, she had not manifested any unusual extravagance of thought, pretension, or feeling. But, inasmuch as she has attracted much notice, and the opinions of the world are strikingly divided as to the character of her mental and literary labours, we apprehend that her recent performance in mesmerism will be attended with a different result, and that only one opinion will, or can, prevail concerning its true nature and objects. To the sober judgment then of our medical readers, we commit the following extracts from an essay on mesmerism, by an aged maiden lady:—

"One very warm morning in August, when everybody else was oppressed with heat, I was shivering a little under the mesmeric influence of my maid—the influence, in those days, causing the sensation of cold currents running through me, from head to foot. 'This cold will not do for you, ma'am,' said M. 'O!' said I, 'it is fresh, and I do not mind it:' and immediately my mind went off to something else. In a few minutes, I was surprised by a feeling as of warm water trickling through the channels of the late cold. In reply to my observation, that I was warm now, M. said, 'Yes, ma'am, that is what I am doing.' By inquiry and observation, it became clear to me, that her influence was, generally speaking, composing, just in proportion to her power of willing that it should be so."—*Athenæum*, No. 891, pages 1071-72.

"As the muscular power oozes away under the mesmeric influence, a strange inexplicable feeling ensues of the frame becoming transparent and ductile. My head has often appeared to be drawn out, to change its form, according to the traction of my mesmerist, and an indescribable and exceedingly agreeable sensation of transparency and lightness, through a part or the whole of the frame, has followed. Then begins the moaning, of which so much has been made, as an indication of pain. I have often moaned, and much oftener have been disposed to do so, when the sensations have been the most tranquil and agreeable. At such times, my mesmerist has struggled not to disturb me by a laugh, when I have murmured, with a serious tone, 'Here are my hands, but they have no arms to them:' 'O dear! what shall I do? here is none of me left!' the intellect and moral powers being all the while at their strongest. Between this condition and the mesmeric sleep there is a state, transient and rare, of which I have had experience, but of which I intend to give no account. A somnambule calls it a glimmering of the lights of somnambulism and clairvoyance. To me there appears nothing like glimmering in it. The ideas that I have snatched from it, and now retain, are, of all ideas which ever visited me, the most lucid and impressive. *It may be well that they are incommunicable*—partly from their *nature* and *relations*, and partly from their *unfitness for translation into mere words.* I will only say that the condition is one of no 'nervous excitement,' as far as experience and outward indications can be taken as a test. Such a state of repose, of calm translucent intellectuality, I had never conceived of; and no re-action followed, no excitement but that which is natural to every one who finds himself (query, *herself*) in possession of *a great new idea.*"—*Idem*, page 1072.

THE GOVERNMENT BILL FOR DEGRADING THE GREAT MAJORITY OF THE PROFESSION.

WE have received the following questions from Bristol, and shall reply to them in this place:—

Sir,—Should Sir J. Graham's Bill become law, how will Licentiates of the Hall, *only*, register themselves? Not being members of any College of Surgeons, they will have no legal right to assume the title of "surgeon;" and, if so, will their evidence be admissible in courts of justice, or coroners' courts, in cases demanding chirurgical knowledge,—such as deaths from injuries, &c.? I am not making it a subject of complaint that Licentiates of the Hall, *only*, should suffer some disabilities; for it is manifestly just that those practitioners who have obtained the most extensive and expensive medical and surgical education, should receive the benefit for more time and money expended. I only put the question for sake of information.—Your obedient servant, Z.

An examination of the Bill, founded upon such questions as are here proposed, shews, but too plainly, how ill constructed is that measure, in almost every conceivable respect, to suit the present condition of the profession, or the wants of society. As the Bill stands, the member of the College of Surgeons who is practising legally as an apothecary, and the licentiate of the Apothecaries' Company practising as a surgeon, but holding no diploma from any surgical college, would both be registered in the Bill as belonging to the same class of practitioners—that is, both would be placed in the *lowest* class, although the mind of either of them might manifest capabilities, and be endowed with acquirements, which would entitle him to occupy a prominent place amongst the first men in the profession. Under a just system of medical registration, only *one* class of medical practitioners would be recognised, and that recognition should be a guarantee to the public that the examination to which *all* had been subjected before they obtained their diplomas, and consequent registration, had proved that the lives of the community might be safely confided to their care. The adoption of *three* classes of medical practitioners in a system of registration, is an acknowledgment to the public that the examining authorities have admitted into the ranks of the profession, classes which are *infe-*

rior, by a *second*, and even a *third*, degree, to the first. It is grossly unjust for *the law* to make such distinctions. It is the duty of the Government to provide that *the law* shall secure for the public the ample qualification of *all* medical practitioners, and that, if any *subsequent* distinctions are to arise, they should be obtainable only as rewards for peculiar professional merits and services. The profession, as one man, ought to scout a system of registration which brands with the stamp of "INFERIORITY" the enormous majority of the *real* doctors of this country—THE GENERAL PRACTITIONERS.

INCORPORATION OF GENERAL PRACTITIONERS.

A CORRESPONDENT at West Bromwich writes as follows. (We regret that we have not space for the whole of the letter. We should be glad if we could duly impress the minds of our professional brethren with a conviction of the fact, that personal appeals lose nine-tenths of their force when they are made *anonymously*. Why should they shrink from a boldly acknowledged expression of their opinions on great public questions? They write with great clearness and ability, and need not be ashamed of their literary efforts. The motives being honest, an open acknowledgment of them is due to a just cause):—

"The general practitioners, having the government of their own college in their own hands, would naturally use every exertion to establish its reputation by adopting a high test of qualification, and this, again, would fix their position and rank in society, which it seems to be the endeavour of certain parties to lower. For what can appear more like a combination to effect this object than the *new* charter of the College of Surgeons, taken in conjunction with the *new* Medical Bill of Sir James Graham? Whatever it is desirable for the general practitioners to attain, must be attained *by* themselves, and *of* themselves, not looking to the colleges for assistance, but rather being prepared for their hostility. The hand of friendship has been sufficiently long offered to the College of Surgeons by the general practitioner, but the hand of *fellowship* has been closed against him. To *himself*, and *himself* only, must he now look, and, if true to himself, he may, with perseverance and determination, succeed in converting his own (but now anomalous) institution, the Society of Apothecaries, into a college of medicine and surgery, re-establishing it on a liberal and firm basis. This would obtain for it a reputation which would throw that of the existing colleges far into the shade. Never more applicable than on the present occasion can be the old adage that "union is strength." Wherefore let the whole body of general practitioners throughout the kingdom unite as one man, and demand incorporation, with a *general franchise*, and *elective government*, for themselves, under the name of a British College of Medicine and Surgery. *Nunc aut nusquam.*"

REVIEWS.

A Manual of Elementary Chemistry, Theoretical and Practical. By GEORGE FOWNES, Ph. D., Chemical Lecturer in the Middlesex Hospital Medical School, and to the Pharmaceutical Society of Great Britain. London: J. Churchill, 1844. pp. 566.

To give even an outline of the Science of Chemistry, as it now stands, approaching to completeness, in a pocket volume of these dimensions, is neither more nor less than an impossibility. The questions, therefore, with reference to the merits of this work, are, 1st, Is the task of selecting and arranging the topics treated of, judiciously performed? and, 2ndly, are the style and manner of treating them, such as to merit commendation? With respect to the first point, we think that the entire exclusion of the first division, headed PHYSICS, would have been judicious. The imponderables belong to another branch of science, and ought to occupy an entire manual; ninety pages, however, being bestowed upon Light, Heat, and Electricity, the rest of the work is cramped, and rendered less valuable than it would otherwise have been. Mr. Fownes has felt the evil throughout, and has compressed his matter and thoughts into the smallest possible space; consequently, his style is extremely terse, but still lucid and intelligible. It is an excellent praxis. We wish many other authors we could name were compelled to cut off all redundancies; and, in this respect, we may commend the work to their study and imitation. In seventeen pages, Mr. Fownes discusses the general principles of chemical philosophy, but he omits entirely the great doctrines of Liebig and Dumas, the organic radicals, the theory of chemical types, the hydrogen theory of the acids, &c.; and yet, in the Organic Chemistry, he founds his subordinate arrangements upon the principle of assuming the existence of the compound radicals and ranging substances according to their relation to these hypothetical bodies. Had it been consonant with the taste of the student, and, therefore, with the interest of the bookseller, to have made three manuals instead of one—one, the chemistry of the imponderable elements; one on inorganic chemistry, and one on organic chemistry,—Mr. Fownes would have performed the task more satisfactorily to himself and his readers; for, we repeat, we think him a very clear writer, judicious in the choice of phraseology, and the distribution of his matter. The following extract will at once furnish our readers with a specimen of his style, and with an explanation of a distinction frequently made in Professor Liebig's lectures, now in course of publication, which we have had no previous opportunity of introducing into our pages.

EMPIRICAL AND RATIONAL FORMULÆ.

A chemical formula is termed *empirical* when it merely gives the simplest possible expression of the composition of the substance to which it refers. A *rational* formula, on the contrary, aims at describing the exact composition of *one equivalent*, or *combining proportion* of the substance, by stating the absolute number of equivalents of each of its elements essential to that object, as well as the mere relations existing between them. The empirical formula is at once deduced from the analysis of the substance, reckoned to 100 parts; the rational requires, in addition, a knowledge of its combining quantity, which can only be obtained by direct experiment, by synthesis, or by the careful examination of one or more of its most definite compounds. Further, the rational may either coincide with the empirical formula, or it may be a multiple of the latter.

Thus, the composition of acetic acid is expressed by the formula $C_4 H_3 O_3$, which exhibits the simplest relations of the three elements, and at the same time expresses the quantities of these, in equivalents, required to make up an *equivalent* of acetic acid; hence, it is both empirical and rational. On the other hand, the empirical formula of crystallized kinic acid is $C_7 H_6 O_6$, while its rational formula, determined by its capacity of saturation, is double, or $C_{14} H_{12} O_{12}$, otherwise written $C_{14} H_{11} O_{11} + HO$.

The deduction of an empirical formula from the ultimate analysis is very easy; the case of sugar, already cited, may be taken as an example. This contains, in 100 parts,

Carbon	41.98
Hydrogen	6.43
Oxygen	51.59
	100

If each of these quantities be divided by the equivalent of the element, the quotients will express the relations *in equivalents* existing between them; these are afterwards reduced to their simplest expression. This is the only part of the calculation attended with any difficulty; if the numbers were rigidly correct, it would only be necessary to divide each by the greatest divisor common to the whole; as they are, however, only approximate, something is of necessity left to the judgment of the experimenter, who is obliged to use more indirect means.

$$\frac{41.98}{6} = 6.99;\ 6.43;\ \frac{51.59}{8} = 644,$$

or 699 eq. carbon, 643 eq. hydrogen, and 644 eq. oxygen.

It will be evident, in the first place, that the hydrogen and oxygen are present in the proportions to form water, or as many equivalents of one as of the other. Again, the equivalents of carbon and hydrogen are nearly in the proportion of 12 : 11, so that the formula $C_{12} H_{11} O_{11}$ appears likely to be correct. It is now easy to see how far this is admissible by reckoning it back to 100 parts, comparing the result with the numbers given by the actual analysis, and observing whether the difference falls fairly in direction and amount within the limits of error of what may be

termed a good experiment—viz., two or three tenths per cent. *deficiency* in the carbon, and not more than one-tenth per cent. *excess* in the hydrogen.

Carbon	6 + 12 = 72
Hydrogen	11 eq. = 11
Oxgen	8 + 11 = 88
	171

171 : 72 :: 100 : 42.11
171 : 11 :: 100 : 6.43
171 : 88 :: 100 : 51.46

Organic acids and salt-radicals have their proper equivalents most frequently determined by an analysis of their lead and silver-salts, by burning these latter with suitable precautions in a thin porcelain capsule, and noting the weight of the oxide of lead, or metallic silver left behind. If the oxide of lead be mixed with globules of reduced metal, the quantity of the latter must be ascertained by dissolving away the oxide by acetic acid. Or, the lead-salt may be converted into sulphate, and the silver-compound into chloride, and both metals thus estimated. An organic base, on the contrary, or a basyle, has its equivalent fixed by the observation of the quantity of a mineral acid, or an inorganic salt-radical, required to form with it a combination having the characters of neutrality.

Like all Mr. Churchill's Manuals, the work before us is very neatly got up, and is abundantly illustrated with excellent woodcuts; and, *for the price*, is a very good introduction to the science of chemistry.

THE GOVERNMENT MEDICAL BILL.

MEETINGS OF THE MEDICAL PROFESSION.

MEDICAL-PROTECTION ASSEMBLY.

EXETER HALL, NOV. 25TH.—M. W. HILLES, Esq. in the chair. Dr. LYNCH this evening stated that he had received replies from the chairmen and secretaries of nearly all the metropolitan meetings and associations, expressing their warmest approbation of the course suggested by the Medical-Protection Assembly, and of their desire to cordially co-operate in the coming struggle, urging most strongly the necessity of an immediate incorporation of the general practitioners of Great Britain, and stating it to be their opinion, that nothing but union would defeat the scheme of Sir James Graham, which threatens the profession with ruin and degradation. In answer to the question as to the most convenient period for the assembly of delegates to meet, it appeared to be the general impression that the meeting should take place before the latter end of January. Dr. Lynch further stated that in conformity with the request of the Committee, he was in communication with the provincial associations.

Letters and subscriptions were announced as having been received from various parts of town and country, and, after some further business, the meeting adjourned until next Monday evening.

PIMLICO.

AT a numerous meeting of the members of the Medical Profession, resident in St. Peter's Parish, Pimlico, held November 19th, at the Pimlico Dispensary, Lower Belgrave-place, to take into consideration Sir James Graham's Medical Bill, — Mr. PERRY in the chair,—the following among other resolutions were unanimously adopted:—

Proposed by Mr. GRIFFITH, and seconded by Mr. BRUNSKILL—2nd. That this meeting views with disapprobation the proposed constitution of the Council of Health and Medical Education, inasmuch as the interests of the general medical practitioner will not be duly represented, unless a fair proportion of the Council consist of members chosen from among that numerous class.

Proposed by Mr. THORN, and seconded by Mr. BLOXSOME—4th. That this meeting is of opinion that the proposed bill of Sir James Graham, repealing as it does the Apothecaries' Act of 1815, and substituting no adequate protection to the great body of medical practitioners, would, if carried in its present form, be highly prejudicial to the interests of the profession and to the public welfare.

Proposed by Mr. INCE, and seconded by Dr. HAWKEY—5th. That this meeting deprecates in the strongest manner possible that principle of the bill which, by removing the stigma of illegality from empiricism, throws open the practice of medicine to every uneducated and incompetent person, as a measure most injurious to the community, and ruinous to the best interests of the profession.

Proposed by Mr. SHARP, and seconded by Mr. E. DAVIS—6th. That this meeting is of opinion that no bill which does not assert the principles of protection to the public health, by strict examination of all who aspire to practise the healing art, in whatever department, ought to receive the sanction of the legislature.

Proposed by Mr. MEATES, and seconded by Mr. GREEN—7th. That this meeting is of opinion that an incorporation of the general medical practitioners, forming a College of Medicine and Surgery, would obtain for this almost entire mass of the profession the rights and advantages they demand from the legislature, and it cordially concurs with the suggestions of the Marylebone Association in reference to this important principle, should the just and reasonable claims of the general practitioners be disregarded.

GREENWICH.

A MEETING of the medical practitioners residing in Greenwich and its vicinity, was held on Friday week, at the Lecture Hall, Royal Hill, to take into consideration the proposed Medical Reform Bill of Sir James Graham, and to adopt such measures in reference thereto, as to the meeting might be deemed expedient. The chair was taken by JOHN SUTTON, Esq., who informed the meeting that he had convened them together for the above object, in consequence of having received a requisition, signed by thirty-eight of his medical friends, requesting him to do so, and to preside over their meeting—a request with which he felt great pleasure in complying; at the same time thanking those individuals for the flattering compliment they had paid him. The following resolutions were adopted at the meeting:—

Moved by Mr. W. J. WATTSFORD, and seconded by Mr. R. MITCHELL—That this meeting, although acknowledging the necessity of medical reform, is firmly of opinion that the Bill introduced to parliament by Sir James Graham, is not only inadequate for the purpose, but is calculated to be highly detrimental to the interests of the public and the profession.

To this an amendment was moved by Dr. TOULMIN—That the thanks of this meeting be given to Sir James Graham and the Government, for the proposed Bill; at the same time, they hope, and firmly believe, that amendments will be made in it, for putting a stop to empirical practice, and that individuals fully representing the general practitioner will be appointed on the "Council of Health and Medical Education." This amendment not being seconded, the original motion was put and carried, with only one dissentient—viz., the proposer of the amendment.

Moved by Dr. PRIOR PURVIS, and seconded by Dr. J. H. SHIRREFF, jun.—That this meeting is of opinion, that any legislative enactment, having for its object the promotion of the knowledge of the science of medicine and surgery, which does not afford some penal check (and one easily enforced) against the practice of unqualified practitioners, would be quite ineffectual. Resolved unanimously.

Moved by Dr. T. O. MITCHELL, and seconded by Mr. MICHAEL DRURY—That this meeting views, as highly objectionable, the constitution of the proposed "Council of Health and Medical Education," inasmuch as the great body of general practitioners have no representative therein. Resolved unanimously.

Moved by Mr. JOSEPH APPLETON, and seconded by Mr. ROBERT HATFULL—That this meeting desires to express its disapprobation of the Bill, and pledges itself to oppose the objectionable portions of it by every legal means in its power. Resolved unanimously.

Moved by Dr. DAVID KING, and seconded by Mr. J. M. BURTON—That a committee be appointed to embody the foregoing resolutions in a petition to be presented to the legislature, and that the county and borough members be requested to support the same. Resolved unanimously.

Moved by Mr. A. F. PRICE, and seconded by Mr. HENRY DAVENPORT—That the thanks of this meeting be given to the editors of *The Times* and THE LANCET, for the forcible manner in which they have exposed the injurious tendency of the proposed Bill. Resolved unanimously.

Resolved (by acclamation)—That the thanks of this meeting are justly due, and are hereby given, to JOHN SUTTON, Esq., for his kindness in presiding over the meeting this evening, and for his promptitude in acceding to the wishes of the requisitionists.

The following gentlemen were appointed to constitute the committee named in the resolution moved by Dr. King:—Messrs. Sutton, Wattsford, P. Purvis, Burton, Shirreff, King, and T. O. Mitchell.

To the Editor of THE LANCET.

SIR,—Having been engaged about sixty years, and until lately fully employed, first in qualifying myself, and since in practising physic and surgery, but now unable to attend meetings with the active part of my brethren, I am nevertheless desirous to lend a hand in opposition to the execrable bill Sir James Graham has laid before parliament.

Sir, I think the profession, in their resolutions, place their own interest too prominent, believing, as conscientiously I do, that they have much higher ground—the *public good*; and I should deem their very active interference unbecoming and obtrusive, unless they had fair pretensions to be the best judges in this case of the *public good*, by having more frequent opportunities of seeing the mischief and misery consequent on ignorant practice, especially among the poor.

I therefore wish to suggest the following form of petition or protest against the bill, and am, Sir, your obedient servant,

L. LEESE, M.D., & F.R.C.S.

Norwood, Oct. 8, 1844.

"The undersigned, being chiefly medical practitioners, but disclaiming solemnly any personal motives, yet considering none can be so good judges of mischievous practice as those whose daily occupation brings them in contact with the sick and afflicted, are anxious to express their surprise and regret, that a bill for the regulation of the medical profession has been presented to parliament by one of her Majesty's principal Secretaries of State, which proposes to withdraw every check and restraint on the practice of ignorant and unqualified persons, and does not give any adequate advantage or encouragement to those who have, by much labour of mind, body, and expense, sought to obtain the requirements, and submit to the examinations, of competent scientific and learned bodies, constituted for such purpose,—deem it their duty, thus most solemnly to enter their protest against so mischievous, and, in their opinion, so wicked an act of legislation."

THE DERBY MEETING.

TO THE GENERAL PRACTITIONERS OF ENGLAND AND WALES.

GENTLEMEN,—I have read with deep interest the report of the proceedings of the meeting of the Association at Derby. I felt that the opinions of one thousand eight hundred members of the medical profession, *if fairly ascertained* and *expressed*, ought to have great weight with Sir J. Graham in inducing him to remodel his Bill, previous to again laying it before Parliament.

How far the seventy-five gentlemen who assembled at Derby expressed the sentiments of the eighteen hundred, I know not, and I must leave you to judge; but on referring to the last printed list of the *members* of the Association, I can only find thirty-seven of those seventy-five names amongst them, which leaves me to conclude that thirty-eight were present from Derby and its neighbourhood who were *not* members. If this be the case, then, we had the very important business, which ought to have called many hundreds of the members of this great Association together, transacted by *two per cent.* of their number! It may be said that many letters were read, approving of the resolutions to be proposed, but (exclusive of my own) there were only seven read; four from individual and respected members of the Association; one signed by five members in Hereford; and one from the secretary of the Taunton and Somerset Branch, which, if I mistake not, consists of about twenty members; the seventh letter was from the secretary of the North of England Association, but that is not a branch.

I hope I may here be allowed to quote a sentence or two from a printed letter addressed by a highly talented member of the Association to the secretary, but which was not read at the meeting. He says, "It appears to me that the Journal,* by its editorial articles, and the principal members of the Central Council, by their speeches and resolutions at the Worcester meeting, have committed the Association to a certain course with regard to the Government measure; and that there is therefore reason to apprehend that the proceedings at Derby will be merely a reiteration, in a more imposing form, of the opinions of those who have already declared themselves." Again, "From what I know of the opinions of the members in this neighbourhood, I suspect that they will not feel themselves bound by the decisions of the Derby meeting."

Feelings such as these partly actuated me in addressing to Dr. STREETEN my letter of the 10th inst., which was read, after, it seems, some opposition, because "it differed in some respects with the import of the resolutions before the meeting"—a fair and cogent reason for burking an inconvenient letter, and an admirable mode of putting down free discussion! For had I been present, and spoken my sentiments, I presume I should have been told that I must not proceed, because my opinions were at variance with the resolutions previously prepared by the Worcester Council! It seems, then, that such reasoners considered that the meeting was not in reality intended for *discussing* or "*considering* Sir J. Graham's Bill," as stated in the notice, but merely met to pass certain resolutions, and that anything offered in opposition to them was viewed in the light of high treason!

Thanks to Dr. HASTINGS, my letter was read, all opposition being silenced by *his* statement that I "represented a large class of persons. He thought it right, however, again to state, that the meeting was not called to take into consideration the views of any one party,—not the views of physicians, nor of surgeons, nor of general practitioners, but of ALL, &c." It was precisely those views which impelled me to write my letter;—it was that the interests of ALL the classes in the profession *should be alike considered*. I perceived that in the Bill of Sir J. Graham the interests of physicians and surgeons were *peculiarly* considered, while those of general practitioners were not only *not considered*, but were *utterly neglected*, and about to be *greatly injured!* I had no occasion to write in favour of physicians and surgeons,—they were the Alpha and Omega of the Bill; I therefore chiefly directed my remarks to the case of the poor, despised, and I must still say, *degraded* general practitioners. As the interests of that body weighed but as dust in the balance, and their ruin as nothing, in Sir James Graham's Bill, I looked with anxiety and expectation to the resolutions which Dr. STREETEN forwarded to me, on the 9th inst., and which were "*intended* to be submitted" to the Derby meeting. The Government Bill had forgotten, or injured, the third and great estate in the realm of medicine,—the corporations had oppressed and repudiated them; but I did expect that the Provincial Association would have eagerly extended the shield of protection, and the hand of legal fellowship, to the great bulk of their associates. Alas! alas! I looked in vain to these "intended resolutions," for anything like equal rights to the general practitioners. The uniform primary qualification to ALL for the right to practise was *omitted*; the *representative* principle in the councils of the corporation was not recognised. How could it be? It does not exist in the council of the association) —and not the smallest allusion was made, either to the *union* of the profession as a whole, or to a charter or act of *incorporation* for general practitioners as a distinct body! In fact, it was the old story of the play of "Hamlet" with the *Ghost* left out, for fear of frightening the ladies!

Yet *these resolutions*—so deficient in some of the great principles of reform as to be almost a body without a soul—are the very resolutions which so delighted the influential individuals and associations, whose letters of assent and eulogy were read at the meeting,—for, by Dr. STREETEN'S statement, it is evident that not one of those gentlemen knew anything of these supplementary but all-important resolutions, which were adopted, he says, "*subsequently* to the forwarding of copies of the proposed resolutions to the secretaries of the branches, and other gentlemen, *from whom letters had been read*." This only shews how readily *any* resolutions emanating from the central council would be sanctioned and lauded by the managers of the branches, &c., and we ought to be thankful that the *original* resolutions were not worse; but we should be doubly thankful for those added at the twelfth hour. Let us see what they were, and what the "original" resolutions would have been without them.

3rd. "That to ensure the object of a *sufficient uniform primary qualification for every medical practitioner, without which the equal right to practise every department of the profession* OUGHT NOT TO BE CONCEDED, it seems desirable that the diploma of licentiate of medicine *should be required* of ALL who may hereafter propose to enter the profession, and previous to their being entitled to claim admission to register in any other grade.

8th. "That some provision ought to be made, *either in the Bill, or in amended charters to the Colleges of Physicians and Surgeons*, for a more direct *acknowledgment of the representative system* in the councils or governing bodies of these corporations.

9th. "*That in the absence of any provision for the admission of the general practitioners into a participation, on terms honourable to that body, in the corporate privileges of either of the Colleges of Physicians and Surgeons, it appears essential to the well-being of this numerous and influential body, as well as beneficial to the public interests, that they should be incorporated together, and that the interests of such corporation should be adequately represented in the proposed Council of Health.*"

I cannot possibly comprehend how any class of medical reformers could draw up a set of resolutions, to be submitted to a public meeting on a most momentous occasion, and omit these

* Medical Provincial.

great leading features of reform. Nor can I understand what sudden revolution in the counsels of the council, *at last*, and at the *twelfth hour*, caused their adoption. Dr. STREETEN stated at the meeting, that they were sanctioned *previous to the receipt of my letter*—that is, I received the "original" resolutions from Dr. STREETEN on the 9th; I wrote to him on the *eleventh*; but in that short interval, he tells me, that most important additions were made, and the resolutions reached their full growth and maturity. Even without his declaration to the contrary, I had not the vanity to suppose that my letter could have produced such a revolution in the opinions and actions of the central council; but I have no doubt it would be most gratifying to the general practitioners of the Association, to learn to *whom* they are so much indebted for having stirred up the council to a consideration of their interests! Were there other opposing and advising letters received by the council, in unison with my own, which were not read at the meeting? And the eulogistic letters which were read, as applying to the second set of resolutions, were they not, in fact, *all* relative to the "original" set? It is surely most important that at the present crisis there should be no concealments and no misunderstandings.

I earnestly entreat the general practitioners of the association and of this kingdom, to consider well their present position. If the bill of Sir James Graham should pass into law without many more material amendments than we have any right to expect, their degradation is certain, their ruin is inevitable. Their interests are not considered in the bill; under it they will have no standing and no rights as a body, and yet they form *nineteen-twentieths* of the whole profession. When the Medical Conference sat in London, in 1841, a deputation waited on the College of Physicians, and among other matters proposed a general union of the three branches of the profession into one body —not an abrogation of the present distinctions into consulting and general practitioners, but an union which should be beneficial *to all*, and derogatory to none. The president emphatically declared that the college *would not consent to such a plan*, then placed copies of a document in the hands of the deputation, which they had just prepared. Their scheme was exactly that which is now propounded by the Government regarding the examination of general practitioners, except that, instead of sharing the fees of the Apothecaries' Company with the College of Surgeons, (if I remember aright,) they wished to direct the *whole* into their own treasury, only having two or four apothecaries as assistants. When the deputation went to the College of Surgeons, the president and vice-presidents declared that our proposal of an union between them and general practitioners was not more agreeable than "a dose of arsenic," their argument being, that, in case of an election of the council by the members at large, none of them ever expected to be elected again, and they had no wish to commit suicide! They added, that they were only a College of *Surgeons*—they would supply the general practitioners with surgery, but if they wanted physic they must go to the College of Physicians, and if pharmacy, to the Company of Apothecaries!

The two colleges have been acting upon these principles ever since; instead of drawing closer the bonds of relationship between the different ranks of the profession, they have been widening the breach which old prejudices and antiquated laws had created. These feelings and prejudices have, through various channels, at last centred in the Government Bill, which would protect and add to the interests of physicians and surgeons, and destroy those of the general practitioners.

I say again, then, to general practitioners, look jealously and cautiously at all advice or guidance that may be offered to you as to the government of your own body; trust not colleges or corporations, Government Bills, or even the leaders of associations *who are not of your own class*. I wish not to speak disrespectfully of any of them, but their leanings (perhaps even unknown to themselves) are all towards *their own classes*; and this is natural enough; but claim the right and privilege of acting for YOURSELVES. Act as much as possible in unison with pure physicians and surgeons, for what may be called the general interests and respectability of the profession, *but let us think and act for ourselves alone, in those things which pertain to our own peculiar interests*. Be careful, then, to reject any proposals to join either of the Colleges of Physicians or Surgeons as an *inferior* and therefore as a *degraded* class; trust them not with the examination of candidates for admission into your body; their interest is to elevate themselves, and they have shewn a strong disposition to depress you. Petition at once, and in every quarter, for INCORPORATION, and rest not till you have obtained it. Then only will you begin to obtain your just rights, and the means of defending them. I am, Gentlemen, and Brother Practitioners, your obedient servant,

GEO. WEBSTER.

Dulwich, Nov. 28, 1844.

A CURIOUS COINCIDENCE.

RESOLUTIONS

Relative to the Bill for the better Regulation of Medical Practice, *adopted* by the Royal College of Physicians of Edinburgh, at an Extraordinary Meeting, held on 11th Oct. 1844.

1. That the College testify their satisfaction that the Bill for the better regulation of medical education and practice, so long expected, has at length been laid before the House of Commons, and has had a first reading.

2. That this satisfaction has been increased by the knowledge, that the two great principles of the measure—viz., a uniform standard of education and qualification, and the abolition of all local privileges, are those for the recognition of which the College have, on various occasions, contended, and expressed the same opinion in petition to the legislature.

3. That the principles now specified, if carried fully into effect, would confer a great benefit on the profession and the public, and would remove the evils, and remedy the abuses now existing, and of which, for a long time past, there has been too good reason to complain.

4. That in thus providing the public with a supply of fully-qualified general practitioners, the College are of opinion that Government is undertaking all that can be properly attempted by legislative interference.

5. That the College have, with regret, observed, that the part of the Bill which proposes to abolish the practice of prosecuting unlicensed and unqualified practitioners, has given rise to great alarm and a good deal of opposition. The College are inclined to doubt the practicability of restraining unlicensed practice by penal enactments, or the expediency of attempting to do so by such means, and in this view they are strengthened by the fact, that such powers, although vested in some of the public bodies in Scotland, have for many years been allowed to lie dormant, without any practical inconvenience. But, notwithstanding that these are the sentiments of the College, yet, if it shall appear that it is the desire of a large proportion of the intelligent members of the profession to attempt to restrain such practitioners by penal enactments—rather than endanger the final success of a measure otherwise so beneficial—the College are disposed not to urge strongly their own opinions on this head.

6. That while the College approve most cordially of the

RESOLUTIONS

Relative to the Bill for the better Regulation of Medical Practice, *intended to be submitted* to the Provincial Medical and Surgical Association, at a Special General Meeting, to be holden at Derby, on Thursday, 14th Nov. 1844.

1. That the Association testify their satisfaction that the Bill for the better regulation of medical education and practice, so long expected, has at length been laid before the House of Commons, and that opportunity is afforded to the members of the medical profession for considering its provisions previous to its passing into a law.

2. That this satisfaction is much increased by observing that a uniform standard of education and qualification, and the right to practise by all qualified persons, without respect to local privileges—principles for the recognition of which the Association has, on various occasions, contended, and especially in petitions to the legislature, and memorials to her Majesty's government—are two of the great leading principles of the measure.

3. That these principles, if carried fully into effect, would confer a great benefit on the profession and the public, in the removal of many existing evils; and that, in thus providing the public with a supply of fully-qualified medical practitioners, the Association are of opinion the Government is doing much towards the remedy of abuses of which, for a long time past, there has been great reason to complain.

4. That the Association view with alarm and deep regret that part of the Bill which proposes to abolish all restriction in the practice of medicine by unqualified and unlicensed persons; and that although there may be some reason to doubt the practicability of altogether preventing unlicensed practice by general enactment, the Association are of opinion that the illegality of such practice should be unequivocally declared, and some simple and effective means of restraint be adopted.

5. That while the Association approve, with this exception, of the general spirit and principles of the Bill, they feel that in various details it may be desirable to introduce certain changes and modifications, which would improve the general efficacy of the measure, and tend materially to facilitate its practical application.

6. That among these, a fuller recognition of the representative principle in the formation of the governing body, as heretofore contended for on various

general spirit and principles of the Bill, they allow that in various details it may be desirable to introduce certain changes and modifications not affecting its principles or leading details, and which, so far from impairing the efficacy of the measure, would tend materially to facilitate its practical application.

7. That the best thanks of the College be conveyed to Sir James Graham for the trouble and attention which he has bestowed in the preparation of this Bill, accompanied by a copy of the foregoing resolutions, and an expression of the hope entertained by the College, that the measure may be, at an early period of the ensuing session of parliament, brought under the consideration of the legislature, and finally passed into a law.

R. RENTON, President.

occasions by this Association, is much to be desired; and that while the Association is sensible of the advantages which the profession will derive from a direct connexion with the Government, they cannot but consider the proposed constitution of the "Council of Health" as deficient, in affording no express representation, either of the physicians and surgeons resident in the provinces, or of the great body of licentiates of medicine throughout the country.

7. That the best thanks of the Association be conveyed to the Right Hon. Sir James Graham, Bart., for the trouble and attention which he has bestowed in the preparation of this Bill, accompanied by a copy of the foregoing resolutions, and an expression of the hope entertained by the Association, that the measure may be, at an early period of the ensuing session of parliament, brought under the consideration of the legislature, and with such amendments as shall be necessary to render it acceptable to the great body of the profession, and beneficial to the public, finally passed into a law.

R. J. N. STREETEN, Sec.

MEETING OF THE PUPILS AT THE LONDON HOSPITAL.

ON Friday, November 22, a meeting was held in the Anatomical Theatre of the London Hospital, consisting of the Dressers and Visiting Pupils of that Hospital, to take into consideration the propriety of presenting a memorial to the House Committee, expressive of their regret at the proposed appointment of House Surgeons.

Mr. WINSTANLEY having been unanimously called to the chair, commenced by stating the objects of the meeting, requesting gentlemen to state their opinions on the subject.

Mr. WILLIAMS had much pleasure in proposing the first resolution, because he was always most anxious to support the interests of his fellow-students, and he could not view the appointment of house surgeons in any other light than a gross infringement on the rights of those who had paid their fees to become dressers, expecting to enjoy the same privileges as their predecessors. (Cheers.) The committee had been led to believe, very erroneously indeed, that the proposed step, so far from producing dissatisfaction among the students, would be a source of gratification, and calculated to increase their advantages, a conclusion, the erroneous character of which this meeting hoped indubitably to establish. (Loud cheers.) By such a course as the present, the correct feelings of the students were likely to be conveyed to the fountain-head at once. (Cheers.) It is true that the persons mooted about the hospital, as likely to become the first house surgeons, were generally favourites, and individuals who would rather add as much as possible to the knowledge of the students than detract one iota therefrom. But he would ask, who will be their successors? (loud cheers.) May they not be individuals who will assume all the consequence of their superiors; and, instead of increasing the knowledge of the dressers, only make them tacit inspectors of their operations? (cheers,) then the dressers will be allowed to fulfil the honourable office of carrying round the plasters, bandages, &c. (Cheers.) Anxious to support the interests of the student, he with much pleasure proposed the following resolution:—"That a memorial be presented to the house committee, signed by the dressers and visiting pupils, expressive of their disapprobation of the appointment of house surgeons." (Cheers.)

Mr. PRESTON had much pleasure in seconding the resolution, considering the application to head-quarters indispensable. (Hear, hear.)

Mr. BROWN, being perfectly indifferent as to whether the house surgeons are appointed or not, and therefore stimulated by no selfish motives, ventured, plainly and unequivocally, to state his opinion on the subject under consideration; but there were two questions which he particularly wished settled—Firstly, Whether it was definitively decided that the dressers should be turned out of the hospital at eleven P.M. or not? ("Yes, yes.") And, secondly, Whether the individuals, who had entered as dressers during the last six months, had been informed they must be prepared for any changes which might take place? ("No, they were not.") Because, had they been thus informed, it would have been their own faults had they paid their fees. The matter resolved itself into this: either the rights and privileges of the dressers were infringed upon, or not; and if infringed upon, then it behoved them to use their utmost endeavours to uphold those rights; and, although he did consider the dressers the individuals who had to complain, yet, without union, nothing definite can be determined; consequently the feelings of visiting pupils should also be seconded. To him the greatest injustice appeared, that it is not imperative that the house surgeons should be members of the college; because it may happen, nay, it frequently does happen, that one of the dressers is a member of the college, and is superseded by an individual who possesses no diploma at all, and who is, or at least ought to be, considered as holding an inferior station in society. For many years the dressers had enjoyed the privileges of having the management of cases under the superintendence of the surgeons; but now, because the philanthropic feelings of the committee dictated they should be doing something, the imaginative geniuses of this body had devised the plan which threatened to extirpate for ever and anon the only valuable opportunities of practice an hospital can afford. Anxious to believe that the committee will retract any measures in any way calculated to detract from the interests of the dressers and pupils generally, he felt much pleasure in proposing the following resolution:—"That a committee, consisting of six of the dressers and pupils, be selected to draw up a petition, to be submitted for consideration on the following day."

Mr. SELF had much pleasure in seconding the motion, hoping, that in whatever way attempted, yet that all their efforts may be concentrated to the one grand object in view.

Mr. MORGAN regretted to think that the meeting had been deferred to the eleventh hour, fearing that the resolutions of the committee had already obtained too firm foundation to be easily eradicated; still, "better late than never," he hoped some favourable result might be obtained by the present mode of procedure. He begged, therefore, to propose—"That a meeting be convened for twelve o'clock the following day."

Mr. GILL begged to second the resolution.

Thanks having been voted to the Chairman, which, together with the foregoing resolutions, were carried *nem. con.*, the meeting separated.

At twelve o'clock on the following day, Mr. Gill having been voted into the chair, the following Petition was submitted to the very numerous meeting of dressers and pupils present.

"*To the Chairman and House Committee of the London Hospital.*

"GENTLEMEN,—Your petitioners, the Dressers and Pupils of the London Hospital, having heard that you contemplate the appointment of three house surgeons, which appointment, should it be carried into effect, will materially affect the interests of your petitioners, beg to approach you with every feeling of respect, praying that you will recognise their claims to be heard on the subject.

"Your petitioners having convened a meeting of the pupils generally, which was held in the Anatomical Theatre of the Hospital on Friday, 22nd inst., and was attended by a large body of the students, found that they were unanimously opposed to the appointment, for the following reasons:—

"In the first place, your petitioners would entreat you to consider that since the foundation of the hospital, to the present period, it has been the privilege of the dressers of the week to have the entire care and management of the patients under the immediate superintendence of the surgeons, which your petitioners regard as being the chief cause of the very high position this hospital has ever held in the opinion of the public, inasmuch as some of the most practical and talented in the profession have been educated within its walls—this privilege such an appointment will entirely remove.

"Secondly, your petitioners can refer with pleasure and satisfaction to the opinions the surgeons have ever expressed as to the successful manner in which the cases have been treated during their absence.

"Thirdly, your petitioners would remind you of the great disadvantages under which those students who have already entered upon or have already actually commenced their dresser-

ships, not having anticipated such an appointment, will be labouring.

"Fourthly, your petitioners have ever reflected with pride upon the fact, that from the advantages this hospital has offered hitherto to the student in surgery, all the provincial schools, and many of the sister hospitals in the metropolis, have, from time to time, sent their pupils to study surgical diseases within its walls. These advantages will now be removed, and your petitioners cannot but foresee a lamentable diminution in the number of dressers and pupils, and a consequent deterioration of the hospital as a school of surgery.

"Fifthly, your petitioners could refer you to several students who are at this moment unwilling to enter as dressing pupils, lest, should this alteration be carried out, the privileges which dressers formerly enjoyed should be entirely set aside.

"Sixthly, your petitioners would point out the extreme inconvenience to which the dressing pupils, living at a distance, would necessarily suffer from being compelled to leave the hospital, after the fatigues of the day, at an hour when experience tells them the most interesting cases frequently occur.

"In conclusion, your petitioners beg your serious attention to the above facts, sincerely trusting that you will re-consider this appointment, which your petitioners firmly believe will materially interfere with the best interests of the hospital, by denying the students their long cherished privileges, thus decreasing their numbers, and then by diminishing the scope of its usefulness.

"Your petitioners find upon inquiry, that twelve dressers out of the eighteen now on the list, live with their friends at a considerable distance, some, four or five miles distant.

"And your petitioners will ever pray," &c.

After having passed a vote of thanks to the chairman, and also to the committee, the meeting separated.

BRITISH MEDICAL ASSOCIATION.

EXETER HALL, Nov. 26, 1844.—Dr. WEBSTER, President, in the chair.—The minutes of the last meeting were read and confirmed, several printed addresses were laid on the table, and letters were read from the Glasgow Medical Association, Dr. Marshall Hall, &c. &c.

The Council having taken into consideration the steps necessary to be pursued at the present juncture, it was resolved,—"That the time has arrived when it has become imperatively necessary to adopt all legitimate means for the legal union of the general practitioners of this kingdom into a distinct corporation."

A resolution having been adopted to open a correspondence with the Society of Apothecaries, the meeting adjourned.

WESTMINSTER MEDICAL SOCIETY.

Saturday, November 16, 1844.

DR. REID, PRESIDENT.

PECULIAR SYMPTOM IN BLADDER DISEASE.

Mr. BURFORD NORMAN related a case that had lately come under his observation, and which presented a phenomenon altogether new to him, and not destitute of interest. He had been called to see an old man seventy years of age, who had been seized three weeks before with retention of urine; four years previously he had had an attack of paralysis, which left him hemiplegic; from this he had recovered sufficiently to be able to do a little in a light business. Three weeks ago he had what he called an attack of gravel, that is, inability to void his urine; he became delirious. Subsequently, and without recovering his power of emptying the bladder, his urine "dribbled away" without his being conscious of it; this had continued up to the date of his (Mr. N.'s) seeing him, and existed at that time. The patient presented all the signs of senility, and of great general depression; tongue black, and the papillæ elevated and hard; he was restless also at night. He thought that the patient might still be suffering from retention of urine, and that it would be desirable to introduce a catheter. He drew off about a pint of urine, which was found to be in every respect healthy—specific gravity, 1.020—straw-coloured, with an acid reaction. On the first introduction of the catheter, the urine flowed away freely; subsequently more was expelled by strong voluntary muscular efforts, immediately on the cessation of which, a gurgling was heard, as of air *passing back* through the catheter. On the renewal of the muscular efforts, or on pressure on the hypogastric region, urine was again expelled, mixed with air in bubbles. On a subsequent introduction of the catheter, the urine presented a very different character; it was of a deep reddish brown colour, turbid, and less in quantity. He (Mr. N.) considered the cause of this phenomenon to be a rigidity in the coats of the bladder preventing their contraction on the escape of the urine, of what nature, or depending upon what cause, he could not say, as the patient had since died; but he had not been able to obtain an inspection of the parts after death. A few days after, Mr. Hakes, of University College Hospital, mentioned to him that he had just observed a similar phenomenon, in a case of phrenitis, under the charge of one of the physicians of that institution, in which he had been directed to draw off the patient's urine. In this case, which was inspected after death, the urinary bladder was found about half filled with air. The urine in this last case was healthy. The point of interest attached to these cases appeared to be principally this:—In similar cases, would the surgeon be justified in emptying the bladder by the catheter? He (Mr. N.) thought not, judging from the unfavourable change that had taken place in the character of the urine in this case; for if the bladder refused to contract, one might account for the change in the same manner as for the change in the character of the discharge escaping from an abscess, which, after being opened, had been emptied by pressure to a greater extent than the contractility of its own parietes would have emptied it; the vessels ramifying on the lining membrane of the cavity (in each case) being deprived of their previous support, a transudation of blood, or bloody serum, took place through the coats of these vessels. Probably it would be right to draw off as much of the urine as could be, without resorting to pressure, either by the hand, or by the patients voluntary muscular efforts.

Dr. REID related a case in which, after delivery by the forceps, the bladder being full at the time, and from the position of the head could not be emptied; the patient had no power over the bladder for five weeks.

BENZOIC ACID IN URINARY DISEASE.

Mr. CHANCE had used this acid in the form of benzoiate of ammonia in very many cases, as recommended by Mr. Ure. It had never been of the least service. The benzoiate had acted as a diuretic.

Mr. BROOKE had used this medicine in cases in which there were considerable quantities of lithic acid in the urine. It failed to effect the least good.

Dr. REID and Mr. SNOW had found it act merely as a diuretic.

An irregular conversation of some length took place, chiefly in the way of question and answer.

Saturday, November 23, 1844.

MR. FISHER, PRESIDENT.

Mr. WELLS detailed some particulars of a case of *diphtherite*; the patient, however, had not been under his own care, and the particulars were too incomplete to be placed on record.

POINTS RESPECTING VACCINATION.

Mr. CURTIS, after giving some account of his experience respecting vaccination and small-pox, the substance of which he published in a late LANCET, mentioned that he had seen two cases in which children were born with small-pox, and a case in which the disease proved fatal at the age of eighty-three.

Dr. SAYER, as an instance of the prophylactic power of vaccination, mentioned the case of a lady, who took small pox three or four days after an infant at her breast was vaccinated. The disease was confluent, but the child was still allowed to take the breast. The vaccination went through its usual course, and proved a full protection.

Dr. MERRIMAN related the case of a boy who was vaccinated three or four days before sickening for small-pox: the latter disease was much modified.

Mr. GREENHALGH exhibited a preparation illustrative of a case of

SCROFULOUS ENLARGEMENT OF THE TESTICLE OF AN INFANT.

The subject of the case, on coming under Mr. Greenhalgh's care, was one year and eight months old, of decidedly strumous aspect, and greatly emaciated. He perspired much, but his skin was hot at times. His intellects were good, his belly much enlarged, his urine scanty, depositing a white sediment. He seemed to suffer from acute pain in the head, the hands being almost constantly placed to the ears. He screamed violently at times; stools sometimes green and slimy, at others white and lumpy. There was a gland, about the size of a walnut, in the right groin; the left testicle was much enlarged, and hung lower than the right. He is reported six months ago to have been taken very ill, with great pain in the head, upon which he in-

flicted most severe blows. Four months after birth he had a severe fever, ever since which he had gradually declined. He died at the age above mentioned.

His body was examined fourteen hours after death. General surface much emaciated, with some spots about the surface, resembling purpura, adipose substance almost entirely absorbed; mesenteric glands varying in size from a pea to a walnut, with commencing suppuration in some. Numerous blackish spots studding the ilium and jejunum; no ulceration of intestines could be detected; kidneys healthy; lungs studded with tubercles, advancing to suppuration; the vesiculæ seminales enlarged; left testicle about the size of a hen's-egg, with commencing suppuration in the centre. About six ounces of fluid in the cavity of the peritonæum.

CASES OF INTUS-SUSCEPTION.

Dr. Wm. Merriman related the case of a child who was taken suddenly ill, and appeared to suffer in the bowels; a good deal of purgative medicine was given without causing any stools: it died at the end of four days. On examination of the body, intus-susception was found, the cæcum, together with its vermiform process and the ileo-cæcal valve, having passed into the colon.

Mr. Snow had assisted at the post-mortem examination of a child that died of a similar intus-susception, but to a greater extent, for the ileum passed into the colon as far as the commencement of its sigmoid flexure; the coats of the intestines were much swollen from congestion. He considered plentiful enemata, administered early, would be very likely to remove these intus-susceptions situated in the large intestine.

MEDICAL SOCIETY OF LONDON.

Monday, November 10, 1844.

DR. CLUTTERBUCK IN THE CHAIR.

SCARLATINAL DROPSY.

A paper on this subject was read by Dr. Hughes Willshire, embodying the results of his experience at the Infirmary for children, during the late epidemic. The author's remarks were essentially practical in their nature, having especial relationship to the treatment of the disease. He affirmed that the opinions so dogmatically laid down in most books, that the affection was decidedly inflammatory in its nature, and demanded either general or local bloodletting, in the majority of cases did not hold good, at least with respect to children of the middle and lower classes of society in a great town. On the contrary, many cases, rather simple at first, but which were at once treated by depression, became very complicated at a late period, and these were the instances which were so often followed by fatal effusion within the head or chest. He called to mind that it was a *petitio principii* to say, "if there be *acute* inflammation of the pleura," &c. &c., it was the proper course to bleed or otherwise depress; for, as a general rule, this no one could deny; or that if the local complications and congestions were of a *sthenic* character, that rule of treatment was the true one; but as regarded this disease, he denied that such was the case in the greater number of instances. The dropsy was of an asthenic or passive character, and required a modification of the tonic regimen and form, combined with moderate purgation. The author had found that, in the greater number of cases, the iodide of potassium, given either in the infusions of gentian or calumba, or else in the compound decoction of broom, was of very great utility; but that cinchona, or its alkaloid, must be often had recourse to, especially during the later periods of the affection, and those forms of the disease characterized by *anæmic* urine. It was proper to recollect, also, that there might be passive effusions as well as active ones, local congestions of an asthenic as well as of a sthenic character; and that, at any rate, those of the former kind were as equally liable to occur as complications or sequences of an exanthematous fever amongst the middle and lower classes of society in a large town, as those of the latter, and he believed ten times more so. If the general serous effusion, the anarsarca, was passive in its character, and not to be cured by depletion, he did not see how, simply because the more vital and important organs were threatened by the same, it could be warded off or amended by that which, in his opinion, would have made the other a great deal worse. It was stated by some writers that diseased action of the kidney was the most essential lesion connected with this form of dropsy: that it was an important one in a certain number of cases, he believed, but also that in the majority we could not legitimately refer the dropsy to that cause. On the other hand, the blood, from suppressed and altered function of the cutaneous surface, and other reasons, was mainly to be regarded. He entirely agreed with M. Piorry, that the blood is generally changed in its composition, let the origin of albuminous urine be what it may; that when albuminuria is not caused by nephritis, it is owing to disorders which act on the whole system, and that it may be asked, whether albuminuria does not *precede* the lesion of the kidney when it follows scarlet fever. The author then discussed the nature of the urine, post mortem appearances of the kidneys and other viscera, &c., to support the views delivered in his paper.

Dr. Golding Bird remarked that there was no disease more thoroughly understood in England than the dropsy resulting from scarlet fever. He referred to Guy's Hospital Reports and Dr. Bright's Reports, in confirmation of this opinion. We must, however, not confound dropsy occurring *after* scarlet fever simply from debility, with that which arose *from* the fever and in which the blood had been poisoned, the elements of the urine being in the circulation. In those cases, occurring after scarlet fever from simple debility, little was required; they usually did well. The second class of cases occurred to the practitioner under three forms. In one, the disease was very acute, and if seen early, the urine would be found albuminous, and of a smoky, dingy hue, shewing that it contained also the colouring matter of the blood. In the second class, the urine was always albuminous, but it contains no blood. Now in these two classes of cases he always ordered the patient to bed, applied a hot mustard-poultice over the loins, gave antimony in diaphoretic doses, kept up an even temperature in the room, and, if necessary, preceded this treatment with purgati[ves]. When the albumen was no longer found in the urine, [the] iron and quinine were the best tonic. The third cl[ass] which were presented to us in the chronic form, re[sulting] from the first. The disease was not a fatal one [in] this manner. He had never ventured on bl[eeding] affection, and had never seen dropsy in those [cases] warm baths had been employed immediately [after] peel. These observations referred to the dis[ease].

Mr. Hird said the disease existed in tw[o forms]: one, the kidney was affected, in the other, no [affection]. acute, he had occasionally seen cupping over [the] tage; in the other form, where there were [dropsical] symptoms present, iodide of potassium, in s[mall doses] was of service.

Mr. Linnecar thought the disease under co[nsideration] prevalent of late years than it formerly used [to be]. usually treated it by purgatives and other antiphl[ogistics] until the œdema disappeared; he then gave tonics.

Dr. Waller agreed with Dr. Willshire in the ma[in]. Willshire's observations no doubt referred chiefly to dispensary patients, and it was known to those connected with these institutions, that patients with this affection would seldom bear antiphlogistic remedies to any extent. The best plan of treatment appeared to be purgatives followed by tonics. Cases in private practice would occasionally bear antiphlogistic treatment, but rarely the loss of blood. In reference to the treatment of scarlet fever, and its sequelæ, he recollected well a remark of the late Dr. Currie, in his lectures,—"That when you are riding a runaway horse, you may, by management, keep him in the road, but you cannot stop him."

Dr. Clutterbuck regarded scarlet fever as the effects of a specific poison, which would go on for a certain time and then generally subside by themselves. The duty of the practitioner would be to watch the symptoms, and to control them if unusually violent. It generally mattered little what was done; some mild saline, and keeping the surface cool, by sponging or cold air, was usually all that was required. If inflammation of an important organ came on, it must be treated by measures proportioned to its severity. Dropsy from scarlet fever was not common, and when it did occur, would not require active treatment. It was the result of inflammation of the skin and subjacent cellular tissue, and affected also internal organs. Occasional purgatives and mild diuretics were only required in the great majority of cases. If the tongue were coated, the pulse frequent, the skin hot, then very slight antiphlogistic treatment might be employed, but bloodletting never, unless there were inflammation of some important organ.

Monday, November 25*th*, 1844.

DR. THEOPHILUS THOMPSON, PRESIDENT.

Dr. Rowland resumed the discussion on

DROPSY FOLLOWING SCARLET FEVER.

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HOSPITAL REPORTS.

THE MIDDLESEX HOSPITAL.

FOREIGN BODY IN THE VAGINA.—VESICO VAGINAL FISTULA.—EXTRACTION OF FOREIGN BODY.—RECOVERY.

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MARY P——, aged 44, single, a servant, was admitted under Mr. Arnott, June 4, 1844.—Upon presenting herself, the patient stood in a half-bent position, and manifested extreme nervousness. In answer to questions as to her malady, she said she had a great discharge, and that it was her change of life. The further description of her case being very confused, an examination was made, when a foreign body, which was at first thought to be a pessary, was discovered in the vagina. It was firmly impacted behind the arch of the pubes, rough in its surface, and seemingly composed of earthenware. The superior portion was immovable, and felt as if it were adherent to the walls of the vagina. The lower portion admitted the tip of the finger underneath it. There was considerable discharge of a yellow colour, and extremely fœtid. On making a subsequent examination, a portion of calcareous matter was detached from the surface of the foreign body, and came away.

The patient stated, that in January last she suffered greatly from bearing down of the womb, and discharge. These symptoms continuing, she became alarmed, the more particularly as her mother had suffered in the same manner, and had also told her that the womb sometimes dropped out. Accordingly, in the first week of March last, (three months before her admission into the hospital,) she had introduced a gallipot into the vagina, for the double purpose, as she stated, of preventing the falling out of the womb, and the escape of the discharge. On the day following its introduction, she tried to withdraw it, but failed, and it has remained there ever since. She declares that she had suffered no inconvenience from its presence, until a week ago, and then only when she sat down. She has menstruated as usual, and she believes her water has always passed in the natural way.

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On now making an examination, a large round opening, which would admit the end of the finger, was discovered between the vagina and bladder. In the latter organ a calculus of considerable size was felt; but as it was too large to extract without crushing, or enlarging the vesico-vaginal opening, and as the patient had been already three quarters of an hour upon the table, it was deemed prudent to defer any further operation. The patient was removed to her bed, and ordered an opiate, which was repeated at night.

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flicted most severe blows. Four months after birth he had a severe fever, ever since which he had gradually declined. He died at the age above mentioned.

His body was examined fourteen hours after death. General surface much emaciated, with some spots about the surface, resembling purpura, adipose substance almost entirely absorbed; mesenteric glands varying in size from a pea to a walnut, with commencing suppuration in some. Numerous blackish spots studding the ilium and jejunum; no ulceration of intestines could be detected; kidneys healthy; lungs studded with tubercles, advancing to suppuration; the vesiculæ seminales enlarged; left testicle about the size of a hen's-egg, with commencing suppuration in the centre. About six ounces of fluid in the cavity of the peritonæum.

CASES OF INTUS-SUSCEPTION.

Dr. Wm. Merriman related the case of a child who was taken suddenly ill, and appeared to suffer in the bowels; a good deal of purgative medicine was given without causing any stools: it died at the end of four days. On examination of the body, intus-susception was found, the cæcum, together with its vermiform process and the ileo-cæcal valve, having passed into the colon.

Mr. Snow had assisted at the post-mortem examination of a child that died of a similar intus-susception, but to a greater extent, for the ileum passed into the colon as far as the commencement of its sigmoid flexure; the coats of the intestines were much swollen from congestion. He considered plentiful enemata, administered early, would be very likely to remove these intus-susceptions situated in the large intestine.

MEDICAL SOCIETY OF LONDON.

Monday, November 19, 1844.

DR. CLUTTERBUCK IN THE CHAIR.

SCARLATINAL DROPSY.

A paper on this subject was read by Dr. Hughes Willshire, embodying the results of his experience at the Infirmary for children, during the late epidemic. The author's remarks were essentially practical in their nature, having especial relationship to the treatment of the disease. He affirmed that the opinions so dogmatically laid down in most books, that the affection was decidedly inflammatory in its nature, and demanded either general or local bloodletting, in the majority of cases did not hold good, at least with respect to children of the middle and lower classes of society in a great town. On the contrary, many cases, rather simple at first, but which were at once treated by depression, became very complicated at a late period, and these were the instances which were so often followed by fatal effusion within the head or chest. He called to mind that it was a *petitio principii* to say, "if there be *acute* inflammation of the pleura," &c. &c., it was the proper course to bleed or otherwise depress; for, as a general rule, this no one could deny; or that if the local complications and congestions were of a *sthenic* character, that rule of treatment was the true one; but as regarded this disease, he denied that such was the case in the greater number of instances. The dropsy was of an asthenic or passive character, and required a modification of the tonic regimen and form, combined with moderate purgation. The author had found that, in the greater number of cases, the iodide of potassium, given either in the infusions of gentian or calumba, or else in the compound decoction of broom, was of very great utility; but that cinchona, or its alkaloid, must be often had recourse to, especially during the later periods of the affection, and those forms of the disease characterized by *anæmic* urine. It was proper to recollect, also, that there might be passive effusions as well as active ones, local congestions of an asthenic as well as of a sthenic character; and that, at any rate, those of the former kind were as equally liable to occur as complications or sequences of an exanthematous fever amongst the middle and lower classes of society in a large town, as those of the latter, and he believed ten times more so. If the general serous effusion, the anarsarca, was passive in its character, and not to be cured by depletion, he did not see how, simply because the more vital and important organs were threatened by the same, it could be warded off or amended by that which, in his opinion, would have made the other a great deal worse. It was stated by some writers that diseased action of the kidney was the most essential lesion connected with this form of dropsy: that it was an important one in a certain number of cases, he believed, but also that in the majority we could not legitimately refer the dropsy to that cause. On the other hand, the blood, from suppressed and altered function of the cutaneous surface, and other reasons, was mainly to be regarded. He entirely agreed with M. Piorry, that the blood is generally changed in its composition, let the origin of albuminous urine be what it may; that when albuminuria is not caused by nephritis, it is owing to disorders which act on the whole system, and that it may be asked, whether albuminuria does not *precede* the lesion of the kidney when it follows scarlet fever. The author then discussed the nature of the urine, post mortem appearances of the kidneys and other viscera, &c., to support the views delivered in his paper.

Dr. Golding Bird remarked that there was no disease more thoroughly understood in England than the dropsy resulting from scarlet fever. He referred to Guy's Hospital Reports and Dr. Bright's Reports, in confirmation of this opinion. We must, however, not confound dropsy occurring *after* scarlet fever simply from debility, with that which arose *from* the fever and in which the blood had been poisoned, the elements of the urine being in the circulation. In those cases, occurring after scarlet fever from simple debility, little was required; they usually did well. The second class of cases occurred to the practitioner under three forms. In one, the disease was very acute, and if seen early, the urine would be found albuminous, and of a smoky, dingy hue, shewing that it contained also the colouring matter of the blood. In the second class, the urine was always albuminous, but it contains no blood. Now in these two classes of cases he always ordered the patient to bed, applied a hot mustard-poultice over the loins, gave antimony in diaphoretic doses, kept up an even temperature in the room, and, if necessary, preceded this treatment with purgatives. When the albumen was no longer found in the urine, citrate of iron and quinine were the best tonic. The third class of cases, which were presented to us in the chronic form, required support from the first. The disease was not a fatal one when treated in this manner. He had never ventured on bloodletting in this affection, and had never seen dropsy in those instances in which warm baths had been employed immediately the skin began to peel. These observations referred to the disease in children.

Mr. Hird said the disease existed in two distinct forms,—in one, the kidney was affected, in the other, not. In the first, when acute, he had occasionally seen cupping over the loins of advantage; in the other form, where there were no inflammatory symptoms present, iodide of potassium, in some bitter infusion, was of service.

Mr. Linnecar thought the disease under consideration more prevalent of late years than it formerly used to be. He had usually treated it by purgatives and other antiphlogistic means, until the œdema disappeared; he then gave tonics.

Dr. Waller agreed with Dr. Willshire in the main. Dr. Willshire's observations no doubt referred chiefly to dispensary patients, and it was known to those connected with these institutions, that patients with this affection would seldom bear antiphlogistic remedies to any extent. The best plan of treatment appeared to be purgatives followed by tonics. Cases in private practice would occasionally bear antiphlogistic treatment, but rarely the loss of blood. In reference to the treatment of scarlet fever, and its sequelæ, he recollected well a remark of the late Dr. Currie, in his lectures,—"That when you are riding a runaway horse, you may, by management, keep him in the road, but you cannot stop him."

Dr. Clutterbuck regarded scarlet fever as the effects of a specific poison, which would go on for a certain time and then generally subside by themselves. The duty of the practitioner would be to watch the symptoms, and to control them if unusually violent. It generally mattered little what was done; some mild saline, and keeping the surface cool, by sponging or cold air, was usually all that was required. If inflammation of an important organ came on, it must be treated by measures proportioned to its severity. Dropsy from scarlet fever was not common, and when it did occur, would not require active treatment. It was the result of inflammation of the skin and subjacent cellular tissue, and affected also internal organs. Occasional purgatives and mild diuretics were only required in the great majority of cases. If the tongue were coated, the pulse frequent, the skin hot, then very slight antiphlogistic treatment might be employed, but bloodletting never, unless there were inflammation of some important organ.

Monday, November 25th, 1844.

DR. THEOPHILUS THOMPSON, PRESIDENT.

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Dr. CLUTTERBUCK looked upon the dropsy as the simple result of inflammation of the skin, and subjacent cellular tissue. It was a local effect from a local cause. He repeated his views respecting treatment, which will be found above.

Mr. HEADLAND considered scarlet fever to be a special poison, producing special effects upon the system. These effects were modified by season and constitution. Our knowledge of the nature and treatment of the disease was by no means satisfactory. Experience, however, had proved that it would not bear antiinflammatory treatment. Looking at these facts, he differed from Dr. Clutterbuck in regard to scarlatinal dropsy, which he regarded as the result of a shock to the skin, producing its death, and consequently an arrest of perspiration. The system required relief, and anasarca was the result. The warm bath was the chief agent in treatment, and generally, of itself, would in time effect a cure. Diaphoretics, mild purgatives, proper diet, proper temperature, and the mineral acids, might, however, be employed with advantage. In the recent epidemic, he had noticed two or three prominent features; the desquamation of the skin was slighter than usual; swellings of the neck were more than usually common, and the disease was less fatal than general. In some of the worst forms of the disease, he had found great benefit from the chloride of potash.

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QUEEN'S HOSPITAL, BIRMINGHAM.

AMPUTATION AT THE HIP JOINT.

On Friday, the 1st inst., amputation at the hip joint was performed by William Sands Cox, in the presence of Dr. Warren, 7th Hussars; Dr. Mair, 39th Regiment; Dr. Annesley, Scots Greys; Professors Drs. Davies, Nelson, Parker, Knowles, Mr. Richard Wood, Mr. E. T. Cox, Mr. W. Underhill, (Tipton,) Mr. G. Moore, (Moreton-in-Marsh), Mr. Stallard, jun., (Leicester,) Mr. Davies, sen., (Coleshill,) and upwards of fifty practitioners and students of the town. The external iliac artery was perfectly compressed by Weiss's compressor; the thigh was removed by an anterior and posterior flap in 35 seconds: six vessels required ligatures—namely, on the anterior flap, the superficial and deep femoral, and the two circumflex arteries; in the posterior, two branches—namely, the descending branch of the ischiatic artery, and a muscular branch. Not more than four ounces of blood were lost. Complete union of the wound, by the first intention, has taken place, and the patient, an interesting female of 23 years of age, is now rapidly recovering. A detailed history of the case will be published in a future number.

CHARTER OF THE COLLEGE OF SURGEONS AND NEW MEDICAL BILL.

The new Charter which the Council of the College of Surgeons have recently obtained, and Sir James Graham's proposed Medical Bill, have engaged the attention, and excited the alarm of the profession and the public; but how feeble have been the expressions of dissent, compared with the injury and insult an overwhelming majority of the college have sustained; and how little have the public as yet seen the full force of the mischief which will inevitably fall on themselves!

The new Charter and Bill are intimately connected with each other; it is notorious they have emanated from the same source. All who will refer to the evidence of a distinguished member of the Council of the College, before the Committee of the House of Commons, on "Medical Education," in the summer of 1834, will see that they have probably been drawn by the same hand, and every step in the proceedings, from the first clause in the Charter, to the final one in the new Bill, will effect the degradation of that great class of medical practitioners in this country, called *general practitioners*, as certainly as if the measures had been devised by an enemy, which it is impossible to believe is the position of the framer, seeing he is a member of the same college, and indebted, with that of his own industry and talent, to the general practitioner, for the distinguished position he occupies in the profession. That the tendency of these measures is such as has been described, no one will doubt who will take the trouble to give them attentive consideration; but let us put the saddle on the right horse. Sir James Graham has been unfairly treated; the bill is not his measure: he has been driven to acquiesce in its enactments, by "pressure from without;" the pressure has come from the College of Physicians, and Council of the College of Surgeons, who are looking only to the maintenance of their own order. But now, the profession generally having expressed an opinion in regard to its merits, I do not anticipate that Sir James will disown the incubus, and, applying his own powerful mind to the subject, will frame such a liberal and comprehensive bill as shall meet the wants of the public, and satisfy the just demands of the profession. Shew the Home Secretary that the bill and new charter are not what the profession or public require—that it is a one-sided piece of legislation, in which the good of the whole has not been consulted, but having, in effect, the elevation of a few to the injury of the many;—prove to him this statement, as shewn in the working of the College Charter—tell him that the council have in truth disfranchised nine-tenths of their members, severing this vast majority from all interest in the corporation, on the ground *of their practising medicine and midwifery*—shew him that no regulations can be satisfactory that separate these branches from surgery—"that every new institution should be only a further development of what already exists"—that the division of the general body into fellows, and ordinary members, is arbitrary and unjust—that the council by aid of their bye-laws, have chiefly elected the *fellows* from a class called, by way of reproach (one might think) "pure surgeons,"—tell him such distinctions cannot be for the improvement of the "science of surgery"—that the *real* meaning of the term so applied, has relation to gentlemen who possess no *medical degree*, have obtained *no medical* diploma, have passed *no medical* examination—tell him that these gentlemen have been selected for distinction in the college *because* they are ignorant of the resources of medicine, and that members having a medical education, in addition to the college diploma, have been considered ineligible; for it is absurd to say that such ineligibility applies to "the practice" of pharmacy. It is well known that there exists no class of practitioners in this country holding the college diploma with a medical degree, that do *not* practise pharmacy; besides which, to shew the animus that influenced their decisions, having chiefly elected all the "pure surgeons" in London, with some youths of two or three years standing, they were obliged, in order to make up the minimum number required by the charter, to take a few from the country, who, of course, practise pharmacy; but the London practitioner has been carefully excluded—why, it is difficult to devise, excepting that he might be too near home, and so interfere with the progress of college affairs. Say, that neither nature nor art knows of any line of demarcation between medicine and surgery—that the most distinguished men of modern times have described them as one and indivisible; and that a surgeon cannot with safety be trusted, however dexterous his hands, with the management of important local disease, or injury, without his head is stored with the knowledge of the resources of medicine, unless, indeed, surgery is henceforth confined to manual operation only, and then, perhaps, it might be most fitly restored to its former connexion with the barbers. And, lastly, it should be stated, for the information of *the public*, that these very gentlemen who make such a parade about "pure surgery," and are making laws for the improvement of its science, are each of them getting their incomes by the practice of medicine, without a licence—without a degree—without any medical education. Talk of protection against unlicensed practitioners!—the council of the college is the very hot-bed of quackery. They send adrift eleven-twelfths of their members, declare them unfit to be trusted with the elective franchise, or have any voice in the regulation of their own affairs—elevate a set of men having no other qualification than that of practising "pure surgery," and yet get their own incomes by the very means and from the source which they have declared a sufficient reason for disqualifying the vast majority of their fellow-members from all connexion with the College! Away with such legislation! But what should be done to prevent all this mischief? Petition—petition; and state in such petition our wants and our wishes—every county and every borough; and it would be well, in addition, that the members of every county and every borough should be visited by deputations on the subject of the petition. Obtain the signature of nine-tenths of the College against the iniquitous new charter; get the same majority of the whole profession against the new Bill; and all will be safe.

CHIRURGUS.

THE MEDICAL MEETING AT EXETER.

To the Editor of THE LANCET.

SIR,—At a meeting of medical practitioners held in this city yesterday, Sir James Graham's proposed Bill was supposed to be taken into consideration and discussed; and as the manner in which this was done was somewhat anomalous, I beg to call your attention to it.

The meeting was convened at the instance and in the name of Dr. Miller, by means only of a newspaper advertisement, and no circulars were issued; so that those gentlemen who knew of it must have done so, like myself, fortuitously.

Dr. Miller was called to the chair, and opened the proceedings by stating that at a previous meeting of the surgeons and physicians to the hospital (two only of whom, out of seven, do not aspire to the honour of being quite pure) certain resolutions had been agreed upon, and a certain petition drawn up, which he should submit to the present meeting. The respected chairman then read these said resolutions, asking from time to time, "Is there any gentleman present will take charge of this resolution?" "Will any gentleman father this," &c. &c.

The resolutions were accordingly fathered and mothered, and passed unanimously, often without a word of comment from their sponsors; the speeches coming, as the reports will shew, from those who really engendered the resolutions—namely, from the pure surgeons and physicians. The resolutions were passed, and the petitions were signed, without the alteration of a single syllable in either of them; and the Bill was not taken into consideration, inasmuch as it was not even read. Surely this is a very comfortable way of conducting a public meeting—namely, by doing all the business beforehand. But what are the proceedings worth?

I have been induced to trouble you with these remarks, in order that if you think them worth insertion in your valuable journal, practitioners elsewhere may beware, and "haul off on the other tack." I remain, Sir, your obedient servant,

FAIR PLAY.

Exeter, Nov. 27, 1844.

THE GRAHAMIZED DOCTORS.

To the Editor of THE LANCET.

SIR,—On Sunday evening last, a tragical occurrence took place at Mile-end, London, which involved the death of two lovers, named Duckett and Williams, from the effects of prussic acid, and they were found, dying or dead, locked in each other's arms. I accidentally, some time afterwards, had an opportunity of viewing their youthful bodies, on whose countenances, but a few hours previously, health and beauty were personified.

Immediately on the discovery of the awful event, the first "doctor" in the neighbourhood was summoned, and an inquest was subsequently held on the bodies, at the Fox Tavern, Russell-street, Mile-End. It appeared, from the evidence of the father of one of the deceased, and of a policeman, that *Doctor* Davies, of No. 2, Mile-end Road, attended instantly, and that he pronounced them to be dead, and summoned no further aid.

On inquiring who this *doctor* is, I find that he is a retail druggist. I said, "What! is it possible that a retail druggist took charge of this most awful and critical case of life and death?" The answer was, "It is so!"

In sifting further into the subject, I found that *Doctor* George Davies was called in on Sunday night; and knowing that he was merely a druggist, he did not call in any medical practitioner, but did, on the noon of the next day, solicit the attendance of the Lecturer on Chemistry of the London Hospital, who, by order of the Coroner for East Middlesex, did remove the stomachs of the deceased for the purposes of analysis.

This is a sample, in my opinion, of what would be the necessary result of Sir James Graham's New Medical Bill becoming the law of the land; such practices would then become legalized, and the interests of the public, and of the medical profession, which are identical, would be completely sacrificed.

I wish to ask you a question. Is it lawful for the coroner to fee such a legally unqualified practitioner, for his evidence at the inquest?

VINDICATOR.

*** It is *not* lawful for the coroner to pay such a person a fee for giving evidence at the inquest.—ED. L.

THE PROVINCIAL MEDICAL ASSOCIATION AT NORTHAMPTON, AUGUST, 1844.

To the Editor of THE LANCET.

SIR,—In your notices to correspondents in the last number of THE LANCET, you solicit information respecting the conduct of the *physicians* and *pure surgeons* in the country with reference to Sir James Graham's Medical Bill. As I have been an *employé* of yours on a certain occasion, which gave me an opportunity of witnessing their aggregate reception of the proposed Government measure, I consider it my duty to be among the first to give you the information you desire.

At your request, in order to give you an account of its proceedings, I attended the meeting of the Provincial Medical and Surgical Association, on the 7th and 8th of August in the present year, at Northampton. Sir J. Graham brought his Bill into the House of Commons on the first of those days, and, as the measure had been long anticipated, I naturally expected to find the question of Medical Reform the all-prevailing topic of conversation among the members of the Association, and that some very strong resolutions of opposition to the new bill would be passed before the meeting finally separated. No such thing! Scarcely a mention of the subject did I, for my own part, hear in conversing with members; and the refusal of the Government to discountenance quackery was alluded to only in the faintest possible manner in the Retrospective Address on Medicine,* on the *second and last day!)* On the same day, just before the breaking up of the meeting, at some time past five o'clock, and when most of the members, wearied with a long sitting, had departed to snatch the fresh air and prepare for dinner, the President of the Association read, to those who remained, the resolutions† which had been come to by the Medical Protection Assembly in London, subsequently to the promulgation of Sir James Graham's measure, and which had been forwarded to him for the purpose. No echo of these resolutions followed. The members stood, hat in hand, anxious to be relieved from further business; and not all the exhilarating influences of the succeeding dinner could rouse any of them to a solitary utterance of the indignation which all ought to have felt at the insults and injuries heaped on the profession by the minister, or (as it appeared) could force them to see a whit more clearly the precipice on the brink of which the medical body now stood. I was afterwards informed (and I have, indeed, no reason to question its truth) that the President of the Association had received his copy of the resolutions of the Medical Protection Assembly only a short time before they were read by him to the meeting; the shortness of the time then remaining for discussion being suggested to me as a probable reason for no notice being taken of them. Great was then, and has been ever since, my regret that a copy of the same resolutions, previously sent from London to myself, by an error, did not reach me until the meeting had finally concluded. Had I, as I ought, been in possession of this copy early on the morning of the second day, (Aug. 8th,) by sending it at once to the Committee I should have deprived the Association of even a shadow of the above excuse.

But, Sir, whether the Provincial Association had been furnished or not with a notification of the resolutions in question; whether they chose to recognise the existence of the Medical Protection Assembly as a "great fact," or not at all, they ought not—they cannot be supposed—to have remained unacquainted with what had just been going on within the walls of parliament. If they had the interests of the profession in reality at heart, they ought to have been on the look out—eagerly—to know all and everything concerning the introduction of the monster bill, and not only the paramount interest belonging to the matter itself, but its very *recentness* ought to have made it all-engrossing—to have placed it at the head and front of the subjects to be brought under review by the Association. No member of the Association can plead as an apology for want of information on this subject, a want of adequate communication with the metropolis. Two posts from London arrive daily at Northampton, and the mail which could have brought, and doubtless did bring, the London evening papers of Wednesday, Aug. 7th, (the day on which Sir J. Graham brought forward his measure,) had reached this town for delivery early the next morning, and the following mail, with the morning papers of Aug. 8th, (containing all the debate on the Medical Bill,) was already in Northampton long before the meeting of the Association had drawn to a close. Ample time there was to have framed resolutions—the way was there, if there had been the will. I have by me, Sir, a letter you addressed to me at Northampton, on the 12th of August, in which you remark, "I am utterly at a loss to understand the conduct of the Association respecting Sir James Graham's Bill. Was not a report of his speech read to the Association, as published in the newspapers of Thursday? Did not the meeting pass ANY resolutions on the subject? Was NO opinion expressed by the Association relative to the scandalous and ruinous proposal of the Government? *Was no answer sent to the Protection Assembly?*" No! none of these things were done; the members, as M. Villemain has said of Gibbon in his parliamentary career, were "mute and *ministerial*." Equally astonished with yourself thereat, my astonishment was coupled with unmitigated disgust; for I suspected at the time—what the late proceedings of the Provincial Association have rendered palpable—that there was TREACHERY IN THE CAMP. The only bold, honest, manly denunciation of the Bill and its author that I heard at Northampton, was from that excellent and noble-hearted gentleman, Mr. MARTIN, of Reigate, in a friendly conversation with him in his own room after the meeting was over.

Such, then, is the way in which the well-being of the general practitioners has been thrust aside—nay, directly contravened at Derby—by the more active parties in the Association to which a large number of general practitioners belong. Let us hope that these will soon begin to know their friends from their foes. Anything more slavish, more sycophantic, more profligate of the best interests of the profession than the late proceedings at Derby, can hardly be conceived. The injury that the servile and lick-spittle adulation of the Minister there indulged in, is calculated to do the medical body, by reason of the confidence which the approbation of a society with the pompously-sounding title of "Provincial Medical and Surgical Association" is likely to give that Minister—such impending injury ought to urge every general practitioner in England and Wales who belongs to the Association, to repudiate not only the acts of the Derby *seventy-five*, but the great majority of the seventy-five themselves, and cease to be any longer so many joints in their tail. "Out upon the Association—away with it!"—ought to be the indignant exclamation of the general practitioners, one and all. The proceedings of that body at Northampton, and eminently at Derby, in reference to the Government Medical Bill, sufficiently point out with what good reason they would withdraw from a clique which strives for anything except the interests of the great body of the medical profession. I am, Sir, yours, with sincere respect

GEORGE SMITH BRENT.

Berwick-street, Belgrave Road, Pimlico,
Nov. 25, 1844.

* See the last Vol. of THE LANCET, p. 657, ten lines from the bottom.

† The printer, by transposing the MS., (LANCET, last Vol., p. 685,) has made it appear that these resolutions were read at an early stage of the proceedings; on the contrary, they were not announced until near the close.—G. S. B.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I am induced, by your known readiness to protect the interests of any cause labouring beneath undeserved neglect or oppression, to request the insertion of a few remarks, illustrative of sentiments, I believe, nearly universal among the members of a particular department of our profession. I allude to the young medical officers, the assistant-surgeons of the navy. It is not meet, now that the science of medicine is so surely and triumphantly establishing her high position among the thousand objects of man's inquiry, that the exertions of any of her followers should be in any way oppressed, or prevented, by the agency of illiberal sentiment or impolitic neglect.

I am, Sir, your very obedient servant, F. N***s.

Nov. 14, 1844.

The science of medicine consists in the knowledge, more or less complete, derived from very many sources of human science, each of itself the study of a life-time. As these expand by the daily observations of their votaries, so medicine becomes enlarged a hundred-fold in extent, complexity, and importance, and requires, by consequence, a degree of attention sufficient to master its details, not merely at any given time, but during their ever-increasing magnitude. However profound and comprehensive our knowledge may be, we discover, daily and hourly, from the most unexpected sources, new lights of observation and experience, now demonstrating the fallacy of our theories, and now assuring our footsteps on the path of high practical utility. It is evident, then, that no amount of professional information should ever check our onward march, should ever allow us to forget the noble and elevated character of earnest, unwearied students of truth, to the end that we may alleviate the sorrows, and promote the universal welfare, of mankind.

The preceding observations are introduced with especial reference to the condition of the young medical officer of the navy. From his peculiar position in a ship, he is necessarily incapacitated, in a very great degree, from testing and correcting his academic knowledge by the touchstone of practice; he must still depend, should any emergency occur, on the accuracy of his previous information, as retained in his memory. Now, it will immediately occur, even to those who have bestowed no attention on the subject, that mental impressions, though once the most vivid, fade and become nearly obliterated in the course of time; and that even to retain our former knowledge, we must resort, from day to day, to the reiteration of our studies. But how can this be effected amid the noise and frivolity of a midshipman's berth? The very effort to study requires the toil and labour of a moral Sisyphus, and its continuance in such wearisome circumstances implies an amount of mental firmness and abstraction by no means common among us. The results are not difficult to be foreseen; the acquisition of knowledge is grossly neglected, and over a mind and spirit, perhaps once beaming with the brightest intelligence and the most zealous philanthropy, are gathered the shadows of ignorance and apathy, only to be occasionally pierced by transient flashes of remorse, disclosing the long lost, and now unattainable, path of just ambition and honour.

Surely a state of things like this is essentially and manifestly wrong; surely the professors of a science so respectable as medicine, whose efforts are unceasingly guided, by the best and purest benevolence, to objects of universal utility, should receive every just encouragement in the power of the State. To a medical gentleman of high feeling and education, the continual and forced society of boys—their uncongenial tone of feeling—can offer few inducements to follow a line of conduct essential not only to his own honour and reputation, but to the vital interests of the community entrusted to his care. It is idle to say that the young medical officer may, on his promotion to the *naval* rank of "Surgeon," make good the past time; the golden opportunity has been already lost; the mind has become tutored to inaction, and although men of high attainments are certainly occasionally met with in all the grades of the service, they form rather the exception than the rule.

Let us consider the probable effect of a line of policy on the part of "those who rule," guided by principles of greater consideration to the habits and feelings of the governed. Every honourable man, feeling himself placed in an honourable and respected position, where all his best efforts are called for to maintain the importance of his trust, the interests of his profession, and his usefulness to all, would assuredly be far more likely to uphold, by every means in his power, the character assigned to him, than another individual placed in circumstances totally irreconcileable with his previous habits and feelings, frequently considered as an useless incumbrance, and generally treated with less respect than others of even inferior rank. In addition to such sources of dissatisfaction, he finds that he alone of all his professional brethren is so ill-treated; he sees the medical officers of the Army, the East India Company, and other public situations, regarded and treated in a manner very different to himself; and when he seeks for an explanation of so singular an anomaly, he is answered by the vulgar and foolish phrases of "ancient custom," "difficult step," "dangerous innovation," or some other rule of conduct equally pithy and politic.

No man, I think, of sound judgment and liberal sentiment, can avoid feeling regret at so great a want of discrimination, and of experiencing an emotion somewhat akin to sympathy for the luckless sufferer. He will, at the same time, regret the injury which he sees inflicted on the interests of science. The wide-extended field of observation, with reference to climate, diseases, natural productions, and many other vitally useful topics, open to the inquiry of the naval medical officer, will naturally occur to him, and he will feel with sorrow that those to whom such investigations most properly belong, and whose opportunities seemed the best, are virtually prevented, by the stern policy of their rulers, from using with effect their strenuous exertions for the furtherance of science and consequent benefit to man.

These observations, then, tend to shew that those members of the medical profession who obtain appointments in the Navy of this enlightened country, are immediately placed in circumstances the most opposite to their previous condition;—that they are placed (with but very few exceptions) in a society uncongenial to their tone of thought, and fatal to it as the guide to the very end and intention of the profession they practise;—that they are treated in a manner unworthy of their rank in the world, and very different to officers of similar rank and similar education in other public services;—that the results of this injudicious and illiberal system are the prevention of study both by physical and moral means—by the physical influences of noise and confusion, and by the consecutive sentiments of moral degradation, chagrin, and disgust;—and, finally, that all these results inflict a more than local or temporary injury to science; that subjects of the highest moment to the profession of medicine, and science in general, are either superficially noticed, or altogether disregarded, and that the naval assistant-surgeon, instead of being the ardent and honoured student of knowledge, becomes the lifeless occupier of an unhonoured post, and the despised drudge of a system.

THE RIGHTS OF MEMBERS OF THE APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—I am too sensible of your irrepressible ardour and high courage in the cause of *medical reform*, to doubt your willingness to insert a few observations on the character and objects of Sir James Graham's projected Bill for regulating the medical profession. It is not possible to read the several provisions of this Bill without realizing the presence and aid of some of those who have ever shewn a paramount regard for the interests of their own class; and I can hardly look upon the measure in any other light than as another instance of mere "class legislation." The "Council of Health" reminds one of the *poor-law commissioners*; and the *powers* invested in the very few individuals who are to enjoy a handsome salary and travelling expenses, is only another outrage on the medical profession; and more especially when it is considered how many of the council are non-medical men. Is no toleration to be afforded to those surgeons who have not paid the fees for examination at any of the colleges of surgeons? Is it not well known, that there are thousands of practitioners who have long been an ornament to the profession and a blessing to mankind, who never valued the college diploma sufficiently to purchase it? Many of them have passed Apothecaries' Hall, because the *law* has imperatively required them to do so since the year 1815; but there are many who were in excellent practice before then, and consequently have no diploma from the Apothecaries' Company. Some of these have attained a celebrity, most justly and honourably acquired, by their diligence and zeal in the successful discharge of the important and onerous duties of their profession. Of this class, I have known men of large observation and extensive experience, whose discrimination and tact in the knowledge and treatment of disease, have often proved eminently instructive to their junior brethren.

Are such characters to be deprived of the benefits of registration, and to be robbed by the new act of the power of making good their claims upon those who have signally benefited by their services? Besides, I need not inform you, that there are vast numbers of *general practitioners* who, having commenced since the passing of the Apothecaries' Act, have obtained the necessary licence to practice, but who have not deemed it equally essential to procure the diploma of the London College of

Surgeons, since it applied to "London, and ten miles round," and was not required by law for persons beyond the limits alluded to. Such, indeed, is my own case, having studied the full period, and commenced practice some twenty years ago, since which time I have had a large medical and surgical practice, have lectured occasionally on anatomy, have performed almost every capital operation, over and over again, and am frequently appealed to in cases of difficulty and danger by my more diplomatic brethren. I am, of course, anxious to know how far the Act will provide for such cases, and also, whether the personal honour and financial interests of such men as I have described are to be sacrificed at the shrine of *class interest* and *government patronage*, for such appears to me to be the *principal features* of the Bill under consideration. Yours,

A GENERAL PRACTITIONER,
Of more than twenty years' standing.

Cheshire, Sept. 29. 1844.

THE HERMAPHRODITE MEDICAL MEETINGS.

To the Editor.—SIR, At the twenty-eighth chapter, according to "Enfield's Speaker," and the 57th page, you will find it thus written:—

> "I hold it, therefore, wisest and most fit,
> That, life to save, we leap into the pit."

Such, Sir, is the sum and substance of the advice tendered by the Worcestershire bell-wether to his obsequious Derbyshire flock on the 14th inst.—advice so sage that they cannot choose but follow it. Never did any set of men seem more desperately bent upon self-destruction.

It is an old saying, that "coming events cast their shadows before them," and I forewarn you that your office of coroner, whatsoever it may have hitherto been, will shortly be no sinecure. Take my advice, and apply forthwith to the "polite" Secretary of State for the Home Department for assistance. But what are your juries to do? They will be sorely puzzled to decide upon their verdict, whether it shall be "non compos" or "felo-de-se." I hope, for the sake of the poor babes and widows, the former.

At almost all the meetings which have been recently held upon the subject of Sir James Graham's bill, I find the hearts of my medical brethren "overflowing with gratitude" to the worthy baronet for a measure which you have denounced as, and incontrovertibly demonstrated to be, subversive of their interests; and at these same meetings, with a beautiful *simplicity*, to be equalled only by its beautiful *consistency*, I find them passing unanimous votes of thanks to you, "for your able, consistent, and energetic advocacy of their rights and privileges." Are these gentlemen such egregious blockheads that they cannot perceive how completely they are stultifying their own proceedings? Or have they the consummate folly to imagine that they can impose either upon you or Sir James Graham, by this piece of bi-facial cajolery?

Much credit is given to Sir James Graham for "good intentions." It is a saying of a certain great divine, (Baxter, I think,) that "hell is paved with good intentions;" and, for anything I know to the contrary, the cranium of Sir James may be similarly tesselated. If it be so, it would be well to subject it to the process of M'Adamization;* for I hold that good intentions are of but little value unless they be followed by good actions. Of Sir James Graham, personally, I know nothing, therefore I cannot reasonably be suspected of being influenced by personal feeling. In the walks of private life he is, I dare say, very amiable, very estimable, very virtuous, "and all that sort of thing," but as a public character he stands the lowest, in my estimation, of any member of the House of Commons. If I have been correctly informed, he is an apostate from those political principles which he professed with earnestness, and maintained with ability, for many, many years. Sudden conversions may be genuine, and the convert's intentions may be not only *good*, but *pure* also, and probably Sir James purposed good to—himself, and was converted from ultra-radi-whigism to ultra toryism, for the *pure* object of self-aggrandizement; but I have ever considered that the man who, for power or pelf, renounces his political creed, is scarcely so respectable a character as the Jew or Christian who abjures his religious faith to escape the infliction of the bastinado. But we have heard enough of Sir James's "good intentions;" let us now analyze two or three of his *good* actions, and we need not go far back to find them.

Act 1.—The members of the Provincial Medical Association, through their delegates, respectfully solicited a conference with him. He (*very politely*, according to Dr. Hastings) slammed the door of the Home-office in their faces.

Act 2.—The great body of the profession prayed that no new charter might be granted to any medical corporation until their grievances had been investigated. A new charter, through the instrumentality of Sir James Graham, was procured for the College of Surgeons—a charter which put it in their power to degrade and insult nineteen-twentieths of their members.

Act 3.—Sir James Graham introduced a bill into the House of Commons, ostensibly "for the better regulation of the medical profession," but, covertly, for its destruction. "Oh! rare James Graham!" Blessings upon thy "good intentions" as well as upon thy good actions; the latter so like the former that we know not for which to be most grateful. Let us not merely go upon "bended knees," but fall down and worship the image which we have set up. We asked thee for bread, thou didst give us a stone; we asked thee for a fish, thou didst give us a serpent; we asked thee for protection, thou didst take from us even that which we had.

If it were necessary, I could write much more; but you, Sir, have so fully, so clearly, so ably, so forcibly, exposed the hollowness, the selfishness, the hypocrisy, as well as the destructive tendencies, of this treacherous measure, that I shall only further beg to offer for your acceptance the sincerest thanks and best wishes of, Sir, your obedient servant, NO JANUS.

Suffolk, Nov. 20, 1844.

* *Mental*, of course. I would not for the world have it for one moment supposed that I wish his *brains* to be literally knocked out: his great prototype, however, Sir Robert Peel, was dreadfully alarmed at a less direct insinuation, in one of Mr. Cobden's speeches.

INFIRMARY FOR THE CURE OF CLUB FOOT, &c.

To the Editor.—SIR, I have read with surprise the letter of "A CONSTANT READER," in THE LANCET of Saturday, the 16th instant, and I trust you will oblige the committee by inserting my official contradiction of the statement therein put forth.

The Earl of Arundel and Surrey, Dr. Stromeyer, and Mr. Amos Swaisland, have not resigned; nor is the latter a Vice-President; and though the Earl of Eldon and the Messrs. Heisch have, it was not alleged to be on account of "bad management" by the committee; nor was it so, but by reason of circumstances not originating with the committee, and in respect of which they had only a limited power. The retirements which have taken place, and every occurrence connected therewith, and with the general affairs of the charity, have been laid by the committee (who never intended to keep them secret) before a full court of Governors, at which Philip Hanbury, Esq., V.P., presided; and a resolution of approbation and confidence was unanimously voted to the committee. It is important I should also mention, that under the management of the existing committee, a sum of upwards of five hundred pounds more than the gross receipts of any whole preceding year, has been collected since February last; the debts of past committees have been paid, (leaving a balance at the bankers,) and a much greater number of both In and Out patients relieved, than during the entire of any former year—though all who apply cannot be admitted, in consequence of the funds being still insufficient. I will not occupy your valuable columns further, than by expressing a sincere hope, that the injury which it is the object of "A CONSTANT READER," by his anonymous mis-statements, to do to this very useful and humane institution, will be averted. I have the honor to be, Sir, your very obedient servant,

H. GILLETT GRIDLEY, Hon. Sec.

The Orthopœdic Institution, 6, Bloomsbury Square.
November 22nd, 1844.

25th Nov.—Permit me, (by way of P.S. to my letter of the 22nd,) in answer to the further statement of "A CONSTANT READER," dated 19th November, appearing in your last number, to deny that he had "just seen" the resignation of Mr. Serjeant Adams, inasmuch as it was in my possession several days prior to, and on, the 19th instant; and I am certain was not seen by any one save the committee, until *after* that date. But if the statement of "A CONSTANT READER" were true, he is still guilty of mis-representation, because it is apparent, on the face of such resignation, that the Serjeant retired with much regret, and not on account of "bad management."

APOTHECARIES' HALL, LONDON.

NAMES of gentlemen who obtained certificates to practise as apothecaries in England and Wales, 21st Nov. 1844:—John Rider, Crudgington, Salop; Charles Joseph Tomkins, Abingdon, Berks; Abraham Hoskins, Wood Ville, Staffordshire; Frederick Gaunt, Alcechurch, Worcestershire; Henry Smith Palmer; Thomas Watts, Frampton, Gloucestershire; Leopold Beharrill Fox, Teignmouth, Devon.

CORRESPONDENTS.

The communication of *Mr. Harrison*, descriptive of the advantageous effects of the fumes of nitrate of potass in cases of spasmodic asthma, is in the hands of our printer, who has received directions to comply with the wish expressed in the private note of our correspondent.

The insertion of *Mr. Waddington's* notice of his new and successful remedy for the cure of psoriasis, is unavoidably postponed.

We will find room for the letter on the alleged cure of yellow fever by oil of turpentine.

We have not space to insert the letter of *An Old Student*, on the prize-system at University College, in our present number, even *minus* some of its too cynical expressions.

The letter of *Dr. Edward Vaughan* shall meet with the attention which it deserves.

Chirurgus (Portsea) asks if we can inform him how, or when, JOHN SLADE became a knight. He also desires to know if the individual in question can assume the title of "Sir John," without any royal or other sufficient authority? And what punishment should be bestowed on that kind of deception? In reply, we may observe, that any person who could be guilty of such a paltry fraud is almost too contemptible to be recognised by the law. Wherever so presuming an impostor can be discovered, if the sturdy boys of the place were to tar and feather him, and lead him through the streets, such a punishment might be found to be quite adequate to the offence which had been committed.

A Constant Reader (Bath) is thanked for his note. We had not seen the complimentary notice to which he has referred. The author of it is a psychological curiosity, and we are preparing him for dissection.

The case of severe injury of the eye, forwarded by *Mr. Gervis*, of Tiverton, in which a remarkable remedial effect was produced on that organ by the accidental employment of savine ointment, shall be inserted in an early number.

Mr. R. L. Bean's account of a substitute for wood-engraving, which he considers would, "at the cost of a few pence, prove of great service to surgeons and others publishing," shall be inserted.

Sir,—Should Sir James Graham's Bill become a law, (which God forbid,) what would be the difference of nominal rank between a licentiate of Apothecaries' Hall and a Member of the College of Surgeons, and a Licentiate of Apothecaries' Hall *only*? Yours, *Inquisitor*.—Our correspondent will find his question answered in another place, in a reply to some queries of a similar kind.

Sir,—I am a general practitioner, (not "combining the retail,") and, consequently, must register as a "licentiate of medicine and surgery" under the new bill of Sir James Graham, if ever it become a law. Now, Sir, I have been for eight years surgeon to one of the largest dispensaries in the metropolis; and, during that period, have fulfilled my duties to the entire satisfaction of the Committee of Management and the Governors at large. I shall feel greatly obliged by your informing me whether, under the contemplated enactment, I shall be eligible to retain my appointment; or is it likely that I shall be superseded by a "fellow!" of perhaps two years' standing? Yours respectfully, *A Member, but not a Fellow*.—Our correspondent would be able to hold his present office under the projected law. The case is so clear that it does not admit of a doubt.

With a copy of the resolutions passed at the recent meeting held at Greenwich to discuss the Government Medical Bill, we had the honour of receiving a note, from which the following extract is made:—"I have great pleasure, also, in conveying to you the thankful acknowledgments (unanimously felt) of the members assembled, for your unwearied exertions, both as a member of the legislature, and as Editor of THE LANCET, in at all times endeavouring to raise the character and improve the condition of the general practitioners. I remain, Sir, yours respectfully, PRIOR PURVIS, M.D. Sec. to the Meeting."—The gentlemen who have communicated to us votes of thanks from public meetings and individually, must permit us to express our grateful acknowledgments to them in this place. We feel confident that they will pardon us, laboriously occupied as is our time, for not sending private answers to their kind and acceptable communications.

Mr. Barrett.—The notice of the Welchpool Meeting shall appear next week.

The University of London does not at present confer any medical rights or legal privileges on the possessors of its degree; consequently it is not named in the bill, and the holders of the diploma would neither gain nor lose right or privilege were the bill, as it stands, to become a law.

Philo-Chirurgus was quite deceived when he supposed that so silly a manœuvre could be attended with success. The gang has long since been doomed.

The medical-reform scheme of *Z. A.*, though brief, is too long for the columns of a journal which objects to a law for establishing more than one "grade" in the profession, and desires that that one should be fully qualified to practise every branch of medicine. "My plan," says our correspondent, "not only provides that the *surgeon* should know at least as much as the *general practitioner*, but that the *physician* should not only know all that the other two grades know, by having passed through the same examination, but *something more*, requiring a lengthened course of study to secure the passing of it satisfactorily." Our space would be misemployed in giving light to any plan for ensuring a low, a middle, and a high grade of practitioners in one science.

Pathologist.—The nature of the disease was not described in the paper of Miss Martineau. It would be somewhat odd for the *disease* to give itself a *name*. There can be no mistake on the subject. This strange world, an opium-eater finds no difficulty in compressing into a poppy, or expanding throughout all conceivable space. Operating on the functions of life, the poisoned imagination inflicts upon every organ, in succession, some horrible disease. Divest the current of thought of its malignant instilment, and health, vigour, and judgment, return. The cure is not yet complete. *Comprenez vous?*

The letter of *Philo-Chirurgus* is not admissible into our columns.

Timoleon (Newcastle on Tyne.)—We have read the printed letter of Mr. Carter. That gentleman has rather an affected and pompous mode of disposing of small wares. In matter, his production is wholly without originality.

NON-FELLOWS OF THE COLLEGE OF SURGEONS.—A correspondent, strongly condemning the tax imposed by the College on newly-created Fellows, and the choice of Fellows which has been made by the Council, observes, in concluding his remarks, which we have not, at the present moment, room to insert entire,—"There are surgeons who are Fellows of the Royal Society excluded from the fellowship. There are distinguished men excluded belonging to nearly every other learned society in London, and whose papers, inventions, and works, have not only done service to their country, but honour to themselves, as surgeons, citizens, and men. In return, really they might consistently exclude, as a mark of disapprobation, every Fellow of the College of Surgeons from their institutions. There are surgeons to great public charities excluded—nay, there are even surgeons excluded who are teachers of the collateral branches of medical science—perhaps, even of surgery itself."

The cases of *Dr. Hall Davis*; the elaborate paper of *Mr. Girdwood*, on Menstruation; and several other articles, are in type. The letters of *Dr. Chadwick*, (Leeds;) *Drs. Vallance* and *Collet*; *Mr. Sagar* (Leeds;) *An Anti-1815-er*, and of very many other correspondents, must unavoidably pass this week without any other notice than an announcement that they have reached our hands.

ERRATUM.—In the biography of Dr. ABERCROMBIE, in the last LANCET, page 67, line 21 from the bottom, for "Monro *Saunders*," read "Monro Secundus."

As the Stamped Numbers of THE LANCET of last week are quite out of print, we re-publish, for the satisfaction of those who have inquired for, and could not obtain them, the names of the Members of the Council of Health, as they were published by us in the last number of our journal. Several correspondents have intimated to us that they did not understand the project of the Government until they saw the names of the Members of the Council, but that now they comprehend it thoroughly, they can duly appreciate what would be the effect of uniting the Profession in *such* a manner with the State. We may again observe, that if the Bill had become a law last August, the first six on the List would have been Members of the Council at this time.

THE COUNCIL OF HEALTH AND MEDICAL EDUCATION,

CHAMBERS OF THE POOR-LAW COMMISSION OFFICE, SOMERSET HOUSE, November 23rd, 1844.

Sir JAMES GRAHAM, *President*.
Dr. KIDD, (*Oxford*.)
Dr. HAVILAND, (*Cambridge*.)
Dr. WM. STOKES, (*Dublin*.)
Professor SYME, (*Edinburgh*.)
Dr. JOHN BURNS, (*Glasgow*.)
Dr. SEYMOUR, (*London*.)
Mr. WELBANK, (*London*.)
Dr. ALISON, (*Edinburgh*.)
Sir G. BALINGALL, (*Edinburgh*.)
Dr. GRAVES, (*Dublin*.)
Dr. JACOB, (*Dublin*.)
Lord HYDROPATHY, *Vice-President*.
A POOR-LAW COMMISSIONER,
Mr. EDWIN CHADWICK,
Mr. PLACEHUNTER,
Sir JOHN HERBALIST,
Lord HOMŒOPATHY.

Secretaries.

Dr. HASTINGS, (*Principal*.) Dr. MAUNSELL, (*Ireland*.) Dr. STREETEN, (*Scotland*.)

LECTURES ON ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE University of Giessen.

BY JUSTUS LIEBIG, M.D., PH. D., F.R.S., M.R.I.A.
Professor of Chemistry in the University of Giessen.

CYANOGEN AND ITS COMPOUNDS CONTINUED.

CYANURIC ACID—REMARKS ON ISOMERISM—CYAMELIDE—HYDROCYANIC ACID.

GENTLEMEN,—At the conclusion of my last lecture I pointed out to you that the constitution of hydrate of cyanuric acid is remarkably analogous to that of common phosphoric acid—i. e., the terhydrate of phosphoric acid. Now, in order to render this subject clearly intelligible to you, permit me to place once more before you the table of the phosphates and cyanurates which is annexed to my last lecture, by which the comparison may be made at a glance.

PHOSPHATES.

Phosphoric acid	$= P O_5 + 3 H O$
(Basic) Phosphate of silver	$= P O_5 + 3 Ag O$
(Neutral) Phosphate of potass	$= P O_5 + \begin{cases} 2 K O \\ H O \end{cases}$
(Acid) Phosphate of potass	$= P O_5 + \begin{cases} K O \\ 2 H O \end{cases}$

CYANURATES.

Cyanuric acid	$= Cy_3 O_3 + 3 H O$
(Basic) Cyanurate of silver	$= Cy_3 O_3 + 3 Ag O$
(Neutral) Cyanurate of potass	$= Cy_3 O_3 + \begin{cases} 2 K O \\ H O \end{cases}$
(Acid) Cyanurate of potass	$= Cy_3 O_3 + \begin{cases} K O \\ 2 H O \end{cases}$

In my lecture upon the constitution of acids, I observed that the transmutation of phosphoric acid into pyro and metaphosphoric acid, is probably owing to the addition of the elements of anhydrous phosphoric acid to the elements of common hydrate (terhydrate) of phosphoric acid, or to the elements of a phosphate. Thus, for example, we may assume that one atom of metaphosphoric acid contains three atoms of anhydrous phosphoric acid to three atoms of water, just as we have supposed to be the case with cyanuric acid. There is, however, this difference between these phosphoric acids and the cyanogen acids with oxygen; the atom of anhydrous cyanuric acid, formed by the combination of three atoms of anhydrous cyanic acid, has the saturating capacity of the three atoms, whilst upon the transmutation of the common phosphoric acid into metaphosphoric acid, (by the absorption of the elements of anhydrous phosphoric acid,) the saturating capacity of the acid remains unaltered. If we heat phosphate of soda—

$$P O_5 + 3 Na O$$

to the fusing point, and add a certain amount of phosphate of ammonia—i. e., a substance containing double as much phosphoric acid as the soda salt—

$$2 (P O_5 + N H_4 O)$$

the phosphate of soda is converted into metaphosphate of soda—

$$3 P O_5 + 3 Na O$$

If we add to this metaphosphate of soda six atoms of carbonate of soda, (i. e., in fact, six atoms of soda,) and heat it then again to the fusing point, it becomes re-converted into the common phosphate of soda—

$$3 P O_5 + 3 Na O$$

Here we find, that in the one instance, a combination or conjunction of the phosphoric acid atoms takes place, and, in the other instance, a separation or division of these atoms, exactly in the same manner as the cyanuric acid in cyanurate of potass is converted into cyanic acid upon the application of a red heat, either with separation of the elements of hydrated cyanic acid—which is the case when the cyanurate of potass is heated by itself; or without such separation taking place—as is the case when the cyanurate of potass is heated together with an additional amount of potass.

These considerations lead us to explain the difference in the properties of the cyanates, fulminates, and cyanurates, on the assumption of a real difference in the manner in which the molecules are arranged to form the three acids: cyanic acid is *monobasic*; fulminic acid, *bibasic*; and cyanuric acid, *tribasic*. Thus we have three modifications of cyanic acid, just as we have three modifications of phosphoric acid. As, however, the nature of cyanic acid is very different from that of phosphoric acid, we can readily understand why they do not in every respect exhibit the same deportment.

This comparison between the several modifications of phosphoric acid and of cyanic acid may serve to give you a clear and intelligible notion of what is termed ISOMERISM. The word *isomerism* does not define or explain, but simply designates a certain state of similarity between different substances, the composition of which has hitherto not yet been ascertained. Formerly, when we were yet without any definite view or notion respecting the cause of the difference between cyanic acid and cyanuric acid, these two substances were called *isomeric* compounds, (i. e., substances agreeing in composition, but differing in properties;) but now, since we have investigated and ascertained the deportment and composition of the salts formed by these two acids, as well as the composition of the solid chloride of cyanogen, we are led to assume as probable the existence of a cyanogen differing from the common cyanogen, inasmuch as it must be supposed to contain in one atom three times as much nitrogen and carbon as the latter—

$$C_6 N_3$$

And this cyanogen we assume to enter into combination with chlorine, oxygen, &c. &c., giving rise to the formation of compounds differing in constitution from those formed by the common cyanogen. I shall subsequently have occasion to treat of still another cyanogen. It must, however, be admitted, that it is not yet proved whether this is the radical of cyanuric acid or not.

You will readily understand that the composition of the fulminates does not furnish us with any explanation respecting the constitution of fulminic acid, and it is only from the difference of the products of the decomposition of its salts that we could, with any degree of certainty, infer a dissimilar mode of molecular arrangement. These products, however, have hitherto been very little investigated. Upon bringing fulminate of silver into contact with hydrochloric acid, hydrocyanic acid is liberated, and there ensues the formation of a new acid, containing chlorine. This new acid is not precipitated by salts of silver, but it decomposes upon the application of even the slightest degree of heat. This acid possesses the property of imparting a dark-red tint to persalts of iron. No evolution of carbonic acid or of ammonia is observed during its formation.

When fulminate of silver is acted upon by sulphuretted hydrogen, sulphuret of silver separates; no evolution of hydrocyanic acid takes place, and there ensues the formation of an acid containing sulphur. This acid is similar, in its re-action, to hydro-sulphocyanic acid, of which we shall subsequently have occasion to speak. To judge from the amount of sulphur present in this acid, it seems that the oxygen of the fulminic acid—as supposed in its anhydrous state—is completely replaced by an equivalent of sulphur.

If fulminate of silver, in contact with metallic copper and water, is placed in a warm spot, and left standing there for twenty-four hours, a double fulminate of silver and copper is formed; this dissolves upon the addition of ammonia in excess. Upon leaving the solution in contact with metallic copper, until hydrochloric acid indicates no longer the presence of any silver in the solution, a blue fluid is obtained. If sulphuretted hydrogen is transmitted through this fluid, as long as there precipitates any sulphuret of copper, the fulminic acid combines with the ammonia, and upon evaporating the fluid, a solid residue is obtained, forming, with nitric acid, nitrate of urea, and with oxalic acid, oxalate of urea, exactly as happens when the corresponding cyanate of copper is treated in the same manner. Besides urea, the residue contains the ammoniacal salt of another acid, which comports itself like hydro-sulphocyanic acid. This deportment, and these re-actions of fulminate of silver, seem to place it beyond doubt, that fulminic acid is really a modification of cyanic acid.

I have stated, repeatedly, that cyanic acid, in presence of water, cannot be separated from its salts by stronger acids without undergoing decomposition; but, moreover, this acid cannot be obtained in a pure and isolated state, notwithstanding the exclusion of every particle of water not absolutely indispensable to its own existence. Thus, for instance, upon heating cyanate of silver in dry hydrochloric gas, chloride of silver is obtained, and besides this, a volatile, colourless fluid, which is very similar to hydrated cyanic acid, but it contains, in chemical combination, one equivalent of hydrochloric gas, and upon being brought into contact with water, separates immediately into sal ammoniac and carbonic acid gas.

A still more remarkable substance is obtained when fused cyanate of potass, reduced to a fine powder, is rubbed together with oxalic acid, dried at 212° F. This mixture contains all the

elements of hydrated cyanic acid, and of oxalate of potass. Immediately upon beginning the trituration, a powerful smell of cyanic acid is observed. This smell, however, ceases after the lapse of a short time. Now, upon the addition of water to the mixture, at this period, (i. e., when the smell has ceased,) one would expect that the whole should completely dissolve. However, there remains a snow-white powder, which is altogether indissoluble in cold and hot water, as well as in hydrochloric acid and in nitric acid, but which volatilizes completely upon the application of a high temperature. It is obvious that the formation of this new substance must have proceeded from the liberated cyanic acid. The results of its analysis have shewn that it contains the same elements in the same relative proportions as hydrated cyanic acid.

CYAMELIDE.

The name *cyamelide* has been assigned to this substance. The same process which, as you will recollect, I recommended to you for the production of hydrated cyanic acid, also supplies us with the most simple and ready method of preparing this substance. Well dried cyanuric acid is put into a retort connected with a receiver surrounded by ice; the retort is then gradually heated until the cyanuric acid has completely volatilized and passed over; the receiver contains now a colourless limpid fluid—this is hydrated cyanic acid. The vessel is then removed from the ice; the acid contained in it, upon assuming the temperature of the air, becomes troubled and milky; it begins to boil, and thickens into a pap; the fluid, evidently owing to its conversion into a solid substance, gets heated spontaneously, and the sudden transmutation of the not yet metamorphosed acid into gas causes such vehement explosions in the pappy mass, that the bursting of the vessel is apprehended every moment. At last, the acid is found converted into a dry, solid, snow-white, tasteless, and inodorous substance—this is *cyamelide*.

This remarkable transmutation, which is quite independent of air and moisture, requires hardly fifteen minutes' time at the common temperature. If the hydrated cyanic acid, in a well-closed vessel, is left exposed to the temperature of melting ice, the same transformation takes place, but without explosions; after the lapse of an hour, the acid is found converted into a perfectly dry, very hard, snow-white mass, occupying about the volume of the acid in its fluid state; this mass is absolutely non-crystalline, and shews in its whole nature that its formation is entirely unattended with any evolution of gas. This transformation takes place in vessels closed by fusion, or at a higher pressure, in like manner as it does in open vessels, or at the common atmospheric pressure.

Cyamelide is characterized by its insolubility in water, hydrochloric acid, and nitric acid; nay, even fuming nitric acid and aqua regia, do not act upon it. It dissolves readily in caustic potass, with evolution of ammonia; upon evaporating this solution, a crystalline salt is deposited, possessing all the properties of cyanurate of potass.

Distilled by itself, cyamelide is re-converted into hydrated cyanic acid.

The manner in which cyamelide decomposes with concentrated sulphuric acid is remarkable; it dissolves in this acid, at a moderately high temperature, with vivid evolution of carbonic acid gas, whilst in the residue there remains sulphate of ammonia; thus we see that in its decomposition with sulphuric acid it yields the same products which the fluid cyanic acid yields with water.

HYDROCYANIC ACID.

Hydrocyanic acid is the hydrogen compound of cyanogen. Gay-Lussac was the first to prepare this acid in its pure state. It is an extremely volatile fluid, of ready inflammability, like alcohol, of a very pungent odour, which irritates the eyes; it is miscible with water in all proportions, and the aqueous solution possesses a strongly bitter, peculiar taste.

Hydrocyanic acid is in the highest degree poisonous; it acts upon the living organism with exceeding rapidity. Its rapid action upon the blood is very remarkable. Comparatively large quantities of hydrocyanic acid, in aqueous solution, may be taken into the digestive apparatus without producing any very perceptibly noxious effects, whilst the same quantities of the acid inhaled as vapour cause immediate death. Thus, a cat, for instance, can bear the administration of from two to three drops of anhydrous hydrocyanic acid diluted with from four to six ounces of water, without being in the least affected by it. If you place two drops of anhydrous hydrocyanic acid into the mouth of the same cat, taking care, at the same time, to prevent the animal from breathing, by stopping its mouth and nostrils, there is no perceptible effect produced, but the animal dies the very instant that you permit it to breathe, and consequently as soon as the vapour of the acid gets into the lungs.

Hydrocyanic acid may be conveniently obtained by distilling any of the soluble metallic cyanides together with either hydrochloric or sulphuric acid, and a proportionate amount of water. Gay-Lussac used cyanide of mercury and hydrochloric acid for the production of this acid; but the ferrocyanide of potassium of commerce is more commonly employed than the cyanide of mercury. The hydrated acid may be rendered stronger by repeated distillation, and every trace of water may be removed by digesting it with dry chloride of calcium. As anhydrous hydrocyanic acid boils at 80° F., it is obviously indispensable that the receiver should be kept surrounded with ice, in the process of distilling this acid.

Dilute hydrocyanic acid being used medicinally as a very powerful remedy in various diseases, it is highly important to the physician to obtain this preparation invariably of the same strength. Clark has furnished us with an excellent method to effect this desideratum. It is as follows:—

Thirty-six grains of racemic acid are dissolved in one ounce of water, well cooled, and sixteen grains of pure cyanide of potassium added; this brings about the formation of acid succinate (paratartrate) of potass, which is deposited in crystals, and of hydrocyanic acid, which remains in the solution; this solution contains, accordingly, one and a half per cent. of anhydrous hydrocyanic acid. The hydrocyanic acid prepared by distillation varies always in its proportional amount of anhydrous acid, and it is necessary, therefore, always to test it as to this amount, previously to using it as a remedy.

The following is the best method to test hydrocyanic acid as to its proportional amount of anhydrous acid. A certain definite amount of the acid to be tested is weighed in an appropriate glass vessel, and mixed with solution of neutral nitrate of silver, as long as there is any precipitate formed; the fluid is then strongly agitated until it clears, and the white precipitate assumes a curdy appearance. The precipitate is then collected upon a weighed filter, and carefully washed and dried. The increase of weight found upon weighing the filter denotes the amount of cyanide of silver obtained. Every grain of anhydrous hydrocyanic acid yields in this manner five grains of cyanide of silver. One hundred grains of officinal hydrocyanic acid yield ten grains of cyanide of silver, if the acid contains two per cent. of anhydrous acid; fifteen grains, if it contains three per cent., &c. The application of this method enables us to prepare dilute hydrocyanic acid, so as to contain any given or required proportional amount of anhydrous acid, by mixing the strong acid (after having thus determined its exact amount of anhydrous acid) with the amount of water required. Thus, suppose, for instance, that 100 grains of hydrocyanic have yielded forty-five grains of cyanide of silver, it follows that the acid contains nine grains of anhydrous acid to ninety-one grains of water. To produce an officinal hydrocyanic acid, containing two per cent. of anhydrous acid, would require the addition of nine grains of anhydrous hydrocyanic acid to 441 grains of water: now as we see that the acid contains already ninety-one grains of water in every hundred grains, it is evident that we need only add 350 grains of water to every hundred grains of the acid, in order to prepare an acid of the desired strength. (441—91 = 350.)

Hydrocyanic acid, perfectly pure and free from any admixture of other acids, cannot be preserved; it decomposes spontaneously, whether exposed to the light or kept in the dark, whether in open or in closed vessels, it assumes a dark brown tint; and, if concentrated in some degree, solidifies into a brown jelly. The admixture of a trace of sulphuric acid or of hydrochloric acid prevents this decomposition. Hydrocyanic acid undergoes a strange decomposition in contact with strong mineral acids. Kuhlmann had observed that a mixture of strong hydrochloric acid with hydrocyanic acid solidifies in a very short time, forming a crystalline mass, consisting of pure sal ammoniac: now, no evolution of gas being perceptible during this process, and the ammonia formed under these circumstances containing simply the nitrogen and hydrogen of the hydrocyanic acid, it was evident that the carbon of this acid must have remained in the fluid, since it did not escape as carbonic acid gas. Pelouze subsequently proved that the carbon of the hydrocyanic acid is present in the fluid in the form of *formic* acid, and that hydrocyanic acid in this instance, and under these circumstances, undergoes the same kind of decomposition which Geiger has proved metallic cyanides to undergo when treated with caustic alkalies. This decomposition of hydrocyanic acid by acids, and of metallic cyanides by alkalies, takes place only when there is a certain amount of water present. With the elements of three atoms of water, the hydrocyanic acid decomposes and transposes, forming formic acid and ammonia. If we add to the elements of one atom of hydrocyanic acid the elements of three atoms of water, we have one equivalent of ammonia and one atom of formic acid.

$C_2 H$	N = 1 atom of hydrocyanic acid.
O_2	H_3 = 3 atoms of water.
1 atom of formic acid	1 atom of ammonia.

You will perceive from this the necessity of avoiding the use of an excess of the mineral acids employed in the preparation of hydrocyanic acid from the cyanates, because otherwise part of the hydrocyanic acid would be decomposed, and the distillate consequently become contaminated with formic acid.

Another remarkable fact relating to this subject is, that when formiate of ammonia is transmitted through a glass tube heated to feeble redness, it is decomposed, and is re-converted into hydrocyanic acid and water.

PRACTICAL SURGERY.

A COURSE OF LECTURES ON THE OPERATIONS OF SURGERY AND ON DISEASES AND ACCIDENTS REQUIRING OPERATIONS,

DELIVERED AT UNIVERSITY COLLEGE, LONDON, IN THE SESSION OF 1844,

By ROBERT LISTON, Esq., F.R.S.

Senior Surgeon to the University College Hospital, and Professor of Clinical Surgery in the College.

PART II.*

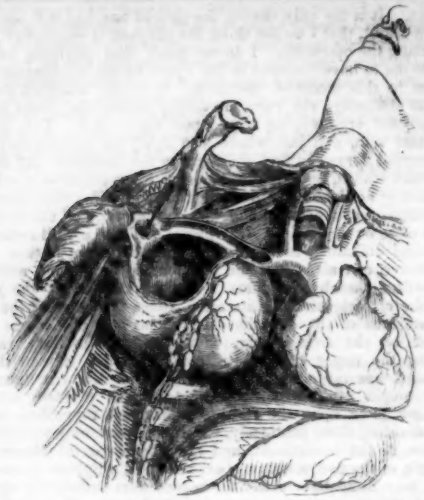
You meet with affections at the root of the neck requiring the ligature of the vessels. You have before you casts of aneurisms, situated, not as those we have been considering, in the upper triangular space of the neck, but in the inferior one. These tumours had been going on for two or three months before the patients applied, and had gradually increased in size. Some attempts had been made to stop the progress of one of them by passing a galvanic current through the tumour, putting in needles, and galvanizing the tumour, on the supposition that the blood might coagulate. In both of these cases of aneurism of the subclavian, an operation was performed inside the scalenus.

This is a disease for which it has been proposed to tie the arteria innominata, and this has been carried into effect by several surgeons, Professors Graefe, Mott, Lizars, &c., but the result has not been favourable. The patients have lived for a certain time, but in the end all have died from secondary hæmorrhage—some of them a considerable time after the separation of the ligatures. It can scarcely be expected, that in a vessel the size of the arteria innominata, and so near the heart, with such a current of blood passing through it, and such an impulse communicated to any part obstructed, the healthy process should be established and completed in the closure of the vessel. Instead of tying the innominata in this case, on the suggestion of Mr. Quain the carotid and the subclavian were tied. The latter, you might suppose, as it comes from the innominata, would be sufficient, but considering that if the carotid were left pervious, the current of blood passing through it, close to where the ligature was tied, would effectually prevent the formation of any clot, with the view of preventing this current of blood, the carotid was also secured, and for some time everything promised well, but both these patients died of secondary hæmorrhage. The vessel had closed next the heart, and the bleeding had been all from the recurrent vessels. This is a proceeding which, looking at the result of these cases, I should scarcely have recourse to again. It is the only chance the patient has, but still the chance is so slight, that I do not think the surgeon is warranted in performing the operation. I do not think that anything would induce me to have recourse to the operation on the innominata, or even to this modified operation. It is one attended with very great difficulty; the parts are deeply seated, and there are very important organs lying close upon the vessel. You have the jugular vein, and just where you apply the ligature there is the recurrent nerve; in fact, the ligature lies alongside, and almost in contact with it, and great circumspection is required in order that you may not include it in the ligature. Besides this, there is the pneumo-gastric nerve along with the carotid, and the innominata lies close on the cavity of the pleura. These are all serious anatomical difficulties in the performance of the operation. They, however, can all be met and overcome if the patient were to be benefited thereby. I here make the incision at the junction of the clavicle with the sternum, along the edge of the sterno-mastoideus of the opposite side. That was the course I pursued on the living body. Then another incision was made along the upper edge of the clavicle, and a flap in this way formed was turned up. The carotid was then cut down upon, the origin of the sterno-mastoideus was divided, and then we got down upon the sterno-hyoideus and thyroideus muscles; by dividing these cautiously, the carotid was exposed and traced down to the innominata, and then, by a careful dissection, the origin of the two vessels was exposed, and a ligature passed without any difficulty. After the vessels were sufficiently separated, the ligatures were passed round, first the one and then the other. In the above case there was considerable difficulty in consequence of the vessel passing off from behind the innominata, as it were, and in that case only the subclavian was tied, under an impression that possibly it came off last from the arch of the aorta, and traversed the fore part of the vertebræ, to get into its proper place. You must recollect that in these cases the parts are much displaced and removed from the surface. They are deep enough, even in the healthy state of the parts, so that even in a thin person you have great difficulty in getting down upon them; you are obliged to dig, as it were, in a deep pit; there are very important parts all around you, and you must accordingly proceed with the greatest possible caution. I sincerely hope that I never shall be called upon or be obliged to perform any of these operations again.

In cases of aneurism at the lower space of the neck it has been proposed to tie the vessel inside and close to the scalenus, near to the thyroid axis. But you can understand that there is no chance of a vessel with such a current of blood around, as in that situation, becoming closed. It has been proposed to tie the vessel outside the scalenus, and immediately in contact with that muscle, for aneurismal tumours outside of it, above the clavicle; but the tumour, if of any size, encroaches so much on the sterno-mastoideus, that there is not room to get down upon it, and you will easily conceive what will happen if you wound the sac in the slightest degree. You would be deluged with blood; you could not arrest the hæmorrhage, and the patient must die in a very short space of time. You might by chance stop the bleeding, and prolong life for a few days, but depend upon it, that in these cases, although the patient's life must almost to a certainty be a short one, you will abridge it much by your interference; you had therefore better leave the case alone.

The vessel going to the upper extremity, the axillary portion of the brachial, is now and then affected by aneurism. You meet with a pulsating tumour in the axilla, and it must necessarily follow the same progress as other aneurisms; it will gradually fill up the space between the borders of the axilla. The patient, in order to get relief, will be disposed to raise the shoulder, and it will thus in the end become very much fixed. The disease is met with both on the right and the left side, and on account of it you may, with great propriety, and with some prospect of success, cut down and tie the subclavian portion of the brachial, or tie the vessel above the clavicle, thus, at some little distance from the tumour. I have seen the disease attain a large size, occupying the whole of the axillary space, and even extending, in the sheath of the biceps, down to the bend of the arm. These tumours from time to time extend, by the giving way of the original sac, the parts around again becoming condensed. But, occasionally, the effusion is so rapid and extensive, that the patient perhaps sinks in a few hours. From the rupture of such an aneurismal sac as the one I here shew you, I have seen many pounds of blood effused into the cellular tissue, under the latissimus dorsi and pectoral muscles. The shoulder is much displaced; it is pushed upwards, and accordingly the space above the neck is very much diminished in size, and very much deepened. You see here how the parts must have been displaced, and how the ribs even have given way before the continued pressure. Even in the dead body you find that, if the shoulder be pushed up in this way, there is a difficulty in getting

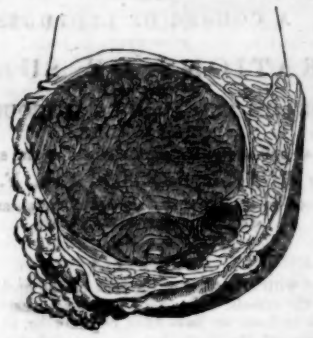
* The first part of this valuable lecture appeared in our last number. We were then obliged to defer the publication of the present part, owing to the non-completion of the accompanying engravings.—Ed. L.



down upon the vessel. Great are the facilities afforded in the dead body by pushing the shoulder well down, but unfortunately, in many cases where you are obliged to operate on the living body, there is no possibility of accomplishing this, there is no way of exposing the triangular space, so as to make the operation at all comfortable or easy. The vessel is a little more deeply seated on the left side than on the right; the difficulty, therefore, of tying it will be greater in the former than the latter; but under any circumstances it is not easily got at. You have the external jugular vein, the supra-scapular artery, and all the nerves going to form the axillary plexus, the nerves lying higher up the neck than the vessel. If the shoulder is raised, and the tumour extends at all above the clavicle, you may not be able to get at the vessel without trenching upon the scalenus, and then you have the phrenic nerve in the way. Above all, take care that you do not, in this or your other operations in this region, interfere with the cavity of the chest. Suppose that you are called upon to tie the subclavian itself for aneurism in the axilla, then you will cut down and endeavour to put a ligature on a sound portion of the subclavian. This operation has been performed a number of times, and with some success. You cut, as I now do, along the clavicle, and make another incision outside the sterno-mastoid muscle, on its edge; you raise up these two flaps of skin, taking the platysma-myoides along with it. The jugular vein is sometimes a good deal in the way; you may detach that a little upon one side, and then exactly under the clavicle you have the supra-scapular artery. There are some small branches of veins that may bleed a little when you dissect down upon this space. You get at the nerves and expose them distinctly enough, and a little lower down on the same plane you at last reach the vessel, and then, in general, you will be able to pass a ligature with a small and simple aneurism needle. I should have told you, that for the purpose of carrying a ligature round an artery in deep wounds, tying the root of the carotid, this vessel, the innominata, and so on, a great variety of needles have been contrived. Here is Weiss's needle—a common, coarse sort of aneurism needle to look at. This is to be passed underneath the vessel, and when its point is brought up, so as to be seen or felt, here is a sort of catch, which is used to lay hold of it, detach it, and bring it to the surface. Here again is an instrument, invented by Mr. Gibson, of Philadelphia; but it is only a modification of some of the old contrivances. Here again is Mott's needle; it is passed underneath the vessel, the handle is screwed off, and the point in that way brought out. In operations of this kind, I am always provided with these tools, but I never yet saw the necessity for using any of them. There is no difficulty, that I can see, in turning a plain aneurismal needle under any vessel. With this small and simple needle I have put a ligature upon all the vessels of the neck, and upon all the vessels of the extremities of the living body, and often under puzzling circumstances enough. If you know only how to manage a small instrument of that kind, there is no difficulty in accomplishing your object; it is better than any of these complicated contrivances.

The next subject I shall speak upon is disease of the mamma.

I have already, in treating of tumours, described to you the diseases of the female breast, and alluded to the progress of the various forms and modifications of tumour which occur in this texture. You know that the mamma in the female is, at what is called the critical period of life, very subject to malignant degeneration; but you find disease, and even malignant disease, occurring very early in life, though not frequently. All the diseases, however, that occur here are not of the same character. You are prepared to meet with simple enlargement—hypertrophy of the gland. In young females you will find both the mammæ increase enormously, become heavy and pendulous, and attain a very inconvenient size. Sometimes one only is so affected, and it will become, perhaps, five or six times larger than the other. Then you meet with fibrous tumours growing in the cellular tissue under the mamma, or in the neighbourhood of it, and pushing the gland before them; the gland lies expanded over the front of the swelling. Here is a tumour so situated, but not quite of a



simple character. Then you meet with all sorts of cystic tumours of the mamma, what are called *hydatid* breasts; under this name they have been described by the late Sir Astley Cooper. They are developed in the substance of the gland; the gland is enlarged and pulpy, having an elastic feel at some parts, and at others distinct fluctuation. These cysts contain all sorts of fluid —sometimes serosity, sometimes a dark fluid. I have taken out,

more than once, a cystic tumour from the mamma, containing fluid like printer's ink; some contain bloody fluid. Upon puncturing these, the tumour entirely disappears for a time.

These swellings of the breast, however, are not by any means so common as the carcinomatous malignant disease. I have stated that this is met with, now and then, in patients under thirty, whilst they still enjoy perfect health, and the functions of the uterus are going on without interruption; but it is much more commonly met with between the ages of forty and fifty, and sometimes later. You find it affecting various portions of the gland; sometimes commencing as a tubercle between the nipple and axilla, and very often in the centre of the gland, attacking the middle of the lactiferous tubes. In the first instance, the nipple becomes retracted, and there is, perhaps, a discharge of bloody-looking fluid oozing from it. Gradually the nipple is drawn in and disappears, and the skin is puckered around the spot where the disease commences; the fatty matter is absorbed, and the tumour forms a connexion with the skin. While it forms adhesion externally, it also forms, sooner or later, a connexion with the fascia of the pectoral muscle, and becomes more and more fixed.

Then, as the disease makes progress, it extends along the lymphatics towards the axilla; and the glands become, by-and-by, contaminated, and swell. The tumour here is also of stony hardness, and tumours, after a time, form upon the intercostal spaces, and above the clavicle.

This disease in general makes very rapid progress. Here is a drawing shewing the appearance of the swelling, the discoloration of the skin, the adhesion of the tubercles to it, and the retraction of the nipple. These tubercles gradually increase in size; the skin all around becomes indurated; the tumour adheres firmly to the parts underneath; the axilla is occupied with the tumour, the upper extremity becomes œdematous, and the patient with a troublesome cough becomes hectic, and dies exhausted.

Before death, the diseased part often ulcerates. The skin is distended; being in an unsound condition, it gives way; there is thus a large cavity formed, and very often there are discharges of blood. The characters of the disease, in its very advanced stage, are here well delineated.

Then, again, the tumour, instead of presenting a firm and stony feel, enlarges in size, and is soft and pulpy. Other parts present the appearance of a medullary tumour; it ulcerates and throws out a fungus, and the fungus may or may not bleed profusely. This depends upon the state of the patient's constitution. On making a section of one of these tumours, it presents every variety of diseased structure. It may be fibrous-looking, with white bands running to the cellular tissue; it may present the appearance of a gelatinous cancer, or it may be pultaceous or medullary. There are sometimes all these heterogeneous or heterologous tissues in the same tumour. You find portions hard, and others again softened down. The vessels may give way, and extravasation of blood occur. Here are several specimens, illustrating various forms of the disease.

In some cases of disease of the mamma you can give relief. In hypertrophy, by giving support to the tumour, and causing moderate pressure, you can frequently bring it to a natural size. Pressure may be applied in various ways, by plasters, by wrapping round the chest a bandage, or you may have recourse to pressure, by the very ingenious mode recommended by Dr. N. Arnott—that is to say, a sort of wooden cup or bowl is made, of the size of the tumour, into which is put a small air-cushion, made of very fine texture. The cushion is inflated with air, so far as not to be hard; that is put in the cup, and is supported by a spring like that of a common truss. This will answer very well in many cases of simple tumour of the breast.

There are some enlargements of the mamma where the structure is altered—not a simple hypertrophy, where there are masses of fibrine agglutinated together, and where the tumour will go on increasing, in spite of all that can be done.

The cystic tumours cannot be made to disappear by local application or pressure. Sir B. C. Brodie has described some tumours which he says seem to diminish by the constant application of camphorated spirits with a proportion of liquor plumbi. This is kept on till the surface becomes inflamed; then it is omitted and re-applied. But when the gland is enlarged, is altered in structure, and contains a great number of these cysts, you cannot expect to get quit of them but by recourse to the knife. The disease is not of a malignant character; and if you take away the whole of the morbid mass, there is every chance of the patient remaining free afterwards. There is no contamination of the lymphatics, and the removal of the breast in these cases may be had recourse to with great propriety.

In some of these malignant diseases, if the patient applies at an early period, the surgeon may be warranted in giving her a chance, by taking away the disease. If a patient comes with a small tubercle in the breast, with some puckering and adhesion to the integument, if it feels exceedingly hard and unyielding, and has all the characters of carcinoma, but is of recent origin, and you cannot trace disease to the lymphatic system, you may be sometimes justified in taking the tumour out, but you must take the whole of the mamma with it. When the disease is at all advanced, and there is reason to think that the constitution is affected with it, it is far better to abstain from the proceeding. At one time this was the most common operation in surgery. I recollect the period when a week seldom passed over without the operation being performed two or three times in our hospitals; but now it is seldom had recourse to, and properly, too, except in cases of non-malignant disease.

OBSERVATIONS IN MIDWIFERY.

By W. Tyler Smith, M.B. Londin.

(*Continued from page 280.*)

ON THE NATURE AND CAUSES OF PUERPERAL CONVULSIONS.

In this and many other diseases there has been a great tendency to consider any morbid change discoverable *after death* as the cause of the malady present *during life*. *Post hoc, ergo propter hoc*, has had too extensive an application in pathological reasonings. It has been usual, in fatal cases of puerperal convulsions, to examine the brain, and to place all the lesions discovered in it on record, as causes of the disease. Yet what could be more unphilosophical than, in a case of convulsions from afflicting intelligence, followed by effusion into the ventricles, and death, for us to assign the effusion as the cause of the malady. The patient falls into the convulsion *instantly, on the very moment*, that she hears of the death of a friend; she recovers her sensibility, but the convulsion is repeated, and she gradually becomes comatose, and expires. In such a case there can be no doubt but that the *emotion* is the *cause* of the disease, and that the effusion is an *effect* of the obstructed circulation which the convulsion always causes.

To go a step further, and inquire in what mode the obstructed circulation is produced, with its sequelæ of cerebral congestion, effusion, hæmorrhage, &c. In the first place, the contractions of the uterus propel a certain quantity of blood from its parietes into the rest of the system. Dr. Rigby has noticed this; but it is a limited cause, inasmuch as it can only apply to convulsions occurring during labour. In the next place, the violent spasm of all the muscles of the body in connexion with the spinal marrow, must, in a similar manner, pour out a still larger quantity of blood into the arteries and veins. But the most efficient cause is the venous congestion which takes place from the spasmodic closure of the glottis, a point so characteristic of this disease, and which interrupts the return of the blood from the head.

These are, I believe, the efficient causes of the serous effusion, coagula and vascular distention, found after death from puerperal convulsions, and which are so often referred to as the causes of the disease. It will be seen that I have taken no notice of the pressure of the gravid uterus upon the abdominal vessels, on which some writers have insisted. It appears to me, that if the uterus pressed only on the abdominal aorta, we might recognise such pressure as a cause of vascular distention in the upper part of the body; but it presses equally on the inferior cava, nay, if any difference, still more than on the aorta, because of the different

structure of the arteries and veins; so that we ought to look on this variety of compression as an efficient tourniquet, taking off the pressure of the blood of the inferior extremities, instead of a cause of cerebral congestion.

But though physiological and pathological reasonings lead us to the conclusion that the hemispheres of the brain can have no direct influence in causing convulsions of any kind, yet in the true puerperal attack, and in epilepsy, the brain is indubitably affected during the fit, while in the spasms of tetanus and hydrophobia, sensation and the intellectual faculties remain unimpaired.

Dr. Marshall Hall attributes great influence to the spasmodic closure of the glottis in convulsions attended by loss of sensation, and its open state in hysteric attacks, or spasmodic diseases in which sensation is preserved. He points out that for some days or hours before the accession of the epileptic or puerperal convulsion, there is sometimes stiffness of the muscles of the neck, and an affection of the larynx, made evident by an alteration of the voice. To the effects of these muscular contractions in the neck in impeding the return of blood by the veins, and to the effects of the partial or entire closure of the glottis in obstructing the circulation, and causing asphyxia, Dr. Hall is inclined to refer the sudden annihilation of consciousness which takes place in epilepsy and puerperal convulsions; the spasmodic contractions acting in much the same mode as the pressure of the cord on the veins of the neck and the larynx in strangulation.

That venous congestion and partial asphyxia are caused by the convulsive actions in epilepsy and the true puerperal disease, none can doubt who have watched the phenomena of these affections. But it has been objected by Dr. Watson that the explanation is scarcely applicable in epileptics to the *petit mal*, where the entire seizure consists of a transient but complete loss of consciousness without convulsion. The same may be said of the incomplete seizure in the puerperal state. It sometimes happens, that when the causes of puerperal convulsions are in operation, patients are suddenly seized with loss of consciousness, or they are affected with mortal faintness, and die instantly, without any convulsion. In the latter case, as Dr. Hall has remarked to me, it must be the heart which is affected, and not the brain, as even the removal of the brain would not extinguish life so immediately as it is destroyed in these cases; and we know that the beat of the heart is interrupted both at the onset of epilepsy and the puerperal convulsion. In the former case, the brain is the only organ affected, and loss of sensation the only phenomenon which appears, the motor function of the spinal marrow being undisturbed. Thus it appears that the same causes which affect simultaneously the motion of the heart, the consciousness of the brain, and the action of the muscles under the influence of the spinal marrow, so as to produce the complete group of phenomena constituting the puerperal convulsion, may, instead of exciting the convulsion through the agency of the spinal marrow, produce their effects on the heart or on the cerebrum separately, and so cause either loss of consciousness and volition, or arrest of the action of the heart. There are some normal excito-motor acts in which sensation is affected; the relation between the act of coïtus and the cerebral part of the epileptic attack has often been reverted to, from the time of Hippocrates.

In thus attempting to set limits to the influence of the brain in convulsive diseases, I do not mean to deny that effusion of blood or serum, or vascular congestion of the brain, particularly in the second stage of labour, does occasionally cause puerperal convulsions, but such instances are not frequent enough to justify the general theory. Further, even when convulsions are thus caused, it is not the *brain*, but the *spinal marrow*, which is affected so as to produce them. Mere irritation of the brain, as we have seen, will not cause convulsions, but mechanical or vascular pressure on the brain, so as to affect the medulla oblongata by counter-pressure, immediately brings on a convulsion. Thus, in two experiments on dogs, performed by Dr. Marshall Hall and Dr. Blundell; in one, mere injury of the brain produced no effect, but pressure so as to affect the medulla, caused convulsions; in the other, pressure, occasioned by tying the aorta beyond the origin of the carotids, had the same effect as direct cerebral pressure in producing convulsions. In this manner I would recognise fulness of the cerebral vessels, whether primary, or the result of muscular effort, as one cause of puerperal convulsion. When it thus occurs, it is to be considered a centric variety, the cause acting directly on the spinal marrow, and not on its peripheral excitor nerves. Blows on the head, when they cause convulsions, must either affect the medulla oblongata in a direct manner, or indirectly, by disturbing the circulation within the cranium.

Another cause of puerperal convulsion of the *centric* kind, is hæmorrhage and exhaustion, or the exact opposite of the preceding. When violent uterine hæmorrhage occurs, convulsion is the general mode in which death takes place, or fits may come on, from the same origin, before the patient is *in extremis*, and she may recover. These convulsions depend on the effects of loss of blood on the spinal marrow, and not upon the brain. Thus we see that after the ox has been felled by the pole-axe, and the functions of the brain *destroyed*, convulsions come on while the animal is bleeding to death.

Mental emotions, of a sudden and violent kind, are well known to cause puerperal convulsions. The disease, when thus induced, like epilepsy, and the convulsions of children, having a similar origin, is generally of a most severe character. Almost all obstetric writers advert to the circumstance, that convulsions are comparatively most frequent among unmarried women. This is principally from the shame and mortification incident to their situation. Any sudden intelligence, either of a melancholy or exciting description, has been observed to bring on the disease. It has even been caused by the first sight of the infant; and Mariceau relates a singular case, in which convulsions were excited by the smell of powerful odours.

In all these, and similar cases, the emotion produced is the exciting cause of the attack. Dr. Marshall Hall has satisfactorily shewn, that whatever may be its seat, all emotion is manifested through the medium of the spinal system. The emotion raised in the brain becomes the excitor of the spinal marrow, as clearly as irritation of the peripheral extremities of incident nerves. It is only in this sense that the brain can be considered at all as an excitor of spinal action; for we have seen that mechanical irritation or stimuli, applied to the brain, short of compression, exert no influence whatever on the spinal marrow.

Dr. Ramsbotham and others have observed, that certain states of the atmosphere increase the tendency to puerperal convulsions. The same thing happens with respect to many diseases of the excito-motory system; thus in the *crowing inspiration* of infants, in *pertussis*, and in *spasmodic asthma*, the convulsive action is diminished or aggravated by variations of wind and temperature.

These being the principal *centric* causes of puerperal convulsions, let us consider the *eccentric*, or those caused by irritation of incident, excitor nerves acting through them on the spinal marrow, and its motor nerves.

First in importance is *irritation of the uterus itself and the uterine passages*. The statistics of labour demonstrate that puerperal convulsions occur with far greater relative frequency when the head presents, than in other presentations. From this it has been inferred that the pressure on the os uteri was a principal cause; but the acute mind of Dr. Collins saw that this coincidence could not be considered as cause and effect, for convulsions frequently come on when the os uteri is entirely dilated, before the dilatation has commenced, or after delivery. Neither this eminent obstetrician nor any other has taken the pressure of the head on the vagina sufficiently into consideration, in connexion with the fact, that irritation of the vagina excites more extensive reflex muscular actions than irritation of the uterus itself. This gives a physiological explanation to the fact respecting the frequency of convulsions in head-presentations with first children, the irritation of the excitor nerves of the os uteri and vagina being undoubtedly greater under such circumstances than any other. I might adduce numbers of cases in support of this view; in fact, any case in which all remedies have been tried in vain, but in which the convulsions cease immediately after delivery, contains its proof. It must always be borne in mind, when considering the causes of excito-motory diseases, that *irritation* of the peripheral incident nerves is not dependent on, or to be measured by, the mere intensity of pain. Dr. M. Hall has shewn that the most powerful reflex action of the *vis nervosa* may be caused without any sensation whatever; indeed, in puerperal convulsions the causes operate sometimes during a state of perfect coma, or they may commence while the patient is in a profound syncope. The term irritation, as applied to spinal action, must therefore be received with this peculiar signification.

Convulsions are often brought on by the mere presence of the fœtus in utero, there being no other exciting cause, or they may occur from the causes of spinal irritation depending on the first changes which take place in the uterine system preparatory to labour, before the os uteri has commenced its dilatation. They are sometimes caused by the irritation of a dead fœtus, which it is well known is more strongly excitor of reflex action than a living ovum.

When a convulsion has once happened, the fit may be repeated from causes of irritation apparently trivial. Irritation of the os uteri is one of these. Denman relates the following, of a case which occurred to him:—"When the os internum began to dilate, I gently assisted during every pain; but being soon convinced that this endeavour brought on, continued, or increased the convulsions, I desisted, and left the work to nature." A similar case has been related to me by Dr. Heming. In other cases, fits have been produced by the hand of the accoucheur in the operation of turning, or by the irritation caused by the use of instruments.

Irritation of the os externum is also a powerful excitor of spasmodic action. Many women die from the violence of the convulsion caused by the passage of the child through the external parts. On another occasion I shall have to relate a case in which successive fits were caused by irritation of the uterus from injudicious attempts to apply an abdominal bandage.

The following are two interesting cases of puerperal convulsions from irritation or excitation of the excitor nerves of the uterus and uterine passages, the irritation being conveyed to the spinal marrow and reflected back on the motor nerves of the whole spinal system, so as to cause the convulsions. The first is told by Dr. Ingleby:—

"A highly esteemed friend of mine once found it necessary to pass his hand into the uterus, for the purpose of removing an adherent placenta, the ergot of rye having been previously administered. The introduction was carefully performed. *The straining and opposition to his efforts on the part of the woman were exceedingly great; and at the moment when the operator's hand had reached the organ, my own hand making counter-pressure on the abdomen*, the patient became violently convulsed, and died in less than a minute."

The other is from Dr. F. H. Ramsbotham, who relates a case of convulsions in which the fits were relieved by bleeding, and the woman remained fifty hours after the attack, before labour came on. In less than five hours she was delivered without any recurrence of the fits; but as the placenta did not come away, Dr. Ramsbotham was summoned, two hours after the expulsion of the child. He remarks that, "Under no greater anxiety than usual when the placenta is retained, I proceeded in the ordinary way to remove it. *The moment I had passed my hand completely into the uterine cavity*, the patient turned upon her abdomen, and without uttering any expression of pain, went into a convulsion." The woman died in about two hours.

Irritation of the bowels, especially of the lower part of the intestinal canal, is well known to cause convulsion under other circumstances besides those connected with the puerperal state. Thus worms, the severe action of purgative medicines, the collection of indurated fæces in the rectum, have all been known to cause epilepsy, or the convulsions of children. It cannot therefore be wondered at, that when the excito-motory system is under the additional stimulus of either pregnancy, labour, or the puerperal state, these and similar sources of excitation should cause puerperal convulsions. I subjoin two cases, the second of which is particularly instructive, and the author of it relates several others bearing equally strong upon this point.

"Mrs. H——, aged twenty-four; first pregnancy, ninth month. *Constipation and headache for several days*; severe fits of convulsion, insensible in the intervals; pupils dilated; pulse eighty, full and strong; face flushed; os uteri slightly dilated; feeble, irregular, uterine pains. After venesection and *free evacuation of the bowels*, the fits ceased, and she was delivered the next day, without assistance, of a living child."—Dr. R. Lee.

"Elizabeth Roden, aged twenty-three, had become very plethoric during the latter months of pregnancy, but, with the exception of drowsiness, had not experienced any of the premonitory symptoms of convulsion. She was delivered, at six P.M., June 25th, of her first child, after a very natural and easy labour, and at nine was seized with a violent convulsion, which lasted ten minutes. Mr. Bindley saw her at half-past eleven; the fits had recurred several times; she was now partially sensible, but the stupor was considerable; presently, the paroxysm returned; she rolled her head about, struggled, saliva issued from the mouth; the pulse was full but not frequent, the head hot, and the face flushed, the lochiæ sparing, and the bowels constipated. Mr. B. ordered leeches, cold to the head, and camphor and opium.

26th, Eight A.M.—The fits have frequently recurred during the night. In the intervals between the attacks she lies in a state of coma, and has stertorous respiration. V. S. to ℥xxv; head to be shaved, and cold cloths applied. Calomel, jalap, and the purging mixture, were ordered.—Two P.M. The convulsions continue; the teeth had become so firmly fixed, that it was found impracticable to give her the medicine; pulse 100. The blood does not present an inflammatory crust. Cold to be continued.—Seven P.M. The convulsions have recurred. ℞ Croton oil, eight minims; spirits of wine, ʒij; cinnamon water, ℥ij. A drachm every three hours, until the bowels are moved.

29th, Eight A.M.—*A surprising quantity of dark green and very offensive fæculent matter has been discharged, including a multitude of ascarides.* She now became sensible, but was unconscious of her illness, and did not remember having been delivered. From this time, with very slight deviations, she gradually and completely recovered."—Professor Ingleby.

Gastric irritation has long been looked on as a cause of puerperal convulsions, though the true rationale has never been given by obstetric writers. I subjoin two cases. Of the nature of the first there can be no doubt, and I believe that, in the second, the evidence of a loaded state of the stomach, coupled with the fact, that neither venesection, evacuation of the bowels, nor careful delivery, afforded any relief, are sufficient reasons for considering it a case in point.

"Mrs. H., a young woman, of a very healthy constitution, had passed through the period of childbirth very well on former occasions, as well as on that which preceded the present subject of consideration. She had been delivered of her child nearly a month, and had ceased to require any medical attendance. She had entirely left the chamber in which she had been confined, and had returned to her ordinary modes of life.

"On waking one morning she complained of pain in her head, but it was not sufficiently violent to confine her to her room; she therefore went into the drawing-room, where she was left in the afternoon, with one of her children.

"Her husband was in a room underneath, and having heard something fall upon the floor with great violence, he had concluded that the child had fallen on the ground, but on opening the door he saw his wife lying on the ground, senseless, convulsed, snorting, and foaming at the mouth. He immediately sent in great haste to the writer. When he arrived, the convulsion had ceased, but she was lying in a comatose state. Bleeding from the orifice of a large vein, purging, blistering, and low living, at length succeeded in removing the pressing symptoms, and she at length recovered, but for a long time she continued to be liable to pains in the head.

"On investigating the cause of this attack, it appeared that *on the day before, she had indulged in eating oysters.* She had in all other points adhered to a very simple and regular diet, and no other circumstance had occurred to which the disease could have been attributed.

"The conclusion to be drawn from the consideration of the cases which have been related above [six similar cases are detailed] is, that the state of pregnancy not only induces such a flow of blood to the head as to dispose it to be violently affected by the strong exertions of labour, so as to induce puerperal convulsions, but also to render it liable to be particularly acted upon for some time after childbirth, by sympathy with the stomach, *when indigestible substances, especially the fishes of the bivalvæ class, have been eaten.*"—Dr. John Clarke, in the fifth volume of "Transactions of the College of Physicians."

"Mrs. P., aged twenty-six, first pregnancy, full period; returned home after midnight from a large dinner-party, at which she *had partaken of a variety of dishes and wines*, and had been seated near a large fire. Labour came on at four A.M., and soon after she became incoherent, and said she felt her teeth falling out of her head. On attempting to drink some warm tea she bit a large piece from the edge of the china cup, and crushed it between her teeth. Convulsions of great violence immediately followed. Copious venesection and an enema gave no relief. In an hour and a half the head of the child was within reach of the forceps, and it was applied, and the child was extracted alive. She died at eleven A.M."—Dr. Lee.

Irritation of the bladder is a less frequent, though undoubted, cause of puerperal convulsions. The following is an interesting case from La Motte:—

"Le 18 Mars de l'année 1695, la femme d'une personne de cette ville, me fit prier de l'aller voir. Elle étoit reduite à l'extrémité, par un accident des plus fâcheux, qu'elle soufroit depuis plusieurs mois. J'y allai promptement, et je trouvai cette pauvre femme avec une douleur dans le bas ventre, non des plus vives, mais continuelle, accompagnée de mouvemens convulsifs et souvent de convulsions assez violentes, pour faire craindre un accouchement prématuré. Elle étoit dans le settiéme mois de sa grossesse; ce que j'eus peine à croire en ce qu'elle ne me paraissoit pas seulement grosse à terme et pour accoucheur d'un jour à l'autre, mais assez pour me persuader qu'elle l'étoit de deux enfans, tant son ventre avoit de volume en toutes ses dimensions, avec beaucoup de peine à marcher, et des envies continuelles d'uriner, sans le pouvoir faire, que très peu et goutte à goutte.

"Après avoir réfléchi sur tous ces accidens, je fis coucher cette femme sur un paillasse devant le feu, en la même situation que pour l'accoucher; après quoi ayant voulu introduire ma sonde dans l'uretre, j'y trouvai de la résistance. Je trempai mon doight dans l'huile, que je coulai dans le vagin; je trouvai la tête de l'enfant, qui comprimoit le cou de la vessie, qui interceptoit presque entièrement le cours de l'urine. Je la repoussai doucement le plus haut qu'il me fut possible. Dès le moment que le cou de la vessie se trouva dégagé et que l'urine eut son issue libre il en sortit une telle quantité qu'il n'est pas possible de croire que la vessie fût capable d'en contenir autant, ni de se dilater jusqu'à un tel excès, sans se rompre. La malade se trouva soulagée sur l'heure, et se porta bien jusqu'à son accouchement."

Irritation of the kidney has been known to excite epilepsy, and

most probably it would act as a cause of puerperal convulsion: of this La Motte and others have recorded cases. It is a very old remark, that œdema of the face and neck forms a frequent premonitory sign of the attack, and Dr. Lever has made the interesting observation that albuminuria is present in a majority of instances. These points will require examination, with special reference to the different modes in which spinal action may be excited.

Such are the principal causes of puerperal convulsions, to the *modus agendi* of all of which the physiology of the true spinal marrow supplies as full and perfect an explanation as we have of the causes of any disease whatsoever; and it must be remembered, that wanting this mode of solution, the whole disease formed, confessedly, one of the profoundest enigmas of pathology.

Other causes than those which have been given, occasionally operate on the spinal system, but all act in accordance with the principles already advanced. Professor Ingleby suspects that irritation of the mammæ may cause convulsions. The skin, too, as an important excito-motor organ, must be studied in relation to puerperal convulsions. The same may be said of the liver, and other parts supplied by the pneumogastric nerve.

In conclusion, to give a summary of the whole subject, labour is a function of the excito-motory system, and the true puerperal convulsion can only occur when the central organ of this system —*the spinal marrow*, has been acted on by an excited condition of an important class of its incident nerves—namely, those passing from the uterine organs to the spinal marrow, such excitement depending on pregnancy, labour, or the puerperal state. While the spinal marrow remains under the influence of either of these stimuli, convulsions may arise from two series of causes—of those acting primarily on the spinal marrow, or *centric* causes, and, secondly, those affecting the extremities of its incident nerves—causes of *eccentric* or peripheral origin.

I. Causes acting immediately on the central organ:—

1. Loss of blood.
2. Pressure exerted on the spinal marrow by congestion, coagula, or serous effusion within the cranium, &c.
3. Asphyxia of the spinal marrow from spasmodic closure of the glottis.
4. The influence of emotion.

II. Causes acting on the extremities of excitor nerves:—

1. Irritation of the incident spinal nerves of the uterus and uterine passages.
2. Irritation of the incident spinal nerves of the rectum.
3. Irritation of the gastric and intestinal branches of the pneumogastric nerve.
4. Irritation of the incident spinal nerves of the bladder.
5. As probable causes, may be enumerated, irritation of the cutaneous nerves, the nerves of the mammæ, and of the hepatic and renal branches of the pneumogastric.

Though the subject distinctly admits of this division, several causes may act together, and centric and eccentric causes may be in operation at the same time. I have made no attempt at a division into predisposing and exciting, proximate and remote causes, as other writers have usually done, because it is evident that a cause which in one case is the exciting or proximate, may in another be the predisposing or remote cause. Thus, irritation of the uterus may be the predisposing, and irritation of the stomach the exciting cause, in one instance, while in another, irritation of the uterus is both the predisposing and the exciting cause; hence any such division must be, to a great extent, arbitrary, and devoid of precise meaning. For instance: Dr. Ramsbotham, in a passage I have quoted, says, "the most usual *proximate cause* of puerperal convulsion is probably pressure on the brain," whereas it can be shewn that cerebral pressure is usually a symptom produced by some *exciting cause* previously in operation. The same authority mentions irritation of the stomach and intestines among the *remote causes*, though there can be no doubt of their being generally exciting causes when they exist as causes of any kind.

The views of the nature and causes of puerperal convulsions, developed in the present paper, are, as I believe, capable of important practical application in the treatment and prevention of the disease. This branch of the subject I propose to consider in a future communication.

Bolton-street, Piccadilly, 1844.

A Prussian captain had been afflicted with asthma for several years. He took the wet sheet at Graefenberg, in which he perspired, and on going into the cold bath, immediately died!

M. Dzubo, a captain in the Austrian service, had been some months under treatment at Graefenberg, when the crisis appeared in the form of a tumour in the throat. It burst internally, and he instantly expired. There is no surgery employed. Nature and cold water are to do all.

ON THE THEORY OF MENSTRUATION.

By G. F. Girdwood, Esq. Surgeon, London.

In a former communication on the "Theory of Menstruation,"* I directed the attention of physiologists to the following facts:—

1st. That cicatrices do not exist on the surface of the ovaries of females who have never menstruated.

2nd. That in those females in whom the catamenial discharge is known to have appeared a definite number of times, that number is found to correspond very closely with the number of cicatrices visible on the ovaries, and,

3rd. That in those females, who, having reached old age, and in whom, therefore, menstruation had occurred so many times as to render enumeration difficult, the ovaries present a surface seamed and scarred with cicatrices, so numerous and so aggregated as to prevent any longer their individuality being detected and enumerated.

These facts combine harmoniously to illustrate and confirm the beautiful theory of menstruation of Dr. John Power, as developed in his essay on the periodic discharge of the human female.†

As still further illustrative of the same theory, in the present communication it is proposed to shew that the function of menstruation is not confined, as is generally believed by the medical profession, individually to the human female, but that the analogue, nay, not the analogue only, but that the identical discharge, exists also in other animals of a lower type of organization. Having placed the facts demonstrative of this opinion in juxtaposition, the hope is indulged that some of the difficulties which have encompassed the study of this subject may be removed; and that it may be shewn, that so far from it being an isolated and startling fact in nature, the periodic discharge of the human female is to be viewed simply as a phenomenon placed at the head of a series of the same character, and the gradual development of which, like the development of all the other phenomena of animated life, is to be traced, in its progress upwards to our own species, through a series of beings progressively rising from a lower genus to a higher in the scale of the animal creation.

For this purpose it is proposed to shew, by microscopic observations, as well as by chemical analyses,

I. That in the lower animals the catamenia appear in them as well as in the human female; and that whilst the discharge is characterized in them, as in her, by a periodicity peculiar to each separate genus, it is, at least in the higher orders of mammals, equally sanguineous as it is observed to be in woman.

II. That in all animals in which the periodic discharge is apparent, in the human female as well as in other mammals, the discharge is indicative of the maturation of an ovum, and of its being on the point of elimination from the ovary; and that the capability for impregnation is, during menstruation, at its acmé.

III. That the *periodicity* of menstruation, indicative of this maturation and impregnability of the ovum, is precisely that quality which allies these phenomena to most of the leading phenomena of nature, vital as well as physical, dependent upon heat; and, like them, even in a being so far removed by civilization from physical influences as man; in him they are, as in other animals, affected by the seasons.

I.

It might be supposed, on a superficial view of this subject, that the domestic animals, from their relation to man, their habits being under his daily observation, would present the ready means of proving the periodicity of the catamenia in the lower animals. Such, however, is not the case, for a formidable difficulty in them is experienced in the outset of an inquiry for such a purpose. The value of the greater part of animals in a domestic state to man, is, in an economic point of view, so great, that their propagation is encouraged by him by every artificial means, so that, in most genera, no sooner does the desire for propagation become indicated, than means are taken to have the sensual appetite gratified.

I found opportunities of studying the phenomena in the dog, the rabbit, the ox, and the horse, more readily than in any other animals, and it is to them that the following observations principally refer.

Having examined circumstances in these animals, of which some will be proved, on inquiry, to be identical with those that exist in our own species, we compass more readily the phenomena of the periodic discharge of the human female. And thus, much of the wonderment with which menstruation has so universally been contemplated will be at an end. We wonder at events which we consider singular; when they are proved to be analogous to others with which we are conversant, our astonishment ceases. Physiologists wonder at the regularity with which the

* Published in The Lancet, March 4th, 1843.
† Essays on the Female Œconomy. London, 1821.

periodic discharge of the human female returns, because, in respect to this phenomenon, they consider the female of our species is isolated from all the rest of the animal creation. Indeed, in the very last work on midwifery published in this country—by an author whose opinions on the subject of which he treats, from the industry shewn by him in his inquiries, merit much respect,—it is stated that "the function of menstruation is peculiar to the human species."*

This observation, deliberately recorded as the opinion of a writer of extensive research in that branch of the profession to which he has especially directed his energies, whilst it embodies the opinions of most contemporary authors, is but a repetition of the previously announced opinions of Müller, in his "Elements of Physiology." The words of the German physiologist are as follow:—"Menstruation, in the strict sense, is peculiar to the human female." This distinguished writer, in the paragraph from which I quote, attempts to shew that the catamenial discharge is in no way allied to the sexual heat in the lower animals. He concludes his statement on this subject with the following remark:—"The menstruation of the human female is a phenomenon of a totally different nature, and has no connexion with sexual excitement."†

These opinions respecting phenomena in the human female, considered to isolate her from all other animals, are those in which the medical profession in general participate. If these views have not the authority of nature for their support, they have, at the least, the authority of antiquity. "Woman is the only animal that menstruates." "Solum autem animal menstruale mulier est,"‡ is the sentence with which Pliny commences, in his fifteenth book of his Natural History, his extraordinary opinions on this phenomenon in the human female—opinions, it may be added, that have had the widest and most popular dispersion, but which are now as void of interest, as they are of truth.

So far from the Stagyrite being of opinion that the *καταμηνια* exist only in woman, he demonstrates, in his "History of Animals," their existence in various of the mammalia. In the nineteenth chapter of the third book, he mentions that they exist more in women than in other animals; and in the sixth book, in the eighteenth chapter, these evacuations are noticed by him to exist in the majority of domestic animals. He instances their appearance in the ass, the mare, the bitch, and the cow; and in the same chapter in which these opinions are recorded, he points out that the mare is an animal "which, according to her size, has but a slight indication of the catamenial discharge."

The opinions of Aristotle have, of late years, received extensive illustration by the acute and attentive observations of recent labourers in the science of zoology. It is much to be regretted that this science, more especially that branch of the science comprehended under the title of comparative anatomy, is not more generally cultivated by authors writing on the economy of our own species. Such a passage as the following, on the subject under examination, could not then escape the notice of the diligent searcher for truth. "Many of the quadrumania and the chieroptera are observed to menstruate periodically, like the human species; and F. Cuvier has observed the same in the genette among the carnivora."§

The facts in the above sentence, recorded in the brevity and simplicity characteristic of genius, by the eminent naturalist from whose lectures it is taken, was, it may be relied upon, from the precision of the language in which the opinions are expressed, no vague hypothesis in his mind, but the result of great personal experience as well as extensive research into the writings, and intimate knowledge of the opinions, of other naturalists. The facts I have now to add, which have, for the most part, come under my own notice, will, it is presumed, add some further knowledge on this interesting inquiry.

Every ten days, as is generally noted by breeders, the rabbit indicates her desire for the male; she becomes riotous in her hutch, stamps with her feet on the floor, and kicks with great violence on the sides of her tenement. The external parts of generation become red, greatly swollen, and very vascular, and a moisture freely imbues the mucous membrane of the vagina. An examination of this discharge under the microscope indicates the presence of many thin, transparent masses, of a honeycomb appearance, such as usually characterizes the epithelium of mucous surfaces. Also may be seen a few corpuscular bodies, having, on comparing them with those existing in the circulation of the rabbit, the microscopic characters of the blood-discs of the animal. These last, however, are very few in number. The fluid, besides the epithelium, contains in it principally globular bodies, of an ovoid form, transparent, and averaging the 1-6000th of an inch in diameter. The regularity of the return of these symptoms is greatest during the spring and summer; as the cold weather approaches, it becomes less so. The heat is not noticed during lactation, but returns as soon as this duty is over—the very next day the animal indicates her desire for re-impregnation.

The œstrum affects the horse, during the early part of summer, every fortnight; the desire gradually passes off as autumn approaches. I find it existing in the end of July, but it is rare. The heat lasts for two or three days, passes away, and returns in the period stated. The discharge is often profuse; it consists of a yellow, strong, odorous fluid, of the consistence of oil. Globules, various in size, some half a thousandth of an inch in diameter, abound in it; all have an ovoid form; no nucleus apparent.

"On standing, it separates into a transparent, yellow, serous-looking fluid, and a whitish flocculent precipitate: the fluid has a mild alkaline re-action, contains a little albumen, is rendered turbid, but does not coagulate by heat and nitric acid; it contains chloride of sodium and earthy phosphates: there is no fibrine present."

I am indebted for the above analysis, as well as for that which follows, to the kindness of my friend, Dr. Day, whose contributions on the normal and diseased condition of the urine are well known and appreciated.

I have preserved the fluid for five months in a phial, corked, and as yet it shews no signs of putridity.

I observed a few blood corpuscles in the fluid escaping from a mare the day after she had received the male, but in all the examples I had for observation I did not detect any previous to copulation. In this case the sanguineous discharge may have been the result of introition: it was a maiden mare.

I have found that during lactation in the horse, as in the ox the cat, and, as is well known, in our own species, the development of ova occurs, and impregnation takes place. I am acquainted with a late example in the horse, where, six weeks after parturition, and during lactation, impregnation took place.

The ox comes into season every three weeks. In old animals the catamenia continue four or five days, but in general "not more than twenty-four hours, and at other times not more than five or six."*

When the animal, as in London, is from one year's end to the other kept within doors, the discharge in many cases may be expected to a day; out of doors, although it be prolonged in duration, the discharge is less exact in periodicity.

I have notes of several animals in which I had an opportunity of watching this periodic secretion. They were all taken from cows during lactation, and therefore at a time when the secretion, as in other animals, might least of all have been expected to have been periodic. In some examples it was not so; in others, the general indications of the œstrum appeared at the usual period, but without the secretion; however, in general, the secretion was regular. But I was not able to trace in any one individual the periodicity more than three times, for the sexual appetite returning so regularly, and interfering with the secretion of milk, it was found necessary to have it gratified. For illustration, one example may suffice.

A cow was delivered in the third week of May; on the fifth of August she was noticed to have a discharge, of a sanguineous nature, proceeding from the vagina. The discharge was preceded by the restlessness, starting, and bellowing, and swelling of the external parts of generation, indicative of the periodic heat in the animal. These symptoms passed off in a few hours after the appearance of the secretion. On the 27th of the same month, after premonitory symptoms, similar to those described, a discharge of a similar nature was evacuated: in quantity it might be about two ounces. On the 16th of September, indications of the return of the catamenia were made manifest in the conduct of the animal. On this occasion, steps were taken to gratify the sexual appetite; the result of the intercourse that took place was, that the secretion on the expected day did not re-appear, and that the animal, evidently, from subsequent symptoms, had been then impregnated. I had about half an ounce of the secretion collected: it had the usual external indications of blood; the coagulum that was formed was firm. The fluid had the odour peculiar to the cow, strongly marked. The taste was saline and mawkish, like blood. Microscopic investigation of this discharge left no doubt in the mind in respect to its sanguinity. It possessed in it abundance of corpuscles of the same size and character as those visible in the blood of the animal.

Dr. Day thus describes the chemical characters of the clot I was able to procure:—

"I received thirty-six grains of the secretion, which in its physical characters resembled ordinary clotted blood. There was no serous fluid with it; it yielded water, 26.9; fibrine, 4.3;

* Lectures on the Theory and Practice of Midwifery, by Dr. R. Lee, (p. 35,) London, 1844.

† Müller's Physiology. Baly's Translation, vol. ii. p. 1481.

‡ C. Plinii Nat. Hist. lib. 15, de menstruis mulierum.

§ Dr. Robert Grant's Lectures, LANCET, 1833-34, p. 1034.

* Skillet, Treatise on Parturition of the Cow, London, 1807.

fixed salts, 0.9; albumen, and other matter destructible at a red heat, 3.9. The fibrine was digested in water for a considerable time, and then in boiling alcohol and ether: it was afterwards dried till it ceased to lose weight. The quantity is remarkable."

I have stated that the catamenial fluid in the ox is not always sanguineous. It is often transparent, remarkably viscid, and has the appearance and consistence of jelly. In new-born calves, the cornua and uterus are filled with this transparent secretion. It is endowed with great plasticity, and I apprehend it is from this quality (when the periodic discharge of oxen, in addition to this glairy character, has that of sanguinity superadded) that the blood corpuscles so readily and universally assume the linear and moniliform arrangement which I have attempted to portray in the unpretending sketch taken from the miscroscope, and accompanying this communication.

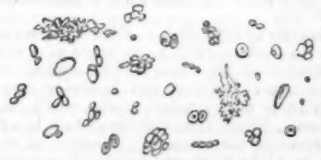
In the dog, the periodic discharge occurs generally every twelve or sixteen weeks, and remains for several days; eight or ten, commonly. The dog is generally in heat three times a-year, and the catamenia follow at intervals, less distant in summer than in winter. In many individuals, two periods annually only are experienced; in a few, only one period. I have, again, found other individuals having the secretion appearing every eight or nine weeks.

The *sanguineous* nature of the discharge in the dog is strongly characterized. I have submitted the secretion to a microscopic comparison with normal blood, taken from a puncture in the ear of an animal whilst menstruating.

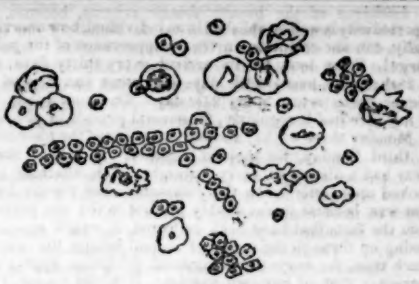
The colourless as well as the red corpuscles were as evident in the menstrual fluid as in the blood: of course, the admixture of mucus made them appear, in the field of sight, fewer in number than in the latter fluid, whilst the existence of masses of epithelium floating with them in the fluid characterized the secretion.

Superadded to these appearances, I noticed what I have not remarked to have existed in any normal blood—the existence of corpuscles of the same diameter as the blood discs, but differing from them in shape. Those I allude to are perfectly spherical, transparent, colourless—or, at least, much paler than the red blood corpuscles. Their outline, instead of being smooth, as in the blood disc, is studded regularly with prominences; and these prominences exist over the surface generally, as was ascertained by repeated examinations; for this apparent animalcule, in its free and rather rapid evolution through the fluid, from rolling over and over, presented every portion of its periphery for inspection. Donné states, that the addition of water to blood occasions the discs to become globular. This being the case, the menstrual fluid, so much thinner than blood, may, acting like water, account for the globular appearance of these bodies, but will not explain their apparent tubercular surface; nor will their spherical shape allow them to be considered simply as blood discs, assuming the usual mulberry outline of corpuscles becoming desiccated.

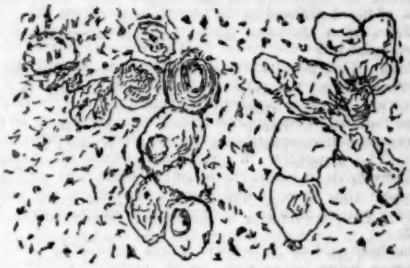
The following sketches* give a faithful representation of the microscopic appearances in the catamenial fluid of the horse, the ox, the rabbit, the dog, and man.



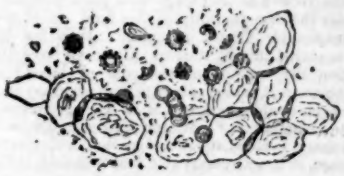
THE HORSE.



THE OX.



THE RABBIT.



THE DOG.

MAN.

* These sketches are not drawn on the same general scale. Mr. Gulliver (in his Appendix to Gerber's Anatomy) has rendered us familiar with the relative size of the blood corpuscles of various animals. The object in view in these sketches was, to give the best idea I could, in the space, of the relative size of the different things seen in each separate group; thus, whilst the secretion from the rabbit is sketched from the appearances seen by a Powell's one-sixteenth of an inch focus glass, and long eye-piece, the others are all taken by the use of the one-eighth of an inch focus glass—the secretion of our own species being seen through the short, the others, through the long eye-piece. In all may be seen, abundantly, scales of epithelium. In the dog and ox, the form of these scales is more definite than in the other sketches. In the latter, they are often nearly a perfect circle, and the nucleus well defined, probably from being more recent than those which present a polyhedral outline.

I have not had any specimens from man or the ox, shewing any signs of vitality. In the former, in the sketch, may be observed the grouping of the discs into rouleaus, so often noticed in human blood, and which, to save a periphrasis, may be termed their *nummiliform* arrangement. In the sketch from the dog, the secretion of which animal has always shewn the usual vital phenomena, may be noticed discs of a perfectly normal, vital character; whilst others indicate the collapsed and shrivelled outline caused by dessication. The minute objects so abundant in this secretion, represent the primary condition (?) of the blood discs; whilst in the disc, apart from the others, the attempt has been made to delineate the appearance of the disc of normal size alluded to in the text, as studded with granular looking bodies on the periphery.

The first, second, and last sketches are rude efforts of my own. I am indebted to the practised pencil of Mr. Lens Aldhous for the others.

I am indebted for an interesting communication respecting quadrumania to Dr. John Percy, of Birmingham.

Dr. P. states that he has had constant opportunities of observing the female mandril and drill (papio morma and P. leucophœas) during the last four years. "At intervals of about six or eight weeks, the labia become uncommonly distended, red, and shining. The swelling proceeds gradually, and attains its maximum in about five days or a week. It then gradually declines, and a small quantity of sanguineous discharge makes its appearance *generally*, though, so far as I have observed, not uniformly." "I have kept a female Chinese bonnet monkey, (cercopathecus radiatus,) during five years, in apparent perfect health. At intervals of about six or eight weeks, after passing much mucus, exactly resembling transparent jelly, a sanguineous discharge generally appears." Dr. Percy's experience is confirmed by that of others to whom I have applied for information.

These phenomena existing in the lower genera of mammalia are such as ought to remove the human female from the state of isolation in the animal creation in which physiologists are, in general, with regard to this secretion, disposed to place her. It is evident the secretion in the lower animals is as periodic as in her. She has her cycle of time; they each have theirs. Although the cycle of our species may, as the normal standard, be stated to be twenty-eight days, yet there exists so much variety, that each individual woman may be said to have a cycle of her own. It is seldom we meet with two women who are simultaneously unwell for any number of periods together, and yet,

when periodicity is well established in an individual, how unerringly, generally, can she calculate on the re-appearance of the periodic discharge! Some look for its arrival every thirty days; some, every 28th; some, every 25th day; and some can depend with confidence on its return every 21st day. One young lady lately under my care had it regularly, for several periods in succession, every Monday three weeks; another experienced the phenomenon every third Sunday, for months together. A lady I attended last year had a discharge every fortnight; each alternate period she looked upon only to be the catamenia; her reason for this opinion was, because it was doubly profuse to the one preceding.

From the facts that have been collected, it would appear that in passing up through the series of animal beings, the nearer we approach man, the more the catamenial discharge approximates in character that of our own species. It would appear, that in all it consists of a profuse periodic flow of the usual mucous secretion of the organs of generation, with, in the higher genera of animals, the super-addition, generally, of some portion, more or less, of blood diffused in the secretion, and from this, its diffusion, deprived of its usual quantity of coagulation. By some authors, indeed, the menstrual fluid of women is stated never to coagulate. This peculiarity, in their opinion, stamps the secretion with a character peculiar to it. By other authors, it is, on the contrary, stated to possess this usual quality of the blood. It must be familiar to every practitioner in midwifery to have seen the secretion sometimes present the one character, sometimes the other. The disposition to coagulation exists the strongest in those individuals in whom the secretion is the most profuse. At the present time there is under my examination the menstrual fluid of a patient in which coagulation is unequivocally demonstrated.

It has been said not to become putrid, and that in cases where, the hymen being imperforate, on an operation laying open the canal to the os uteri, the fluid for years pent up in the vagina has indicated no symptom of putridity. In the opinion of some, this has been viewed as an inexplicable phenomenon. But those who consider the non-putridity of this fluid, under such circumstances, inexplicable, forget its nature. It is but blood mixed with, and rendered thin by mucus. Chemists have discovered in the secretion the constituent elements of blood; some have detected fibrine in it, whilst others, whose accuracy is unquestionable, have been unable to detect it in the specimens they have subjected to examination.* Microscopic examination leads to the conclusion that it is blood attenuated by the local secretions. Such being the case, it is not remarkable that it should indicate, under such circumstances, no putridity. Blood extravasated in uninjured cellular membrane shews no disposition to putridity. In simple ecchymosis it is there deposited, coagulates, and in the course of time is re-absorbed. It is only when the structure around is injured or unhealthy that it takes on the character of putridity. But in the catamenia, the blood is so mixed with the increased, although natural, glairy mucous secretion of the surfaces of the uterus and vagina, that it remains fluid; and as there is no disposition in blood itself, when deposited within a healthy structure, to decay, what is there in mucus to excite putridity? When do we find the secretion natural to a surface, ever in that surface a cause of unhealthy excitement? The bile pent up in the gall bladder becomes inspissated, not putrid. The glairy secretion of the salivary glands arrested in the duct, and constituting ranula, on puncture, invariably is healthy and transparent.

It ought not, therefore, to be a matter of surprise that the natural discharge of the catamenia retained within a sac formed by the healthy mucous membrane of the vagina should remain an indefinite period uncorrupt and unproductive of local disturbance.

It may be well here to add the latest chemical analyses of the human menstrual fluid.

The following is an analysis by Denis:†—

Water	82.50
Fibrine	0.05
Hæmatosin	6.34
Mucus	4.53
Albumen	4.83
Oxide of iron	0.05
Red phosphoric, and traces of white phosphoric grease	0.39
Osmazome and cruorine, of each	0.11
Subcarbonate and hydrochlorate of soda, and hydrochlorate of potash, each	0.95
Carbonate, and phosphate of lime	0.25
Traces of phosphate of magnesia	—

* Vide Warwick's Essay on this subject in the *Medical Gazette*, March 29, 1844, p. 863. Mr. W. has shewn great research in his essay, and has given an analysis of most of the conflicting opinions on this subject.

† No. 333. L'Experience, Rakiborski's Essay.

Total	Aqueous particles	82.50
	In suspension and in globules	10.90
	In solution	6.58

Dr. Rainy, Professor of Forensic Medicine in the University of Glasgow, and Dr. Macconechy, analyzed a quantity of menstrual blood, obtained by puncturing an imperforate hymen: it was beginning to get putrid, and evolved ammonia on the addition of potash. Under the microscope, the globules were seen as numerous as in ordinary blood, but their shape was somewhat irregular, as is the case with putrid blood. It was composed of—

Water	885.5
Solid residue	114.5

The serum was composed of—

Water	912.8
Solid residue	87.2

Hence Dr. Rainy concluded that the blood consisted of—

Serum	972.2
Globules	27.8

No fibrine could be detected. The serum contained—

Water	912.8
Albumen	77.0
Chloride of sodium	6.0
Soda	0.2
Animal matter and earthy phosphates	4.0*

The following is the analysis of Simon, of Berlin.† The fluid was taken at a time when it contained scarcely any epithelium scales. It did not coagulate; it contained some vaginal mucus, but it was not putrid, nor of an unpleasant odour.

It contained in 1000 parts—

Water	785.00
Solid constituents	215.00
Fat	2.58
Albumen	76.54
Hæmatoglobulin	120.40
Extractive matter and salts	8.60

Simon observes, that "the most striking peculiarities of this blood are, the *total absence of fibrine*, and the increase of the solid constituents caused by the excess of the blood corpuscles. The colouring matter amounted to 8.3 per cent. of the hæmatoglobulin."

The facts that have now been submitted to the reader, as illustrative of the catamenia in other female mammals besides the human female, will have their full weight with the physiologist; and yet, even after all that has been adduced in proof of their identity, there may still exist in his mind the startling objection referred to as being that of Müller, and he may, like him, consider the analogies still to be imperfect, inasmuch as, whilst in the lower animals the period of the catamenia is among them the period only in which, in general,‡ they admit sexual intercourse, it is, on the other hand, the time when woman shuns the society of the male. The experience of society, however, leads to a conclusion the reverse of this opinion of Müller, and the knowledge possessed by the observant man of the world more truly illustrates the matter than the speculations of the philosopher. Were the latter to leave his closet, and enter society in search of truth, he would, if of the opinion of Müller, soon perceive that he was mistaken; and when his mind had compassed the philosophy of the subject, if not a misanthrope, but a lover of his species, he would re-enter his cabinet with his philanthropy augmented, and more especially with his respect for the sex profoundly exalted. Before he returned to his privacy, he would be struck with admiration of the influence exercised by moral culture on the feelings and passions of humanity, and he would more especially not fail to observe the marvellous power exercised by civilization§ on the mind of her who, from her social position, is rendered the charm of man's existence. Her social position has rendered woman keenly percipient of every thought or action beautiful or graceful, and her

* Thomson's Chemistry, p. 375. Ed. 1843.

† Anthropochemie. p. 234. Berlin, 1842.

‡ The monkey is observed to receive the embrace of the male at all times, and Aristotle states, that the mare is disposed to sexual intercourse even after impregnation; so that the satirical Dean of St. Patrick was in error when he stated the "yahoo to be the only animal that would admit the male whilst she was pregnant."

§ It may be considered that the influence of civilization is here too highly rated. But Locke has shewn us how there can be *no innate ideas*. All *mental* phenomena must depend on the senses; all *moral*, on education. The *knowledge of sex* itself, may it not rest on education? Two years ago, an aggravated case of hypospadia (or hermaphroditism) came under my observation. On account of this peculiarity of arrested development, the young man had been brought up from infancy as a female. All the mental phenomena that were exhibited in this individual were those of the female, not of the male sex. Timidity, gentleness, and bashfulness, existed in excess.

mind is always sensitively on the watch to shut out from contemplation everything of an opposite character. Taught from infancy to subjugate her passions and affections, her thoughts, her looks, her language, are kept under control. She simulates health when ill, ease when in pain, and contentment is expressed by her smile when her heart is torn with agony. Need it be a matter of wonder, when we see her capable of such self-restraint in general, that she should retire within herself, and exercise that control we find her continually exerting over all her thoughts and actions, the more energetically, at a time when she is taught that a stray thought of desire would be impurity, and its fruition pollution.* To aid her in such a duty, nature has wisely provided her with the sexual appetite slightly developed.†

In this respect she may be placed in the same category as the females of all other mammals. Man, on the other hand, and the males of all mammals, must be placed, in respect to sexual desire, in a category of their own. In him, as in them, the passion exists in a state of exaltation, hurrying him, when uncontrolled, into a state of degradation, and frequently into crime.

(To be continued.)

ON A NEW REMEDY FOR PSORIASIS.

By Joshua Waddington, Esq. Consulting Surgeon to the Royal Sea-Bathing Infirmary, Margate.

With the view of rendering as public as possible the easy means I have for some time past adopted of speedily subduing a very common, and, if treated improperly, a very dangerous disease, I avail myself of the extensive circulation of The Lancet, to state, that in the treatment of psoriasis diffusa, or palmaria, the best application is the ol. palm. cocc. (cocoa-nut oil,) diluted with equal portions of ung. cectacei. The affected parts should be washed every night and morning with tepid *rain* water, then made quite dry, and the ointment applied lightly, (with a camel's-hair brush;) over this, oiled-silk should constantly be worn.

I need scarcely remark, that pilul. hydr. sub. comp. (Plummer's pill,) gr. x., each night at bed-time, with liq. potassæ, m. xx., three times a day, are among the best *internal* means of treating psoriasis diffusa, joined with great care as regards regimen: no salted meats, no shell-fish, no fermented liquors, no acids; the less fruit and vegetables the better.

After twenty-eight years' extensive practice at the sea-side, I venture to add, that warm or cold sea-bathing is not generally advisable in cases of psoriasis diffusa, and have often been attended with dangerous results.

At some future period, when professional avocations are fewer and less pressing, I intend to submit to the public a more particular account, both of my theory and practise, as regards psoriasis, and other eruptive complaints, accompanied with a schedule of the cases I have treated.

Marine-terrace, Margate, Nov. 22, 1844.

CONTRIBUTIONS IN MIDWIFERY.

By J. Hall Davis, M.D., Physician to the Royal Maternity Charity.

Difficult Parturition—Delivery by the Forceps—Remarks on the effects of Operations with the Forceps, and the Prophylactic Treatment.

October 11th, 1843, at two P.M., I was requested by a medical friend to meet him in a case of difficult labour. The patient, the subject of it, was twenty-one years of age, and of thin habit of body. She had previously enjoyed good health. It was her first child. The liquor amnii had escaped twelve hours previously. Her pains had been of moderate strength and frequency for the first few hours, but latterly they had been weaker, and at longer intervals. The orifice of the uterus, my friend informed me, had become fully dilated shortly after the discharge of the waters. I found, on examination, a protrusion of scalp, but the head itself had not descended in any degree into the pelvic cavity, and the pains, although occasionally stronger affected the presentation not in the least. The head could not be said to be impacted, for in some parts of the circumference of the pelvis, the examining finger could be passed up by the side of it with no great difficulty. I thus discovered an ear behind the pubis, and the position to be that of the face directed to the right ilium. The patient was getting fatigued, but there was no extraordinary excitement of the vascular system, no inordinate heat of the genitals, and consequently no indication for depletive treatment. The case was one of arrest of the head rather than of impaction, and nature appeared to have been sparing in her efforts, lest mischief should be done.

Considering the difficulty in the case to depend partly upon the position of the head not being the most favourable, and partly also, in all probability, upon some disproportion between its dimensions and those of the pelvis, I determined upon the employment of the long forceps, as the preferable mode of treatment under the circumstances.

It being ascertained that the bladder and the rectum were empty, I carefully introduced and applied the forceps along the sides of the pelvis, with a little inclination of the respective blades towards the acetabulum on the one hand, and the sacro-iliac junction on the other. Applying traction, and resting alternately, I gradually brought the head down past what appeared to me to be the point of difficulty, and at the same time directed the face to the right sacro-iliac junction. Having thus placed the head in a favourable position, and brought it partly down into the cavity of the pelvis, I now removed the instruments, preferring that nature should herself alone effect its further descent, as also the dilatation of the perineum, in her own best and safest time, and the more especially as it was a case of first parturition, rather than, by continued efforts of traction, expose that and the other soft structures lining the pelvis to risk of injury. The pains, however, proved not to be sufficiently propellent for this purpose; I therefore recommended the ergot of rye to be given, there being no contra-indication to the use of it at the present stage of the case. The malposition of the head had been corrected; the head had been brought past the seat of difficulty; there was no heat, nor dryness, nor rigidity of the soft passage; the orifice of the uterus had been dilated long ago, otherwise I could not have legitimately employed the forceps; the outlet of the pelvis was at least of average dimensions, if not above them. I thus hoped to supersede the further employment of the above instrument. The ordinary quantity which I employ of the above medicine, that of half a drachm of the fresh powder, given at intervals of ten and fifteen minutes, in infusion, was exhibited for three doses; a brisk action was induced, and with some good effect, for the head further descended into the cavity of the pelvis, and came to bear against the outlet of the passage; but here it was again arrested, on account, as subsequently proved to be the fact, of the child being considerably above the average size. The head, however, had descended within the reach of the short forceps, and with a view to the child's life, I completed the delivery with that instrument, cautiously and slowly, and with due regard to the safety of the perineum, about six P.M.

The child being born in an apoplectic condition, with an extremely turgid face, and incapable of breathing, a table-spoonful of blood, by measure, was allowed to flow from the divided vessels of the cord, when the child speedily exhibited signs of life, breathed, and cried. The size of the child was considerably above the average, its weight being nine pounds and a half. There was a firm hour-glass contraction of the uterus, which being overcome by time and patience, the placenta was removed by the hand without any difficulty. There was no hæmorrhage.

On the following morning we met at eight. Our patient had slept four or five hours, from the effect of a draught containing one grain of morphia. She had passed water without difficulty, and was free from pain; but, nevertheless, the skin was dry and hot, there were thirst, restlessness, a tongue coated with a white fur, a pulse 90, with some activity about its beat, and not readily compressed; a scanty lochial discharge. We therefore agreed in the propriety of taking blood from the arm. Twenty ounces flowed in a full stream without our patient fainting, although in a sitting posture. The skin, however, having exchanged its dryness for moisture, and lost its excessive temperature; and the pulse having softened, the patient, moreover, expressing herself as feeling cooler and more comfortable, the arm was tied up. The bowels were opened by a dose of castor oil, and a saline diaphoretic, containing tartarized antimony, was given at intervals. An antiphlogistic regimen was enjoined. On our visit on the following day, the blood taken exhibited a strongly buffed and cupped surface. Our patient was going on satisfactorily; the pulse was soft, and 80 beats; the skin of natural temperature, and moist; and the discharge of lochia had increased.

* In the *Rambler*, vol. i. No. 39, the sorrow and suffering entailed on woman from her social position, and borne by her in silence, are elegantly and feelingly described by Johnson. That original author, Mr. Alexander Walker, in his book "On Intermarriage," 1838, expresses opinions similar to what I have detailed.

† The reader may be startled at this proposition; but if he doubts it, he is referred to Heywood's "Gynaikeion," and Alexander's "History of Women," which teem with examples of this constitutional indifference; and if still desirous of further proofs of a like character, he is referred to the customs of the Hottentots and Kamskatckans, alluded to by Lord Kaimes in his "Sketches of Man."

On the fourth day from her delivery, my friend, finding his patient again feverish, the pulse firm, upwards of 90 in the minute, and the additional symptoms being present of a throbbing pain in the hypogastrium, a sense of heat in the passage, and a suddenly diminished lochial secretion, very judiciously determined to repeat the bleeding, which he did (placing his patient in the sitting position) to the amount of eighteen ounces, and to the production of faintishness, when the pain left her. The skin, as upon the occasion of the former bleeding, became moist and cool, and the pulse lost the hardness of its beat. The blood was buffed and cupped, as before, but to a greater degree. The bowels were opened by castor oil; and from this time forward, the recovery of the patient was uninterrupted and rapid, and she was enabled to leave her room at the usual period, as also to engage satisfactorily in the duty of suckling her infant.

Remarks.—The above case was an instance of difficult parturition, dependent partly upon malposition of the head, but also upon relative deficiency of space at the brim of the pelvis, and, as subsequently appeared, at the outlet also. The dimensions of the pelvis did not fall short of the average, or of what is considered the standard; but the child was large. The mouth of the uterus being fully dilated before I saw the patient, I was enabled at once to have recourse to the use of the forceps, and without the precautionary measure of taking blood, as there was no vascular disturbance, and no heat nor rigidity of the genital passage. I adopted that method of treatment preferably to the use of the ergot at this period of the case, believing that there existed some cause of obstruction to the efficiency of the pains. They seemed to be abruptly terminated upon each occasion, as if by an obstacle, as I have frequently observed, where the pelvis has been undoubtedly and absolutely of small dimensions—not throwing out their full vigour of action, lest the accident of uterine rupture, or contusion of the soft parts, should be the consequence.

Having with the long forceps brought the head down partially into the cavity of the pelvis, and changed its position, I now, that the perineum and os externum might be developed by the natural powers, removed the blades, indulging in the hope that nature would herself complete the rest, and more safely than art. No action, however, of any consequence coming to our assistance, I suggested the employment of the ergot of rye, which was exhibited, with the result, as was seen, of partially fulfilling the intention for which it was given; but failing in the rest, the use of the forceps was returned to, with a successful issue.

The uterus, it will be observed, was partially restored to its energies after the birth of the child, for it contracted immediately, although irregularly, yet sufficiently for the prevention of hæmorrhage.

Feverish action of the system appearing on the day after delivery, with a firm pulse, the patient was bled forthwith. It would have been a dangerous practice to have tarried till pain was complained of, before having recourse to that important measure. Had that symptom of inflammation been waited for, either the patient's case would have become hopeless, or a much larger quantity of blood must have been taken to have saved life. That there was inflammation lighting up, was apparent from the symptoms, and I was confirmed in my belief by the aspect of the blood withdrawn, and the subsequent necessity for a second bleeding, when pyrexia and pain of throbbing character presented themselves. The speedy subduction of the inflammation, which manifested itself openly on the fourth day from delivery, must be attributed, in a great measure, to the influence of the first abstraction of blood.

It is a fact universally known, that puerperal patients are liable, after the most ordinary labours, to inflammation, affecting some one or more of the various parts which have been interested, directly or indirectly, in the actions of parturition; but more frequently after protracted labours and obstetric operations, however carefully these may have been performed; a considerable proportion, however, of such events may, in truth, be explained by the circumstance that operations with the forceps are seldom—at least in this country—and for an obvious reason, performed so early in a labour as to ensure perfect freedom from the risk of subsequent re-action.

The first symptoms of a coming mischief are common to all the inflammatory affections—slight and transient chills, or decided shiverings, followed by heat and dryness of surface, and the other phenomena of a febrile disturbance. Sometimes pain presents itself almost from the first, but frequently not so—the pain being distinctly subsequent to the above symptoms, and sometimes not complained of till an advanced stage of the inflammation; and examples are not wanting of that process running its course to a fatal termination, unattended by pain at any period.

If the labour has been one of considerable severity and duration, accompanied by much febrile disturbance, (which, however, had not been allowed to become the case in the above instance,) before the decision in favour of artificial assistance is arrived at, the fever of the labour will most frequently not subside afterwards, the inflammation, of which it is a symptom, having already, perhaps, commenced before delivery. Here we should lose no time in trifling and temporizing practice, but take blood to the extent of from ℥xvj to ℥xxv, varying with the strength of the constitution and demands of the case to an adequate amount, indeed, for the production of fainting in the sitting posture, and adopt the other parts of the antiphlogistic treatment; and thus, if we have been sufficiently early and active in our measures, we shall cut short or prevent a disease, which otherwise would speedily have sacrificed our patient's life.

As examples of inflammation supervening upon the use of the forceps—but more frequently on account of their employment having been delayed too long, or their application having been too long continued, or by reason of an abstraction of blood which should have preceded their use having been omitted—I may mention inflammatory diarrhœa, inflammations of the vagina, bladder, uterus, ovaries, and Fallopian tubes, peritonitis and diffuse cellular inflammation within the pelvis. A large proportion, however, of these events may be prevented by the timely use of the lancet to an adequate amount upon the first appearance of re-action after difficult deliveries, or for the subduction of that febrile commotion of the system which, present in the labour, has failed to subside afterwards. I have found the tartar emetic of great service in some of these cases, as an aid to the lancet, but not as a substitute for it; much of our patient's blood may thus be saved. In cases, however, of inflammatory diarrhœa it cannot be given, and in some habits I have been obliged to forego its employment, on account of its principal action being determined to the mucous membrane of the bowels. It is of the greatest importance, after such labours, to act early, if we wish to act successfully, and not to rest upon our oars, doing nothing, or, next to it, "hoping for the best," until, indeed, these different forms of disease shall have manifested themselves under the several and strongly-marked symptoms of their existence. We then too frequently shall find, to our regret, that we have waited until all chance of saving our patient is past. Double and treble the quantity of blood which would before have sufficed will not now put out the light of the inflammation, which proceeds, unchecked, to a fatal termination. Should we, however, by dint of great activity of treatment, succeed, in a few instances, in averting a fatal event, the patient may be left—an object much to be pitied—with a loathsome affection for the rest of her days, or, at any rate, with an enfeebled constitution from loss of blood for a long period after, and too frequently for the remainder of her life.

I would, on these accounts, urge the necessity of early visiting our patient after these operations, allowing due time for the excitement from the labour to subside. We should not fail to make the requisite inquiries into the temperature of the skin, the character of the pulse, the condition of the abdomen and of the genitals as to pain, heat, or swelling, into the amount and quality of the lochial discharge; and the fact of the patient having, or not having, emptied the bladder should be distinctly ascertained. I am of opinion that the proportion of deaths after forceps operations to be met with in different records of midwifery practice is much too large, and that the excess of fatality may, in many instances, be fairly attributed to a neglect of the important principle to which I have alluded in the above remarks.

Russell-place, Fitzroy-square, Aug. 1844.

DETECTION OF OPIUM IN THE STOMACH SEVERAL DAYS AFTER DEATH.

By H. Letheby, M.B., Lecturer on Chemistry at the London Hospital.

Samuel C——, aged fifty-six, of previously good health, died somewhat suddenly on the 17th of last September. There were some suspicions of his having been poisoned, and I received a notice from the coroner to be present at the disinterment of his body. He had then been buried twelve days. The corpse was considerably decomposed, of a dark, livid, green colour, and the abdomen distended with gas almost to bursting. The chest and its contents were perfectly normal and free from disease, but on opening the abdomen it was observed, that the whole course of the alimentary canal was highly vascular and congested, putting on a deep purple hue. The stomach contained about one ounce and a half of a thick, dirty, yellow fluid, but the intestines were quite empty, and, except at one small spot, free from ulceration.

A part of the contents of the stomach was boiled with alcohol, and then filtered; it gave a deep-red solution, which possessed the property of staining paper of a bright yellow colour, and this was not heightened by an alkali, while nitric acid changed it to

a purplish green. Acetate of lead was added to the rest of the solution, and a copious precipitate obtained. The filtered liquid, when freed from lead by sulphuretted hydrogen, and evaporated nearly to dryness, gave with chloride of iron a greenish tint, and with nitric acid a bright red—two results indicative of morphia.

The precipitate was then diffused through water, and deprived of its lead in a similar manner, and evaporated until it was nearly dry, this gave with chloride of iron a blood-red colour, which was destroyed by nitric acid, potash, and protochloride of tin, but not by bichloride of mercury. It gave no colour with terchloride of gold, but white precipitates with lead and baryta. From these I inferred the presence of meconic acid, and my former tests indicated saffron; other re-agents proved the presence of carbonate of lime, but I could detect no mineral poison in the stomach. The subsequent examination of the liver, however, gave indications of arsenic.

It came out, in the course of evidence, that the deceased had died with symptoms of dysentery, and that aromatic confection, with opium and chalk, had been administered.

The chief feature of the case is, that the constituents of opium may be detected some time after death. It is also a point of consideration that the inflammatory condition of the small intestines, together with the vomiting and purging, and the absence of any considerable ulceration, and the sudden coming on of the attack, are indicative of something more than dysentery. There can be no doubt of his having died from extensive inflammation of the intestines, and in all probability the cause of this inflammation would have escaped notice but for the examination of the tissues.

Tredegar-square, Nov. 1844.

ON THE NECESSITY OF INCORPORATING THE GENERAL PRACTITIONERS.

By G. Ross, Esq. Surgeon, Kennington.

The active agency of a new spirit is abroad, and directing the energies of medical reformers into a deeper and more useful channel. I trouble you with these remarks, in order to strengthen, to the best of my power, the forces thus in operation. The tide is on the turn,—many streams are now pouring in their tributary waters to enlarge its volume and increase its power; and it is to be hoped that adequate results will follow. The past is almost forgotten in the future. It is needless to say that this animus has been given, in a great degree, by the incomparable leading articles that have lately appeared in The Lancet—articles that have stamped the Government Bill with unredeemable contempt—that have exposed all its inconsistent, deceptive, and pernicious provisions with uncommon spirit and sagacity. Little remains to be done in this respect.

Dr. Webster, in a letter you published last week, has declared the necessity of a *college of general practitioners*, governed on the *principle of representation*. I lately had the opportunity of announcing this principle at a large meeting of the practitioners of Southwark, when Dr. Webster was present, and expressed his warm advocacy of these views. For myself, I believe it to be the only mode of securing our unquestionable rights, and have always directed attention to it when the opportunity has presented.

Medical men are unanimously anxious for a reform of the laws which govern them, but they are divided as to the best means of effectuating this object. Some are in favour of such modifications of the Government Bill, as may render it, if not altogether acceptable, at least less injurious to the interests of the profession. These are very modest men, whose aims are rather of a negative than of a positive character. If they cannot do any good for themselves, they would do no harm to others, unless, as there is reason to fear, they should be made the puppets *of men less honest and more ambitious.*

Nothing more seems necessary to such individuals to carry out their object, than to obtain the introduction into the Government Bill of a penal clause against illegal practice; in my opinion the lowest, because the most selfish, ground which reformers can assume. If self-interest be the only or the best defence of a cause, better abandon it at once than suffer an ultimate failure, for fail it necessarily must. If the interest of a class be opposed to the general good, it ought not to be supported; if the two are united, it is policy to advocate the general good; and this must prevail.

In the resolutions passed at the majority of the public meetings the prohibition of illegal practice has been demanded, simply for the security of the practitioner; the public health has been scarcely glanced at, or has, at most, been treated as a minor consideration. This gives a bad look to our cause.

It is true, and fortunate for us, that the public good is indissolubly linked with the protection of the qualified practitioner; and it should be broadly stated that restrictive clauses are necessary to ensure the integrity of the profession, to promote its scientific character, and, above all, to carry out a just, liberal, and humane principle of policy, which no Government can overlook without treachery to its duties—which no profession can sacrifice without endangering its own welfare,—a principle which renders the protection of the public from the disastrous effects either of ignorance, fraud, or crime, obligatory on every civil government.

Granting, then, to the protective principle, all the importance which its most zealous partizans can desire for it, yet I trust that it will not be allowed so far to occupy the attention of medical reformers as to exclude from their minds all attachment to the great object of a thirty years' struggle—the possession of the *elective franchise* by the members of our colleges. One idea must not blindfold us—darken our understandings—nor deaden our hopes as to every other principle essential to a sound measure of medical reform. Medical men have been for thirty years striving for a reform in their collegiate institutions, which have become, during that time, more than ever corrupt.

If the governing bodies of these institutions had deliberated upon a plan for diverting the attention of practitioners from collegiate reform, they could not have devised a better scheme than that of starting the cry of protection; and unless reformers take up new ground *at once*, they will lose all that is really worth the trouble of the contention. It reminds one of the fable of the dog and the shadow. In attempting to snap up protection, we have dropped representation. But the movement in the right direction has commenced.

Is there a possibility of getting a recognition of the representative principle in the constitution of the proposed Council of Health? *I do not believe it.* A crotchet which originated in high quarters—in the "Address of the Society of Apothecaries"—is going abroad, that a certain number of general practitioners *appointed* to seats in the Council, would, by virtue of their rank, represent the body of general practitioners. Indeed! This is a false and destructive piece of sophistry. It may be marvellously like justice, but is, after all, a very different thing. It may tickle the imagination, but will not satisfy the reason.

The appointment of a certain number of general practitioners to such offices, would be a very cogent reason why they should *not* represent their own body. Nomination is not election. Unless the members of this council are elected, and therefore responsible for their votes to the general body, they will not represent the wishes and wants of that body. But we shall never accomplish this point in respect to the Council of Health: and as its present constitution is the most injurious that can be conceived, it is our duty to give it our *unqualified opposition.* The whole Bill is so excessively absurd, so fearfully injurious to our interests, that we must condemn it *boldly and unsparingly.* The policy which you have advocated, of *keeping it out of the House*, must be pursued by every reformer who has the least regard for the dignity and welfare of his profession. No other plan can be available for our just purposes.

However, something may yet be achieved in the way of collegiate reform. There is but little hope, I fear, of obtaining anything like justice from the existing Colleges of Physicians or Surgeons. The latter College pretends to have introduced the elective principle into its government by virtue of its late charter; but the electors are themselves nominated; and it is nothing more, in reality, than the extension of a vicious principle, the more degrading and obnoxious in proportion to its augmented operation. What good, for example, will the members of the College receive by increasing the number of fellows? Before this increase was made, a practitioner in the country might not be infested by one of these gentlemen within a distance of ten miles of him; now, the presumption is, that he will have one at his elbow, ready to pounce upon every official situation, and to devour all the valuable practice of the neighbourhood.

By the new Bill, the general practitioner will be excluded from the privileges of incorporation; he will be required to pay for his licence to practise, but will not be admitted as a member of the institution granting such licence; nay, if the present constitution of the Council of Health be carried out, he will be in an immeasurably worse position than before, inasmuch as there will be another supreme, irresponsible, oligarchical body, overruling and oppressing him in his public relations. Surely the medical man will be brought sufficiently under the yoke by-and-by! Happy man! Blessed alliance! Resignation under hardship is a notable virtue!

But will he resign himself to the lash? The danger threatens—the profession must open its eyes—it must look forward—it must anticipate its future position; when the evil is staring us in the face, an indolent acquiescence is suicidal; the blow must be averted, with steadiness and caution, indeed, but still with boldness, firmness, and promptitude.

In which way can we best ward off the danger, and obtain the recognition of a principle without which medical men ought not to be, and, I sincerely trust, never will be, at peace. Either, Sir, *medical men must associate together*, and petition for a charter of incorporation from the Crown, or they may endeavour to obtain such alterations in the Act of the Apothecaries as may constitute that body a College of Medicine for the United Kingdom. The latter seems to me to be the better plan, since it is easier to modify than to create; and by co-operating with the Society of Apothecaries, who seem willing to act upon liberal principles, the profession may work upon the Government with a leverage of considerable power. The representations of a corporate body, too, must command attention when backed by the great voice of the profession. I have great hopes that success will attend our exertions in this direction.

Before, however, this step can be hazarded, *the society must explicitly declare its sentiments*—it must announce its principles—on what terms it will meet the profession—what rights it will acknowledge—what demands it is ready to make upon the Government. It has yet spoken only vaguely, somewhat in parables, which the adroit may solve if they will take the trouble;—it seems to be waiting events—standing by the river-side in expectation of some boon which the running waters may bear upon their bosom. But this cannot last; it must launch its fortunes upon the current; "time and tide wait for no man," not even for the members of a corporate institution.

The great principles of such new institution must be the elective franchise, and protection to *all* members of the profession. If the Society of Apothecaries cannot liberalize to this extent, medical men must unite, and work without them. A certain number of individuals can associate, and petition the Crown for a charter of incorporation—or, what would be better, obtain such incorporation by Act of Parliament—on the principles herein desiderated.

Union upon a great and liberal principle is wanted—it is necessary to success; for what success can attend narrow views? Everything narrow is exclusive, illiberal, and unjust; it is only a part of a great whole;—and a limited good is often a positive evil: in such a case, sectional advocacy may triumph, but the good cause will only be the more remote from a successful termination. *Union upon the representative principle* should be our grand aim; to quibble with it now is folly, to anticipate defeat, cowardice; justice will always reward those who labour in her cause.

There cannot be any community of feeling or interests between the governors of our colleges and their members; there is a natural antipathy between the privileged and the degraded, between the oppressors and the oppressed. Fenced round by their by-laws and their charters, whose whole and only object is self-preservation, and animated by a spirit more arbitrary and self-seeking than even the letter of their laws, these governing bodies will grant no concessions to the exiled members, save such as may be wrested from them by a screw more potent than any that has yet been applied.

"Money is the sinews of war;" it is also the sinews of corruption;—take this from them, and the strong arm of power will waste away—the iron sceptre will melt in their hands—their icy thrones will thaw beneath them—they will cease to exist. Still, however, they have a chance of existence in a fair field and honourable competition. We do not want, with ruthless hands, to strip them of their privileges, however unjust; we assert only our own independence and rights—we want justice for ourselves, and leave corruption to those who can rejoice in its rank atmosphere, and flourish under its fostering influences. The laws of the College of Surgeons are made for the Council and Fellows; they alone are, *de jure*, the College: let them retain their privileges, and enjoy the honours of their institution; but let the general practitioner have also his college—he has interests to support and a respectability to uphold; let him therefore possess the means of accomplishing these things. To this end we must come; it is inevitable; redress ever follows injury. The majority can always, in the long run, rectify their position, *and they will do it.*

Parliament will soon meet again, and it is now full time that a decisive step should be taken. I am glad to see your powerful pen directing the onward movement—the only movement towards just purposes. *General practitioners* must unite, and declare their own wrongs by their own voices. This is more especially necessary in the provinces, where less union and more party influence exists. The revelations of intrigue and shameless manœuvres for selfish objects, which have lately been brought to light in your journal, demand, on the part of the provincial practitioners, the exercise of the most extreme jealousy of *professing friends*. Let them stand by their own independence.

Kennington, Nov. 1844.

BRITISH MEDICAL JOURNALS.

ON THE NATURE OF NERVOUS AGENCY.

A LENGTHENED communication, from the pen of Dr. Stark, appears in the last number of the *Edinburgh Medical and Surgical Journal*. He insists on the necessity of commencing this inquiry by first ascertaining the structure of the nerves themselves. These he believes he can prove to be

"Composed of parallel longitudinal hollow fibres, or tubes, which were in every case perfectly cylindrical, or of equal diameter throughout all their length, the fine membranous tubes being filled with an oily fluid."

He then proceeds to consider how far this structure is adapted for the transmission of the electric current, "as this is the most generally received doctrine of the present day." This discussion is the most useful portion of Dr. Stark's communication. By a series of close and ingenious arguments he totally overthrows what may be called the *electrical hypothesis*. The removal of errors claims a place next to the establishment of truth. And herein lies this author's merit, inasmuch as the doctrine, that of *vibrations*, being the nervous agency, which he, with many clever arguments, seeks to establish, may, without a great display of the same weapon, be sent to the tomb in company with its overthrown rival.

STATISTICS OF OBSTETRIC PRACTICE.

Some points, to which we referred last week, in Professor Murphy's communication, remain still to be noticed.

1. *Coincidence between the period of human gestation and that of the cow.*—Many of our readers are, no doubt, already aware that Lord Spencer, some few years ago, with great care and attention, made a series of observations on the period of gestation in the cow. The author has availed himself of the tables framed by this nobleman, and from an abstract which he has prepared, we observe the curious analogy above alluded to. Thus Dr. Murphy's observations on the human female extend to 186 cases, Lord Spencer's, on the cow, to 391. In both, the numbers advance progressively, with a few trifling exceptions, to the same *maximum* period. This is arrived at [10 cases] in the human female on the 285th day; in the cow [33 cases] on the 284th day. From this period the diminution in both cases corresponds with the previous progression.

"This correspondence is remarkable, and as in both instances the period of gestation is known to be similar, the results given in the table of human gestation receive confirmation from that of the cow."

The Treatment of Hæmorrhage.—On this subject the following observations deserve attention, more particularly those referring to the use of opium.

"This treatment which was adopted, and found successful, was intended to carry into effect two objects. 1st. The restoration of nervous influence, which had been deranged by loss of blood. 2nd. To secure a permanent contraction of the uterus. To accomplish the first, every effort was made to support the general circulation, and at the same time to subdue nervous disturbance; stimulants were therefore freely employed, the temperature of the extremities maintained, free ventilation of the apartment secured, the patient kept in the horizontal position, and tincture of opium given in moderate doses, (twenty to thirty minims,) until sleep was procured. To secure the second object, powerful and steady pressure was made over the uterus, by grasping the fundus firmly with both hands until it began to contract. Its contraction was then maintained by several graduated pads, so applied as to prevent the uterus escaping from them if it should again relax. These were secured by a *broad* bandage, very tightly embracing the pelvis and the whole of the abdomen, caution, of course, being used not to impede the action of the diaphragm. As an additional aid, secale cornutum was sometimes given, but never employed as a substitute for the above plan.

"The advantage of opium, cautiously given, where there was much exhaustion, was very remarkable. The evidence of nervous influence being restored, was the almost instantaneous obedience of the uterus to the means employed to promote its contraction, so that *in some cases where ergot of rye completely failed, opium succeeded.*"

THE LANCET.

LONDON: SATURDAY, DEC. 7, 1844.

A VERY gross breach of duty would be chargeable against us if we omitted, on this occasion, to direct the attention of the GENERAL PRACTITIONERS of this metropolis and its suburbs, to the PUBLIC MEETING of the Profession, which is to be held at Seven o'clock THIS EVENING, SATURDAY, December 7th, at the HANOVER-SQUARE ROOMS, in the parish of St. George, Westminster. Sixty of the most respectable and influential surgeons of the western part of the metropolis have issued a requisition, calling upon their brother general practitioners of the Borough of St. Marylebone, and of the city and liberty of Westminster, to attend, for the purpose of "taking into consideration "the propriety of establishing an association to protect the inte" "rests of the general practitioners, and also to consider the ex- "pediency of co-operating with the Society of Apothecaries in "the adoption of such measures as may be deemed necessary "under the existing circumstances of the medical profession."

The meeting, therefore, is to be a *public* one. Consequently, a liberal invitation is given by the requisitionists to all practitioners of the class to which they belong, to attend, for the purpose of witnessing, and sharing in, the interest of the proceedings. The actual *business* of the assembly will, of course, be executed by the requisitionists and their brother practitioners of St. Marylebone and Westminster.

The gentlemen of St. Marylebone who commenced that organization of the general practitioners which is now so broadly and rapidly extending, are entitled to the respect and confidence of the profession, for the caution, foresight, and sagacity which have hitherto characterized every movement they have made in the cause.

Several correspondents have expressed their fears lest it should be resolved at this meeting to form an association which shall merely embrace the practitioners of the two localities which are described in the requisition. They all concur in expressing an anxious hope that the association which is about to be constituted will not be thus restricted in the sphere of its operations; but that it will, in every sense of the word, be rendered a *national* institution,—that it will prove to be the commencement of a NATIONAL ASSOCIATION of the General Practitioners of England and Wales, under the presidency of that highly respected member of the profession, Mr. PENNINGTON, who, for upwards of half a century, has been one of the most successful general practitioners that ever flourished in the metropolis. The organization of the general practitioners of England and Wales into a NATIONAL ASSOCIATION, consisting of the parent institution of London and the suburbs, with county branches throughout the kingdom, would render the existence of other associations unnecessary, and would furnish to those surgeons who are now engaged in general practice—that is, of "medicine, surgery, and midwifery," and whose interests are so flagrantly and wantonly assailed in the Government Medical Bill, the opportunity of uniting all their forces, and concentrating all their powers and energies, for their own protection. The St. Marylebone Association commenced, wisely, nobly, and boldly, by excluding the pure, the dub, and the "unlawful" and traitor classes, from its ranks. How curiously have the labours of the medical reformers progressed! Societies of various kinds, and with different objects, have sprung up, as additional aggressions have, from time to time, been offered to the profession by the incorporated collegiate monopolists. The degraded state of medical practice, and the sufferings of society therefrom, led, in 1812, to the formation of a gigantic and powerful association of the general practitioners of this kingdom, for the PURPOSE of *protecting* the qualified medical attendants on sick persons in the exercise of their duties, and of preventing, by the infliction of a penalty, the deplorable results of an unrestrained practice of the healing art. During a period of nearly three years, that powerful association was obstructed and thwarted in its honest labours and just endeavours to benefit the public by the COLLEGE OF PHYSICIANS and the COLLEGE OF SURGEONS of London; and it was owing to the violent and strenuous opposition of those two medical corporations that the Bill of 1815 was so deficient in its principle, so defective in detail. The pures and dubs at *that* time proved that they could be both the bold and the sneaking enemies of the general practitioner. They have succeeded in preserving their character with marvellous consistency. The envy and the malice of those two classes of the profession towards the thousands of their brethren remain unmitigated, unchanged. The Act which was obtained in 1815, although it has been, of late, worked with more efficiency than at first, has never given satisfaction to the profession. The Society was injudicious in nearly the whole of its earlier prosecutions of offenders—the *educated*, rather than the uneducated practitioner, having been selected for punishment. Latterly, a different system has been adopted, and with strikingly beneficial results; so that, upon the penal provision of that statute, a judicial superstructure has been raised by our courts of law, which exists greatly to the advantage of the profession, and affords a shield of protection to the general practitioner, which, should the Apothecaries' Act be repealed, will never be equalled, in power and utility, by a mere clause in a parliamentary enactment. Judging from the language of the admirable "MANIFESTO" which has been issued by the St. Marylebone Association, (a great portion of which was printed in THE LANCET of November 2nd, page 164,) this is a fact which appears to be strongly impressed on the minds of the members of that body. Accordingly, it is there observed, that "the first step towards "procuring a prompt and efficient remedy for the evils that "afflict this large and important class in the profession is, un- "questionably, for the great body of general practitioners "in the kingdom to *combine and form a society of* THEIR OWN." The soundness of this conclusion cannot be disputed. The general practitioners are attacked. The general practitioners must UNITE and resist that attack. And it may be inquired, if those parties against whom a destructive agency is at work, will not make efforts for their own protection, from whom can they expect aid and assistance in the *hour of trial*, when dangers have *fearfully increased*, and at a period when the battle rages *most strongly?*

After the Act of 1815 was obtained, the committee of the associated general practitioners was continued in existence, and it survives at present. The members of it are to assemble on TUESDAY NEXT, and it is deeply to be regretted that the machinery of that old and valuable organization has been allowed to remain dormant during so many weeks of active medical agitation. At various periods since 1815, many associations have been called into action, all of them, with the single exception of the Provincial Medical and Surgical Association, having opened with strong declarations, on the part of their founders, in favour of the REPRESENTATIVE PRINCIPLE in medical government. It

is but just to state, with respect to the Provincial Association, that in the meagre and wretched prospectus which was issued by its founder, Dr. Hastings, not the remotest allusion was made to the defective condition of medical law, or to any proposed changes therein; and, excepting to induce a certain number of unsuspecting practitioners to travel over the country for the laudation of himself and a few other "unlawful" physicians, it was difficult to discover for what purpose that society had been organized. At the expiration of four or five years, the Council were scourged into an allusion to the subject of medical reform; but it was quite evident that the feeling of hostility which existed in the minds of the flagellated parties was not diminished in intensity.

The indignities and insults that were inflicted upon an immense number of general practitioners, consequent upon the enactment of the Poor Law Amendment Bill, was the immediate cause of the establishment of the British Medical Association, on which occasion, the president and the oldest members of that body will do us the justice to recollect that we zealously contended for the propriety of making it a society of *general practitioners*, and of *general practitioners alone*. Such an exclusive proposition was thought to be tainted with a spirit of illiberality, and therefore it was not adopted.

All the associations throughout the empire, consisting of large majorities of general practitioners, have continued, since the periods of their formation, to petition Parliament for the adoption of the *representative* principle in medical government. In this one object all have agreed. The opinion of the profession in favour of it has been nearly universal, as have been the accusations against the government of the medical Colleges, particularly with reference to that of the College of Surgeons. The first official answer of the Secretary of State for the Home Department to the respectful petitions of the thousands of medical practitioners, was sent to them in the summer of last year. That answer is to be found in the vilest and most insulting charter that ever received the sign manual of the Crown. This charter is an instrument apparently fabricated for no other purpose than that of enabling the oppressors to heap new injuries on the oppressed, empowering the Council to offer additional insults to upwards of ten thousand injured parties, who had been guilty of no other offence than that of petitioning the legislature for protection against further persecutions. This odious instrument was voluntarily bestowed upon the Council by the hand of Sir James Graham. Yet that minister has received the "best thanks" of Dr. Hastings and his unlawful confederates. Instead of hearing the indignant voices, and receiving the hostile votes, of the whole body of the profession, there have been found members of that body who could sink themselves into the degrading position—Heaven only knows with what object—of bestowing upon the minister their sycophantic and slavering adulations. Away with such hypocrites! It is the duty of the surgeons of England who are engaged in general practice, to turn from such creatures with contempt, and to exclude them from the ranks of high-minded men, who associate merely for the accomplishment of honourable, scientific, and philanthropic purposes.

The infliction of that foully constructed charter produced such feelings of excitement and vexation amongst the thousands of members of the College of Surgeons, that several public meetings were held last winter, and finally led to the institution of the Medical Protection Assembly, by which body a remonstrance to the Council was framed, that document exhibiting, in a short time, the signatures of upwards of a thousand members of the College. But the conscience-stricken and self-condemned Council, blenching and quailing under the pressure of their own nefarious proceedings, tremblingly refused to receive it from a deputation consisting of the members whose rights they had so scandalously violated.

All the medical reform associations, therefore, have been called into existence by successive professional abuses and disasters, and all of them have concurred in making a demand for a law which should bestow upon them a representative system of medical government.

The second official acknowledgment of that demand, by the minister of the Crown, is to be found in the Government Bill, which, instead of granting *more* protection, aims a deadly blow at the only defence of which the petitioners—the patient, respectful petitioners—are at present possessed. Disguise is out of the question. Their destruction, as a class of practitioners, is meditated by a minister of the Crown, and *that* minister has received the "best thanks" of Hastings and his treacherous brother conspirators.

Such, then, is the *present position* of the general practitioners; and truly may it be observed, in the language of the Medical Association of St. Marylebone, that the first step should unquestionably be for the members of that great body, throughout the kingdom, "to combine and form a society of their own." This is *not* the language of "illiberality," or of an unjust spirit of exclusiveness. It exhibits, on the contrary, words that are characteristic of a sound judgment and a wise discrimination, indicative of a thorough knowledge of the disposition and nature of the deadly foe which is to be conquered.

Fain would we hope, then, that, discarding all envious feelings, all private and personal animosities, all petty and imbecile jealousies, the medical reform societies now in existence throughout the metropolis, and the whole extent of the land, will co-operate with the St. Marylebone Meeting, to effect, in the first instance, a *voluntary association*, for the purpose of procuring a NATIONAL INCORPORATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY. Towards the success of this great and grand object, the labours of the requisitionists of the assembly which is to be held this evening, (Saturday,) appear to us to be prudently and generously directed.

And who are those requisitionists? It is unnecessary to give a description of them to the practitioners of London. But to our distant medical brethren, it may be stated that they are not surpassed, in respectability of professional and general character, or in the successful practice of their profession, by any members of the governing bodies of the Colleges of Physicians and Surgeons. The professional incomes of many of the requisitionists vary from five hundred to between three and four thousand pounds a-year. They therefore are too well established, and too much esteemed, to dread the *effects* of the enactment of the Government Bill. But these high-minded and honourable gentlemen *do* feel for other members of the profession who are less fortunate than themselves. They *do* regard the future interests of medical students; and, in a spirit of manly boldness, they deem it to be a paramount duty to intimate to a minister of the Crown how deeply and wantonly they feel themselves to be insulted by the abominable scheme, which has for its object the annihilation of that class of practitioners to which they belong. Greatly are we mistaken if they be not cheered on in the noble course which they have commenced, and have hitherto pursued, by the enthusiastic support which they will receive *this*

evening from practitioners who will support the meeting from all parts of London and its suburbs. From the Tower Hamlets, Finsbury, Lambeth, the city of London, Greenwich, Chelsea, Kensington, and Hammersmith, spirited and intelligent gentlemen will be found to attend, who will give the most powerful and wide-spreading effect to any resolutions for promoting a complete organization of the general practitioners of this kingdom into one body.

The conduct of Mr. PENNINGTON, in standing forward, at the age of eighty years, to partake of the turmoil and anxieties of professional agitation, with a view to assist and protect his professional brethren, is above all praise. What a contrast does this bright example exhibit to the behaviour of men who have been guilty of the indescribable *meanness* of bestowing their "BEST THANKS" upon the persecutors of their professional brethren! Mr. PENNINGTON, we hear, has boldly declared that he will stand to his colours to the last. Such a General is worthy of the cause. Hurrah! then, for President PENNINGTON!

Earnestly do we hope, that—if it be resolved to adopt the recommendation contained in the St. Marylebone "Manifesto," namely, that the general practitioners should be organized into ONE ASSOCIATION—the labour, if it be commenced this evening, will not be discontinued, or relaxed, until the work is completed. It should be recollected, that all that has yet been *done* by treachery, *must be undone*, and that the county associations of general practitioners, in order to bring them to bear with weight and effect upon the proceedings in Parliament, should be constituted FORTHWITH,—that the plans for forming the county societies should be issued immediately, or without an hour's unnecessary delay,—that delegates should be sent into the country to assist in organizing the general practitioners in the counties, to admonish them as to the perils which are connected with their present position, and to convince them that, in many instances, they have been misled by deceitful and treacherous advisers, and that if they do not unite into one body for their own future protection, an act of the legislature will speedily render their degradation and ruin the inevitable consequences of their supineness.

Confident are we that nineteen-twentieths of the medical profession of this country anticipate with extreme anxiety the decision of the vastly important meeting of this evening; and, again, we fervently express the hope that its efforts will not be confined to a local development of professional power, but that the views of the assembly will expand, and embrace all the national objects which can be included in the great constitutional and scientific question of REPRESENTATIVE MEDICAL GOVERNMENT.

*** Since the foregoing article was in type, we have received the note from Dr. Webster which is printed at page 328. The announcement which it contains is exceedingly gratifying.

IN the awkward dilemma in which the few advocates of the Government Medical Bill are fixed, they are driven to the utmost extremities in their endeavours to find a trifling portion of that measure of which they can express an approval with some significant show of reason.

The repeal of the *protective* provision of the Apothecaries' Act is a step which cannot "quite" be defended. The Council of Health is "not *exactly* the thing," because it is so constructed as to be a *leetle* too subservient to the will of the minister. So the intriguing advocates of the measure fasten with avidity on the clause that provides for a system of REGISTRATION, that clause which stands next after clause 12, the latter being of so simple a nature as to require no comment. These are the only sections of the Bill that we shall quote, or notice, on this occasion, as clause 14 opens a large and an entirely new subject:—

"12. *Minutes of Proceedings.*—And be it enacted, that minutes of the proceedings at all meetings of the council shall be drawn up and fairly entered in books to be kept for that purpose; and such minutes shall be at all reasonable times open to the inspection of any person or committee appointed for the purpose of inspecting them by any of the said universities or colleges."

"13. *Register to be kept and published.*—And be it enacted, that a register shall be kept, and published from time to time under the direction of the said council, of all persons who shall have been examined, and shall have received, and shall exhibit before the said council, letters testimonial, as hereinafter mentioned, of their qualification to practise as a physician, or as a surgeon, or as a licentiate in medicine and surgery; for which registry the council shall be entitled to have from the person requiring to be registered a fee of *five pounds* in the case of a physician or surgeon, and a fee of *two pounds* in the case of a licentiate, which fees shall be applied toward defraying the expenses of this act; and every person whose name shall be so registered, who shall be desirous that his name shall be continued in the published register, shall, in the month of *January* in every year, send to the said council his name and place of abode, with the date of his testimonials, and the council shall verify the returns so made to them by comparison with the register kept by them, and shall forthwith cause the names of all persons duly registered and so returned to them, to be published in alphabetical order in their several classes, with their several places of abode, and dates of their testimonials."

There! What a mighty contrivance! A *Register* shall be kept by the great Council of Health! *A Register!* What querulous mortals must be the great body of general practitioners of England, to be dissatisfied with a plan which develops such prodigious powers of intellect—such vast resources of originality of thought! The Council, the great eighteen, are to keep a register of all the qualified medical practitioners of Great Britain and Ireland. There is an awful duty for eighteen Regius Professors, representatives of Colleges, place-hunting laymen, quacks, hydropathists, homœopathists, and a medicine mystery-minister, to discharge! How ponderous and responsible is the duty which devolves upon them! Extraordinary anomaly! In the profession of *the law*, for attorneys and solicitors there is *one* registrar, no more. Simply *one*. But in *medicine* there must be eighteen, headed, led, and controlled by the GREAT MEDICINE MAN. If the ruin of the general practitioners of this country were not contemplated in the measure of the Government, there would be no reading a single section of the Bill without its producing a dangerous excitement of the mind. Is a system of *registration* a cure for the evils which afflict the profession? Can *any* system which directs the mere putting down of the *names* of medical men, in *alphabetical order*, and in *classes*, be attended with that relief from annoyance which has compelled them to present their petitions to the legislature? Come, sycophantic dubs, pures, traitors, unlawful practitioners, and quacks of all ranks and degrees, what is that thing to be which your friend, the great MYSTERY MAN, has projected and proclaimed as a system of registration? Let us examine it, according to the provisions of Clause 13. The arrangements which it contains must stand in a certain order:—

Class the 1st.—Physicians.

Class the 2nd.—Surgeons.

Class the 3rd.—Licentiates in Medicine and Surgery.

Thus, nineteen-twentieths of the medical practitioners of this empire will, under the direct operation of the law, be branded with the mark of INFERIORITY, and be classed at the *lowest*

figure in the scale of professional qualification and rank. And this is the thing which has been *commended* by surgeons in general practice, who have attended some of the meetings of the profession in the country!

Really, this subject does not admit of *argument*. The folly of attributing to *any* scheme of general registration of medical practitioners the importance which has been conferred upon the one proposed by the Government, is so demonstrative of an absence of thought, or of a due investigation of the subject, that it absolutely appears to be a waste of time and labour to bestow a word of comment on such a palpable absurdity. What is there that is new in this device? Nothing, excepting that it be to club several systems of registration, and thus unite them into one. But would an aggregation of the existing forms of registration obtain for the profession or the public any advantage? We cannot discover it.

With respect to attorneys and solicitors, the Government finds a plan of registration to be convenient and profitable. There is appointed in the *law*, as we have already remarked, one registrar. But the cost to the attorneys and solicitors, consequent upon that one appointment, amounts to about NINETY THOUSAND POUNDS PER ANNUM—an agreeable prospect for the *registered* members of the medical profession! The Government begins, even in medicine, with a tax. If you do *not* register, the rights of a qualified medical practitioner are withheld from you. If you *do* register, you must pay,—*Physicians*, five pounds each, because *they* are *purely* ignorant of surgery and pharmacy; *Surgeons*, five pounds each, because they are purely ignorant of the practice of medicine and pharmacy; and the licentiate in medicine and surgery, the physician, surgeon, and apothecary, in whose mind exist all those acquirements which build up the mental requisites of the able physician, the skilful surgeon, and the practical apothecary, the sum is to be *two pounds*, because the DOCTOR of the *million* is to exhibit in the register, in his title, and upon his forehead, the stamp and brand of a degraded and stigmatized inferiority. In the law, as we have before observed, the registration can be performed by *one* person; but in that *profession* the process is a simple one. There are no diversities of title which mark inferiority of rank. In medicine, the duty is rendered more complicated, and it is not an easy task to depress, under the operation of the law, the most meritorious and competent class of medical practitioners into the least worthy, the least estimable position.

We come, then, to this conclusion,—that *any* system of registration, as such, is divested of importance to practitioners who have obtained such testimonials as prove that they are qualified to discharge the duties of their profession. There are *already* many books of registration and boards of examination. Who refers to either, to ascertain whether A or B is a qualified medical practitioner? Not any person. This fact is known to the whole profession. If the mere matter of registration were attended with any account of substantial value, many medical practitioners would, naturally enough, be anxious to place their names and addresses in the printed lists of the Colleges to which they belong. But they know that such registers are not valued by the public; that they are not *even* examined by the community at large, and attract no observation from any one except during election contests from the governors and conductors of medical institutions. One of the strongest proofs of the accuracy of this statement, now lies before us. It is to be found in a book which contains a list of the MEMBERS AND FELLOWS of the College of Surgeons. There are in it between twelve and thirteen thousand names; but out of that number, there are between four and five thousand members of the College who have considered the matter to be so unimportant, with reference to professional rank, or their claims on the confidence of society, that they have not communicated their addresses, or places of abode, to the Secretary of the College.

If the plan, then, of REGISTRATION be of itself defective—if the registration, when carried into full effect, be unproductive of advantage to the profession, or if, on the contrary, the registration of *classes* be likely to injure the reputation and influence of ninety-five out of every hundred of the practitioners of "medicine, surgery, and midwifery" in this country, an examination of the 14th, the subsequent, clause of the Bill, will enable us to determine whether there are to be found in the measure any provisions which are calculated to obtain for the great body of the profession the respect and confidence of the community.

We reject, then, with feelings of contempt, the proposed scheme of registration, because it is a substitute for a mere concentration of the plans of registration which are already in force, and we have yet to learn that any advantage can be gained from transferring a name which is contained in a book in Lincoln's Inn-fields, or Pall Mall East, in a volume to be called "A Register," that is to be lodged in Somerset House, or in the office of the Secretary of State for the Home Department.

In a word, the plan for registering the members of the medical profession in THREE CLASSES is objectionable in *principle*, and must operate painfully and injuriously in *practice*. It has not obtained, and it cannot obtain, the sanction of the profession as an offering, on the part of the Government, at all approaching to a satisfactory reply to the demand which has been made upon the legislature on the subject of medical reform, and it is one which cannot be investigated without establishing in the mind of the inquirer a deeply-rooted conviction that the GENERAL PRACTITIONERS will never obtain a full and complete measure of justice, while they are placed by the Government at the lowest point of professional rank.

REVIEWS.

The Medals of Creation; or, First Lessons in Geology and in the Study of Organic Remains. By GIDEON ALGERNON MANTELL, LL.D., F.R.S. London: Bohn. 1844.

IT is pleasing to see a man of Dr. Mantell's fame and great scientific attainments devoting a part of his valuable time to the composition of works of elementary instruction. In the volumes before us he has endeavoured to supply a desideratum which has long been wanting, a means of instructing the geological student in the rudiments of palæontology, the corner-stone of his science. The national collections bear witness to his own arduous labours in the deeper and more difficult departments of fossil zoology. The gigantic iguanodon will always be a memorial of his skill. "The Medals of Creation" will shew, on the other hand, how the skill of the philosopher may be turned to the equally beneficial purpose of guiding the scholar, and serve to the raising up of others to follow in the same honourable path with himself.

In this work, the remains of the ancient organic world are treated of according to their places in the vegetable and animal series. A connected view is thus presented of ancient animated nature,—a view which is of much consequence to the geologist, as he is apt, from the habit of looking at the faunas and floras of the several formations apart, to regard the creatures of the several geological epochs as having less relation of affinity to each other than they really shew on close examination by the expert natu-

ralist. The principal and most interesting extinct members of the several classes are described in sufficient detail, and the geological bearings of each carefully indicated. Much interesting matter, histories of their discovery, and of the researches which have grown out of it, and notices of their nearest living analogies, are interspersed, and render the pages of "the Medals" as amusing as they are instructive.

The following account of the author's discovery of the *hylæosaurus*, a gigantic lizard, from the freshwater Wealden formation, will serve to shew his manner of treating his subject:—

"Upon visiting a quarry in Tilgate Forest which had yielded many organic remains, I perceived in some fragments of a large mass of stone, which had recently been broken up and thrown on the roadside, traces of numerous pieces of bone. I therefore collected all the recognisable portions of the block, and had them conveyed to my residence. The first step was to cement together those pieces which would admit of juxtaposition, and these were at length united into a block of stone five feet long, three wide, and about one foot thick. This was firmly fixed in a stout frame, to prevent the separation of the united portions during the process of chiselling. Guided by the indications which the sections visible on the edge afforded, a thin iron wedge was carefully driven in, about half an inch above the uppermost layer of bones, and a large slab was flaked off: the three dermal spines in the middle of the specimen were thus exposed and shivered to pieces: some fragments adhered to the mass broken off, others to the block, and many were detached; every piece, however small, was collected, and those adhering to the slab were chiselled out, and the whole were then carefully replaced and cemented to the bones that remained imbedded in the large block. After an interval of some days, to allow of the firm cohesion of the cemented parts, the task was resumed, and the stone chiselled away, till some portions of the large bones of the pectoral arch were observed. The specimen was at length brought to the state in which it now appears, (British Museum;) but during the progress of its development, which occupied many weeks, it was repeatedly necessary to suspend the work, and unite displaced fragments of bone, and resume the task after their consolidation."—Vol. ii. p. 735.

A peculiar feature of Dr. Mantell's book, and a very useful one, is the number of directions given for collecting and preserving organic remains. Many men, well read in geology, and even at home in the field, among certain rocks, are at a loss, when set to work on some formation, which is practically new to them, from want of knowing how and where to procure its fossils. An excellence of the same kind is the care with which the author indicates desiderata in his science. Every one wishes, if possible, to contribute something to the general treasury of human knowledge; and in science, the humblest student has a chance of doing so. But to do so, without loss of labour, a knowledge of what is wanting is required, and this only the master can supply. If we remember rightly, it is the Geographical Society which keeps an open volume, in which members and visitors are requested to note points worthy of inquiry, or questions as yet unanswered. Every geologist should keep a similar book for his own use and guidance. This excellent point in the preceptive character of Dr. Mantell's treatise is well shewn in the following directions for collecting the fossil remains of birds:—

"Notwithstanding the extreme rarity of fossils of this class, the student should not be discouraged in his search for the remains of birds in the secondary rocks. That far more instructive specimens than any that have fallen under my observation, may be discovered in the Wealden strata, by diligent research, there can be no reasonable doubt. It is very probable that the Stonesfield slate, which abounds in remains of terrestrial plants and animals, will be found to contain ornitholites. It is important for the collector to bear in mind, that when only a fragment of the shaft of a bone remains imbedded in the stone, if the imprint of the other portions be preserved, he may obtain a knowledge of the form of the extremities; in the same manner as the external markings of the surface of a shell may be ascertained when the shell itself is lost or destroyed, and a smooth, stony cast of the internal cavity only is left. The same remark will apply to the bones of reptiles and other animals: for example, the perfect femur of a young iguanodon may be imbedded in a block of limestone; but when exposed by breaking the stone, a portion of the shaft may alone remain attached, and both extremities be shattered to pieces by the concussion of the blow; yet, if the impression remains, the entire form of the original may be determined. Had the shank-bone of the palæornis been found imbedded in the rock, notwithstanding the loss of both extremities, the perfect form might have been determined by a cast taken from the cavities left in the stone; and thus more certain data have been obtained of the nature of the original.

"The foot-prints, not only of birds, but of reptiles and other animals, should be diligently sought for on the surfaces of laminated strata of sand and clay, and especially where the presence of ripple-marks and the impressions of rain-drops indicate that the beds were deposited in shallow water. The sandstones around Horsham, (in Sussex,) and particularly at Stammerham, are deeply rippled; and it is therefore probable that the foot-prints of some of the Wealden reptiles, and perhaps of the palæornis, will, sooner or later, be discovered." (Vol. ii. p. 818.)

The style of the composition of these volumes is pleasing and readable. The amateur in science will find in them a clear and interesting account of the extinct forms of animal and vegetable life, and the medical reader, entering on the study with all the advantages of a physiological education, the only one which can make a sound naturalist, will be able from them to fill up the outline of organic types, with the living analogues of which he is already acquainted, preparatory to entering on works of a deeper character. A general knowledge of natural history is an accomplishment of no mean value to the members of the medical profession; and Dr. Mantell himself is a living proof that an intimate and original acquaintance with some of its branches in no wise detracts from an active devotion to medical practice.

THE GOVERNMENT MEDICAL BILL.

MEETINGS OF THE MEDICAL PROFESSION.

MEDICAL-PROTECTION ASSEMBLY.

EXETER HALL, DEC. 2, 1844.—MR. SIMPSON IN THE CHAIR.

AFTER the usual business had been transacted, the secretary read a letter from the Society of Apothecaries, appointing a day for receiving a deputation from this assembly.

Dr. LYNCH read letters from the presidents and secretaries of various medical associations in town and country, all of a highly satisfactory character, and urging unanimity among the general practitioners throughout the kingdom.

MR. ROSS, MR. WALKER, and Dr. LYNCH, having been appointed to draw up resolutions relative to the recent conduct of the thirty-seven members of the Provincial Medical Association who met at Derby, the following were laid by them before the committee, and received unanimous sanction:—

"That this committee, appointed by an assembly consisting of a large number of the profession, both in the metropolis and in the provinces, as the guardians of their rights and interests, feel it to be their duty to animadvert, with feelings of surprise and regret, on the tardy, mistaken, and pernicious policy of the council of the Provincial Medical Association, and hereby condemn a course of conduct the evident tendency of which is favourable to the Government Medical Bill, destructive to the interests of the general practitioners, and advantageous only to the class-interests of the physicians and pure surgeons who constitute the council of that association.

"2. That this assembly earnestly conjure the general practitioners belonging to the association at once to separate themselves from a ruling body which, when the late charter was granted to the College of Surgeons, never raised the voice of manly, indignant remonstrance against its unjust provisions, and who, at the most momentous crisis in the history of medicine, has neglected to take into consideration the just interests of the general practitioners, and by the extraordinary and unjust commendation of Sir J. Graham, whose objects, if carried out, would bring ruin and degradation upon the great body which really constitutes the profession. We therefore hope that the general practitioners, seeing that their principles are betrayed and are about being sacrificed, will at once re-unite in their several districts, and form societies for the promotion of their just cause, and from which societies the "Pures" of both classes should be excluded.

"3. We respectfully urge that the objects advocated at such associations should be—First, An unqualified opposition to the

Government Bill, by which its re-introduction into the House of Commons may be prevented. Second, The incorporation of the general practitioners into a College by Act of Parliament. Third, The recognition of the elective franchise in appointing the governing councils of our colleges. Fourth, Uniform protection to all qualified practitioners of the United Kingdom. And the assembly trust that the general practitioners in the counties will unanimously and zealously co-operate with them to obtain the recognition of those essential principles."

CORK.

At a meeting of the Cork Medical Society, held at the Cork Royal Institution, on Wednesday, the 27th November, 1844,—the President, J. R. Harvey, Esq., M.D., in the chair,—the following resolutions, amongst others, were unanimously adopted:—

"That we regard with much satisfaction the *spirit* in which Sir James Graham has introduced into parliament 'A Bill for the better regulation of Medical Practice,' and has solicited the opinion of the profession generally upon its propositions.

"That in framing a legislative measure for regulating medical practice, it is essential to provide for the preparations of medicines, and compounding the prescriptions of physicians and surgeons, by persons specially educated and duly qualified for the purpose, and as the usages of the profession in Ireland have hitherto preserved the distinction between the practice of physic and surgery, and the department of the apothecary or pharmaceutist, as also the effect of the Apothecaries' Act of 1815, in England, has been to degrade a learned profession to the level of a trade,—it is our unanimous opinion, that the usefulness and respectability of the several sections of the medical profession, and the interests of society, will be best secured by continuing to maintain that distinction which experience has shewn to be both practical and necessary.

"That we consider the creation of an inferior class of medical practitioners, as proposed in the 14th and 28th clauses of the bill, to be a dangerous principle, because any measure of medical reform can never uphold the integrity of the profession, nor secure proper advantages to the public, which does not enforce a high and uniform standard of education for all persons engaged in the practice of medicine and surgery."

WELSHPOOL.

A meeting of the medical practitioners in the county of Montgomery was held at the Royal Oak Inn, Welshpool, on Wednesday last. The chair was taken by Dr. Johnes, of Garthmill. Mr. Slyman, of Newtown; Mr. Barrett, and Mr. Thompson Hampson, of Welshpool; Mr. Pritchard, of Llanfyllin; and Mr. Wilding, of Montgomery, addressed the meeting, which was of opinion that the intended bill was not adequate either to afford protection to the public or promote the interests of the medical profession. For the council of education to be effective, it ought to contain a due proportion of general practitioners, who constitute at least nineteen-twentieths of the whole profession; in fact, that the education, examination, and government of the general practitioners should be intrusted to those who have a direct interest in promoting their scientific attainments, and maintaining their respectable position in society. The meeting viewed with alarm that portion of the bill which purposes to legalize quackery, and considered that some simple means of restraint should be adopted against any persons who may presume to practise without being duly licensed. It was the unanimous opinion of the meeting that the want of protection would fall heavier upon the public than upon the profession, as it would expose the community to the impositions of ignorant pretenders to medical skill, and, in thinly-populated districts, drive the regular and well-educated practitioner from the field.

Petitions to parliament were agreed upon, and a committee was formed to wait upon the members connected with the county of Montgomery, to desire their support on the occasion. Votes of thanks were given to the editor of The Lancet, and also to the editors of *The Times*, and other newspapers, for their support of the interests of the profession; and the same was tendered to Dr. Johnes, for his conduct in the chair.

NAVAL MEDICAL SUPPLEMENTAL FUND.

A meeting of the medical officers of the Royal Navy took place yesterday, at the Freemasons' Tavern, at which Sir William Burnett, K.C.H., F.R.S., Sir R. Dobson, M.D., F.R.S., Dr. Nisbet, Dr. Rowlands, Dr. Espie, Dr. Bell, Dr. M'Kecknie, Dr. Simpson, Dr. Prior, Dr. Veitch, Mr. Ancell, Mr. Hallett, Dr. Robertson, and a number of the medical corps, were present. —On the proposition of Sir R. Dobson, Sir William Burnett, the head of the Medical Department, was called to the chair.

Sir W. Burnett, in commencing the business of the meeting, said he wished to explain that they had met there to receive the report of a committee appointed at the last general meeting, in conjunction with a former committee, to consider what was necessary to be done in the present state of the society. They would hear from the secretary, who would read the report, what was proposed. He begged to call their attention to the position in which the society was unfortunately placed. It was absolutely necessary that something should be done to save it from utter ruin, and it appeared to him that the only remedy was that suggested in the report. The receipts of the society at the last audit were 8,280*l*., while the actual expenditure was 8,236*l*., leaving a surplus only of 44*l*. This state of affairs could not by any possibility be allowed to continue. The directors had been informed that it was necessary to sell out a certain small portion of the funds to carry on the present payments to the widows, before the next quarter's subscriptions were available. It had not arisen from any arrears, but chiefly from the half-pay abatements not having come in so soon as usual, and from circumstances over which they had no control; and it was also owing to a heavy quarter and the very large number of annuitants.

Mr. Crandell, the secretary, then read the report, which was very voluminous, extending to nearly a hundred closely written folio pages. It was the result of the labours of a committee, nominated at a general meeting in April, 1843, to act with a committee named by the directors. It should be explained, that soon after the fund had been established, in the year 1817, the premiums for insurance, which were fixed much lower than any other institution, (taking into account the auxiliary resources from the weekly contributions, but irrespective of the great liabilities of the fund, from the exposure of its members to all climates of the world,) were reduced two-thirds in the annual amount, while the annuities for the widows of deceased members continued the same. In course of time, the additional claims on the fund from the mortality of its members, became much greater as their income diminished, and the money that had been accumulating in its early stages was insufficient to meet the demands. To remedy this at a subsequent period, in 1829, the premiums of insuring members were increased to double the amount; but neither the two-thirds which were then paid, nor even the original amount, could be sufficient to rescue the fund from the drain which it had suffered in its earlier stages; and as every succeeding year added to its obligations, without increasing its assets in proportion, it was thought necessary that some decided steps should be taken to preserve it from running itself entirely out. Several propositions were made with this view, but certain directors could never be brought to adopt them, and despite the exertions of Sir William Burnett, Sir R. Dobson, and many other disinterested friends of the fund, it has continued in its downward course until the present time, when, it appears, nothing but the apparently harsh, but imperatively just, measure of reducing the annuities of the widows one-third—that is, from 40*l*. per annum to 26*l*. 13*s*. 4*d*.—can save it. This measure has met with much opposition from one or two members of the medical corps, and on the last general meeting, among other propositions, was that of Dr. Anderson, to ascertain whether the persons insured could not be compelled to pay to the full amount of the tabular premiums, and the arrears of such amount, from the period of their first insurance. The legal opinion which the committee, in the report, states has been taken, is against such a measure. Dr. Richardson, of Haslar Hospital, at that meeting also prescribed a string of propositions for its recovery, or the future guidance of a new institution, transferring the direction of the fund from ex-officio members to members of the corps, to be chosen annually, not to exceed three or four, and to be remunerated; an actuary, a regular paid officer, to be appointed; and in the formation of a new society, to be optional with the medical officers to join it or not, and the sense of the corps to be ascertained preparatory to steps being taken to wind up the old, or for the formation of the new. The report of the committee, in a very forcible and satisfactory manner, disposes of all these propositions, and lucidly explains what has been done, and what is necessary to be done. At the suggestion of the Earl of Haddington, who, as First Lord of the Admiralty, is patron of the fund, they have taken the opinion of the law officers of the Crown; and upon that opinion the Hon. Sidney Herbert, the Secretary to the Admiralty, ordered to be prepared the draft of a bill to be obtained from parliament at the next session, to give them the necessary powers to make the requisite reduction and amendments in the rules of the institution, which will differ only in the following respects:—Nine of the directors are to be chosen by the body at large, three of whom are to vacate annually, and the vacancies thus occasioned

are to be filled up; five, instead of seven, as heretofore, to form a quorum, one of the parties being a trustee, or, in his absence, some one as his representative. The accounts of the society are to be audited every year by the auditors of the society and a paid accountant, and a statement of the pecuniary account of the society is to be printed on the 1st of August in every year, every member being entitled to a copy on application to the secretary. A valuation of the liabilities and assets of the society to be made by an actuary every five years, and if the fund should be in possession of more assets than may be sufficient to provide for the total of its liabilities, the surplus is to be applied in reduction of the annual premiums, or in the increase of the widows' annuities, as the president and directors may deem most expedient. —On the report having been read,

Dr. DAVID ROWLANDS moved a resolution, thanking the committee for their services, and to the effect of adopting the measures recommended in the report, as the only means which, after a laborious investigation, they state, can be devised to secure to the society the requisite stability. This was seconded by Dr. Brien, and after considerable discussion, in which Dr. Veitch, Sir W. Burnett, Dr. Robertson, Dr. Brien, Dr. Nisbet, and others, took a part, was finally adopted.

(Press of matter prevents our inserting in full the discussion that took place at this meeting.)—ED. L.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 26, 1844.

DR. GORDON IN THE CHAIR.

CASE OF IMMENSE ACCUMULATION OF INDURATED FÆCES IN THE RECTUM, AND COMPLETE SUPPRESSION OF THE ALVINE EVACUATIONS FOR A MONTH.

By EDWARD HOCKEN, M.D., Physician to the Blenheim-street Dispensary.

THE patient was first seen by the author, in consultation with Mr. Whidborne, of Queen-square, on the 10th of June, 1844. She was much emaciated and exhausted; the pulse 136 in the minute, and very feeble. Complaints were made of severe agony in the rectum and lower part of the belly, which latter was distended, firm, and highly intolerant of pressure. No fæces had been passed for a month; and injections, which had been frequently used, came away only slightly coloured. Food was rejected, by vomiting, a few minutes after it was swallowed, and even liquids rarely remained on the stomach. The vomited matters had been dark and offensive some few weeks previously, and during the course of the complaint there had been an offensive discharge from the vagina. There were frequent efforts to go to stool, from the exhibition of purgatives, which occasioned the most frightful agony, and eversion of the mucous membrane through the sphincter. On examination, the rectum was found to be completely blocked up, and enormously distended by indurated fæces to within an inch of the anus, bulging into and nearly obliterating the vagina. The rectum was, however, so intolerant of the slightest touch, that an opiate suppository, and a draught with hyoscyamus were directed, to prepare the parts for further proceedings, the author intending to obtain the advice and assistance of Mr. Storks in the interval.

History.—Three months before, the patient fell over a tray whilst nursing an infant, by which her thighs were widely and violently separated. The accident occasioned much pain, followed by menorrhagia, constipation, and the formation of indurated lumps, which were passed with much pain and difficulty, This increased till about a month ago, (from June 10th,) since which there has not been the slightest alvine evacuation per rectum. During her illness she has been attended by several medical men, some of whom attributed the symptoms to "cancer," and others to a tumour pressing upon and obliterating the rectum. Preparations of opium had been used generally and locally; frequent enemata, and occasional purgatives.

June 11th.—The author met Messrs. Storks and Whidborne in consultation. The patient, who was almost incapable of standing from weakness, was placed at the foot of the bed, her feet on the ground, and the trunk of the body at right angles with the thighs, lying on the bed. By means of a lithotomy scoop and the finger, Mr. Storks succeeded, with some difficulty, and much pain to the patient, in breaking down and removing portion after portion of the indurated mass; some of these lumps, of about three inches in diameter, which had been placed transversely in the rectum—until the gut was emptied, as far as could be felt. It was then washed out by a powerful stream of water from a syringe. The portions brought away were very considerable in quantity, of a most firm and unyielding description, and of a dark-brown colour. It required very considerable force to remove some of these masses, so that the sphincter was slightly ruptured at its posterior part, and the patient suffered much pain from the operation. Half-ounce doses of castor-oil, with five minims of liquor opii sedativ., were ordered every three hours, and simple enemata, with olive oil, every four hours. In the evening, the patient appeared much improved, and brought off a considerable quantity of dark liquid fæces, with numerous indurated lumps, apparently moulded in the cells of the colon; abdomen very intolerant of pressure. A flannel wrung out in hot water, and then saturated with purified oil of turpentine, to be applied, and to continue as before. About forty masses of indurated fæces were passed with the motions, the following day. On the 13th and 14th, the patient suffered much from severe pain and tenderness in the hypogastric region, and along the course of the rectum, for which leeches, counter-irritation, opiate enemata, and calomel and opium, were used, with a poultice to the anus. She was much better on the 15th; a large quantity of dark bilious matter having been discharged from the bowels. Acute inflammation of the vagina, with ulceration and œdema of the vulva, came on, on the 16th, the uterus was low down, swollen, and tender. This condition, with more or less relief, continued till the 25th, when she went into the Middlesex Hospital. During the whole time, the bowels were freely relieved; and on the 24th, she had two stools of fluid, fæculent matter, of a healthy colour, and unattended by pain or tenesmus.

In a note to the author, Mr. Arnott has given an account of the case up to the 22nd of August. The inflammation of the vagina had continued, but from the complaints and resistance of the patient, it had been found impossible to use injections, and the vagina had become partially closed by adhesions. The uterus felt enlarged and indurated from the rectum, and there was an offensive discharge from the vagina; hence, Mr. Arnott inferred that malignant disease of the womb existed. The author remarked that it was curious that so many medical men had attended the patient without discovering the true nature of the complaint. He attributed this to their all having examined the patient per vaginam, and not by rectum. The value of the operation was seen by the restoration of the alvine evacuations, and the relief of the symptoms, for throughout the course of the complaint there was a remarkable discrepancy between the severity of the pain complained of, and the quiet and favourable aspect of the symptoms. The impression of the author, from examinations per vaginam, was, that scirrhus did not exist; but, if it were present, as was Mr. Arnott's opinion, it was doubtful whether it was produced by prolonged local irritation in a predisposed individual, or had existed previously to the commencement of the symptoms, and previous to the accident.

Mr. MACILWAIN made some remarks, with the view of shewing that cases of constipation occasionally simulated other diseases, particularly tumours of the abdomen. He related the case of a lady in whom there had existed a tumour on the right side of the abdomen for several months, which was painful and tender to the touch. Various local applications, including leeches and blisters, were resorted to, with the effect of affording her temporary relief. The bowels had been habitually costive. It was considered, at length, that the tumour might be the result of an accumulation of fæces, and means were adopted to empty the bowels. Small doses of aloetic medicines were administered, and at the end of thirty-six hours, "enormous quantities" of fæcal matter were evacuated, to the complete relief of the patient.

Dr. MURPHY inquired if, in Dr. Hocken's case, there was any mechanical obstruction to the evacuation of the contents of the rectum; and being answered in the negative, observed, that in some cases of constipation, he had found distinct bands across the rectum, near to the sphincter, which acted as mechanical obstructions.

OBSERVATIONS ON THE RELAXED RECTUM.

By HENRY HUNT, M.D.

The author describes this as a malady of not unfrequent occurrence, and productive of much inconvenience and distress. The most prominent symptoms are, obstinate constipation, a frequent desire to evacuate the bowels, a constant sensation of load in the rectum—which is not relieved by an evacuation—and the discharge, after much forcing, of mucus streaked with blood. The bladder, urethra, and other adjacent organs, often participate in the irritation. On examination, the rectum will be found preternaturally enlarged, and more or less filled with large folds of mucous membrane pressing down on the anus, which impede the evacuation of the fæces, introduction of instruments, and injection of enemata. This morbid condition of mucous membrane, the author attributes to a neglected state of bowels, and repeated great distention of the rectum by fæces, which causes the mucous membrane, when the bowel is empty, to hang in loose folds. This disease, if neglected or mismanaged, gives rise to prolapsus ani, an irritable and painful state of the sphincter, and an intro-

susception of the upper and undilated portion of the intestine, into the lower and dilated part. The treatment recommended for the *simple* relaxed rectum is, the avoidance of all aperient medicines, and the injection of a pint of cold water into the bowel every night previous to going to bed, the removal of the prolapsus, and the application of belladonna ointment to the irritable sphincter. In the case of intro-susception of the rectum, in addition to the use of the cold water injection, the exhibition of some mild aperient, taking care that whilst a costive and hardened state of the fæces is prevented, purging is avoided, and a course of the hyd. cum creta, with hyoscyamus or conium, or the iodide of potash and sarsaparilla.

Dr. James Johnson remarked, that the first class of cases mentioned in Dr. Hunt's paper were by no means uncommon. He differed with the author, however, respecting the remedial agents which were likely to be beneficial, and among these he must mention mild aperients, although the author reprobated their employment. In cases of constipation it was essential to effect a cure, that the colon as well as the rectum should be acted upon. Fæces often collected above the rectum, and could not be reached by the small injections of cold water recommended in the paper. These injections were, moreover, not so harmless as the author seemed to imagine; at all events, he (Dr. Johnson) had seen them productive of violent tormina and great pain; in some instances, producing faintness. He should, in this class of cases, administer some mild aperient, which would act on the colon, and soften the fæces in that tube—such, for instance, as the tartrate of potash or the confection of senna. These medicines produced no irritation or unavailing efforts to evacuate the rectum; on the contrary, they softened the fæces above, and soothed rather than irritated. In the second class of cases mentioned in the paper, in which there was introsusception of the rectum, he had found Ward's paste corrugate the folds, and give tone to the part. In this class of cases, when the bowels had protruded, and had not been carefully returned, it was liable to become inflamed, and be productive of great suffering. When persons so afflicted walked about or sat down, this was liable to occur. The most efficacious mechanical contrivance with which he was acquainted for the support of the rectum *in situ*, was the application of two silk handkerchiefs, one of which was to be passed round the waist, and one end of another tied behind, and the other end in front—a piece of soft sponge, covered with linen, being placed in the middle, so as to exert gentle pressure on the extremity of the bowel. This was simple, and easy of application. All instruments for the purpose he had found inefficient.

Mr. Bransby Cooper agreed with Dr. Johnson in reference to the expediency of applying remedies that would act on the colon in the first class of cases described by Dr. Hunt. He considered, however, that the application of handkerchiefs in cases of prolapsus recti, as recommended by Dr. Johnson, was far inferior as a remedial agent to the plan mentioned in the paper—viz., that of evacuating the bowels at night, just before retiring to bed. In diseases of the rectum, this rule was one of the greatest importance. If the bowels were evacuated in the morning, the patient either moved about, or remained in the sitting posture, by which irritation was kept up, and there was no opportunity of keeping the rectum *in situ*. When evacuated just before bed-time, the patient remained in the recumbent position for many hours, and the affected bowel was, during the whole of that time, in the pelvis. By this simple plan a cure was effected without the use of instruments or of medicine, both of which combined would only alleviate and not cure.

Mr. Henry Lee stated, that it appeared to him that the pathology of the disease under consideration had hitherto been very imperfectly explained. In dissecting the rectum, a strong band of muscular fibres is found arising from the posterior part of the pubis, taking a course downwards and backwards, and encircling the lower extremity of the bowel. These muscular fibres are part of the levator ani, and although not usually described, are very important with regard to the disease in question, inasmuch as they take the same direction, and perform the same office, as the fibres of the sphincter ani: the lower two inches of the rectum are thus encircled by a strong band of muscular fibres. Whenever it happens that a portion of the relaxed mucous membrane comes within the grasp of these muscular fibres, the very natural effect is, that the return of blood in the veins of the constricted part is retarded; and this is, in reality, the cause of the deep-seated pain, the tenderness, and the inflammation, which are so frequently observed in these cases. The principal object of local treatment in such instances is to relieve the inflamed portion of mucous membrane from the constriction caused by the muscular fibres which have just been described. Temporary relief is immediately produced by returning the relaxed and congested mucous membrane to its natural situation; but the benefit thus obtained continues only as long as it is retained in that situation. It has been stated that the various instruments which have at different times been used in this complaint, instead of giving relief, have tended to increase the irritation of the part. This appears in a great measure, if not altogether, to depend upon the mode in which these instruments are constructed. They are generally so contrived, that the bulb, by means of which the instrument is retained in the bowel, is placed, when the instrument is worn, immediately within the grasp of the muscular fibres of the levator ani, and it is to this cause that the irritation complained of is principally to be attributed. If, however, the stem of the instrument is made sufficiently long, so that the bulb, when introduced, is situated *above*, instead of *within*, the circular fibres of the levator ani, the instrument can be worn, not only without inconvenience, but often with the greatest comfort. With regard to the plan proposed of removing portions of the mucous membrane in this disease, Mr. Lee considered the application of the strong nitric acid to the part as a safer and much less painful operation than that usually performed by means of a ligature.

Dr. Dickson agreed in some points with Dr. Hunt, but in cases of constipation, should regard the opinion of Dr. Johnson, with reference to the necessity of applying remedies to act on the bowel higher up than the rectum, as correct. With the view of attaining this object, he had found a combination of extract of henbane with blue pill, in large doses, the most efficacious. Indeed, even in cases of stricture high up in the bowel, this combination was often of the greatest service. He related the case of a female who had been of constipated habit for many years, and who, on one occasion, had no motion for sixteen days. The constipation was attended by pain. In this instance, after the failure of various remedies of a gentler character, he administered aloes in combination with sulphuric acid, as employed by the late Dr. Gooch. The bowels were quickly unloaded. The patient died six months afterwards, from causes altogether independent of the constipation, but the bowels were easily opened up to the time of her death. He considered this remedy of much value. He differed with Dr. Johnson with respect to the value of mechanical contrivances in cases of prolapsed bowel, for some of these he considered of great utility. He particularly referred to one made by Mr. Laundy, of St. Thomas's-street, which had not only the effect of supporting the bowel without inconvenience to the patient, but, in many instances, of completing the cure. This instrument ought to be more generally known.

Dr. Leonard Stewart mentioned a case in which permanent protrusion of the bowel, occasioning very great pain and annoyance, had existed for eight years, and had resisted treatment, both local and general, by the first practitioners. In this instance, after an attack of apoplexy, for which bleeding and mercury were freely had recourse to, and during the first excitement of salivation, the functions of the intestine were completely restored.

Mr. Macilwain spoke at some length on the subject. He agreed in some points with all the speakers, and yet believed that none of them had taken a sufficiently extended view respecting the causes of the disease under consideration. This cause, he believed, was rarely in the rectum itself, it was more frequently situated in the portal circulation, and remedies applied with the view of reducing fulness in this system were often of the most essential service. With regard to the symptoms enumerated by the author as indicative of the presence of the complaint he had written upon, he, Mr. Macilwain, believed they were common to other diseases besides those of the rectum. He agreed with Dr. Hunt in reference to purgatives; he had seen great suffering from the "infelicitous" administration of medicines. Local applications only relieved, and would not cure.

At the next meeting, December 10th, a paper of much interest, embracing a new mode of operation, will be read; it is entitled, "Observations on Cleft Palate, or Staphyloraphy," by Professor Fergusson, whose name was accidentally mis-spelt Twissen, in the report of the proceedings of the last meeting.

HOSPITAL REPORTS.

ROYAL FREE HOSPITAL.

TRAUMATIC TETANUS.—AMPUTATION OF TOE.—DEATH.—TREATMENT BY ANTIMONY.

Peter P———, aged eight, was admitted, under Mr. Gay, the 28th day of July, 1843. A week before admission, a large stone fell on and thoroughly crushed the middle toe of the left foot. The toe was allowed to remain, and presented a most unhealthy and undefinable mass of bone, cartilage, nail, and integuments. On the morning of his admission, the mother, for the first time, observed that the lad could not open his mouth so wide as usual, and he complained of some stiffness about the neck.

The toe was immediately amputated, the bowels well evacuated, the boy placed in a warm bath, and doses of morphine given him every three hours, in order to allay the spasm.

29th.—Although very drowsy, he slept but little during the night, his sleep having been disturbed by convulsive starts and movements of the jaw. The abdominal muscles have become slightly rigid, and the pain in the neck, about the region of the fifth and sixth cervical vertebræ, more severe. Evacuations from the bowels fœtid; pulse 146; skin hot and perspiring. Ordered twelve leeches to the seat of pain; calomel, two grains; opium, one-third of a grain, every three hours: warm bath to be repeated, and integuments crossing the spinal column to be blistered.

30th.—The leeches gave great relief to the pain in the neck. Dozed at times during the night, but still much convulsed while asleep. Abdominal muscles more rigid, and the spasm has extended to the cervical and lumbar masses of muscle, especially the sterno-cleido-mastoïdei; jaw completely closed; countenance indicative of much anxiety, and marked by the spastic condition of the facial muscles; bowels confined; skin hot and perspiring; pulse 140. Ordered, of powdered jalap and scammony, in equal parts, ten grains, with three grains of calomel, immediately, and a turpentine injection. The bowels were well evacuated, and the motions more healthy. He was afterwards directed to take, calomel, one grain, potassio-tartrate of antimony, a quarter of a grain, and opium, a quarter of a grain, every three hours, and to be placed in a warm bath. During the day, the pulse fell to 126; the bath produced temporary relief, being followed by profuse perspiration.

31st.—Passed but an indifferent night, although he slept longer and more tranquilly than during the previous night. Muscular rigidity generally rather less marked than yesterday; jaw still closed, and it is with much difficulty that fluids can be given, in order to allay his excessive thirst. Pulse 120, softer.

A consultation was this morning held, and at the suggestion of a colleague, the potassio-tartrate of antimony was directed to be given in doses so as to produce vomiting. One grain was given at once, but it did not even excite nausea; at the expiration of an hour, it was repeated; and after another hour, two grains were given; but although the heart's action was affected by the medicine, no vomiting followed. The bath was then repeated, and the little patient appeared desirous of sleep.

August 1st.—Slept better during the night, but was at times restless; perspiration continued profuse, and he had several healthy evacuations from the bowels. It was surprising, however, to find, that during the night the muscles had become quite relaxed, so that on Mr. Gay's early visit to him, he was able to open his mouth, and to talk almost as though nothing had occurred to him. The tongue was a little furred; pulse 112, and soft. He was ordered simple saline medicines, with small doses of antimony, and the bath at night.

2nd.—Passed a good night, and the spasm appeared to have completely left him. The wound from the amputation was fast healing, and his condition altogether appeared to be most favourable. He complained of nothing but a slight uneasiness occasionally about the neck. At half-past five in the afternoon, as he had perspired freely, and his mother had brought him clean linen, he begged the nurse to change his shirt; she was about to comply with his wish, and whilst raising him in bed for that purpose, violent convulsion of the face and arms came on, and he died in a few minutes. It is much to be regretted that the well-known antipathy which the Irish poor feel towards post-mortem examinations prevented an examination of this interesting case. The symptoms indicated some inflammatory action in or around the cervical portion of the spinal cord, and it was under this impression that the remedies—bloodletting, blistering, tartar emetic, &c., were employed; and the comparative success with which their use was attended goes to shew that such view was not far from being correct. With regard to amputation in cases of *eccentric* tetanus, (as they are called by Dr. M. Hall,) although the cases are very rare in which that practice has been attended with any apparent remission of the spasm, or can be looked upon as having lessened the probability of a fatal issue, no one would contend that it should be omitted, or, indeed, that it should not form one of the most prominent means to be employed in these cases. The use of tartar emetic in large doses appears to have had the most signal influence upon the spasm in this instance, and it is hoped that the relation of this and the following case will serve to draw the attention of the profession to the effects of that valuable medicine *in large doses* upon these irregular and involuntary actions of the motor nerves.

CHOREA FROM FRIGHT, TREATED BY THE POTASSIO-TARTRATE OF ANTIMONY—CURE.

Fanny W——, aged nine, a little girl of delicate appearance, became an out patient of the Hospital under the care of Mr. Gay, August 31st, 1844. She was labouring under severe chorea, with inability to articulate, and extreme difficulty of swallowing anything, but more especially liquids. She was thin, and her pulse quick and feeble. Her attack was attributed to the circumstance of being frightened by a mouse about three weeks before she was brought to the hospital. She screamed for several minutes at the time, and afterwards became "strangely altered," (as her friends expressed it,) and extremely restless. She was directed to take of sulphate of iron, one grain; extract of henbane, 3 grains, in the form of a pill, three times a day; valerian, camphor, assafœtida, counter-irritation along the course of the spine, shower-baths &c. were tried, but the spasmodic action of the limbs increased, and became so distressing that it was deemed desirable to give morphine, with the view of procuring a continued state of narcotism. This was, however, unavailing, and on the 20th of September, Mr. Gay directed her to take nauseating doses of the potassio-tartrate of antimony. She commenced taking the wine of that preparation, ʒj three times a day.

24th.—The medicine does not produce nausea, but her symptoms are not worse; bowels not open; the antimonial wine to be increased to ʒiss three times a day—blue pill, one grain; rhubarb pill, two grains, in the form of a pill every night.

27th.—Was nauseated by the first two doses of the wine, but not afterwards. She is considerably less agitated, and has for a few seconds control over her movements. Continue medicine, ʒij three times a day, and pills at night.

Oct. 4th.—She vomited and became faint after the first ʒij dose, but not after the subsequent doses. Her symptoms are much less severe, and she now begins to talk.

Oct. 18th.—After last report, she took ʒiiss of the antimonial three times a day, and to-day she is steady, and possesses as much control over her movements as she ever had.

25th.—She discontinued her medicine after the date of the last report, and remains perfectly recovered.

CHOREA—DEATH—POST-MORTEM EXAMINATION.

A girl, aged fourteen, of plethoric appearance, and who had never menstruated, suffered from most severe general chorea for several months: she was under treatment, but her symptoms became worse, and pieces of adhesive plaster about her legs, arms, and elbows, indicated the bruises which she had met with from her extremely violent and uncontrollable movements. She was brought to the Royal Free Hospital in February, and shortly afterwards died suddenly, in a more than ordinarily severe paroxysm.

Her body was examined by Mr. Gay twenty-four hours after her death. The skin was more than ordinarily livid; the substance of the brain was healthy, but its veins were distended; the theca of the medulla spinalis, throughout its whole course, was filled with serum, and its bloodvessels were in a condition of extreme congestion; the medullary substance and nerves healthy; the muscles throughout the body filled with blood; heart and lungs healthy; the broad ligament of the uterus, the ovaries, and the superior half of uterus, were excessively congested with dark blood; the veins of the broad ligament were distended almost to bursting, and tortuous; the ovaries were irregularly vascular throughout their substance, but the fimbriated extremities of the Fallopian tubes were in a passive state. It has been stated that the upper half of the uterus was in a state of extreme congestion, and appeared as if it had been soaked for some time in, and had imbibed, a quantity of dark blood; the other half was, however, just as destitute of blood, and appeared more like the ligamentum nuchæ in colour and density than uterine structure. This appearance, however, resulted from an intense state of contraction of the fibre, not from any physical change in its component structure; for on examination by the microscope the peculiar fibre and its arrangement were distinctly visible. The other organs were healthy.

INCORPORATION OF GENERAL PRACTITIONERS.—DEPUTATION TO THE SOCIETY OF APOTHECARIES.

To the Editor of THE LANCET.

SIR,—I am happy to inform you that the movement for the "incorporation of general practitioners into a distinct and independent college" has already commenced. After the resolution to that effect had been passed at a full meeting of the council of the British Medical Association last week, the secretary, Mr. Harrison, immediately wrote, and requested an interview on the subject with the Society of Apothecaries for a deputation from the association, and for the representatives of any other associations or meetings who might be deputed to attend at the same time.

Various associations have already intimated their intention of

sending two or three of their members as deputations to join that of the British Medical Association; but as Mr. Harrison is unacquainted with the addresses of many of the secretaries, presidents, or other officers of associations and meetings who might wish to attend, I have thought it best to inform them, through THE LANCET, of the time and place of meeting.

The Society of Apothecaries having intimated, through their clerk, Mr. Upton, that they will be happy to receive the united deputation of general practitioners on Tuesday next, the 10th of December, at a quarter before two o'clock, it is proposed that a previous meeting of the deputies shall take place on the same day, at a quarter before *one* o'clock, at the London Coffee-house, Ludgate-hill, and if necessary, that they shall afterwards adjourn to the same place, to consider the result of the interview.

As the object is of vital importance to the future welfare, respectability, and usefulness—I had almost said *the existence*—of general practitioners, I trust that a full meeting of deputies will take place at the time appointed, and in the meantime shall be happy to afford any further information in my power.

I am, &c.

GEO. WEBSTER.

Dulwich, Dec. 3, 1844.

SIR JAMES GRAHAM'S BILL FOR THE ESTABLISHMENT & UNIVERSAL PROTECTION OF QUACKS.

To the Editor of THE LANCET.

"He who is not for us is against us."

DEAR SIR,—As you have made some very justly severe remarks on the conduct of certain "physicians" and "pure surgeons," who, instead of joining heart and soul with the great body of "general practitioners" in resisting this, the most unjust and iniquitous measure ever proposed, have passed resolutions expressive of their concurrence in its proposed enactments; and since silence might be construed into an approval of the QUACKS' BILL, *already most affectionately lauded in the advertisements of Messrs. Morrison and Co.*, will you find me a brief space in the next number of THE LANCET, to state my great regret that any members of our profession should have taken so foolish a course; to express the opinion that no plan of medical reform can be perfect that does not combine one uniform system of registration; and one examination only, which, fully testing the fitness of the candidate, shall enable him, if he succeed in obtaining his diploma, to practise either as a physician, a surgeon, or apothecary; and to declare that it is with the greatest possible pleasure I have united with my professional friends in Retford to petition against the bill of Sir James Graham, and to obtain an efficient measure of medical reform, for I have no wish to sink into the condition described by the poet when he says—

"Servitus crescit nova."

I remain, Sir, your very obliged and faithful servant,

J. C. HALL, M.D., M.R.C.S.

Grove-street, East Retford, Nov. 30, 1844.

THE WORCESTER AND DERBY CONSPIRACY.

To the Editor of THE LANCET.

SIR,—Deeply indebted do I feel to some unknown friend, (though at present I am at a loss to know who,) for forwarding to my lone haunts the last LANCET. I am here quite out of the world, striving to keep together a practice that has cost me some years' labour to obtain, and had hoped to retain honourably, until the green sward should cover my grey hairs. Alas! I now fear otherwise, thanks to Sir James Graham, to whom I shall most probably owe the melancholy advantage of spending my last few years in our Union house. You will excuse my egotism, for it is of myself I must speak, though believing that mine is no solitary case. I said that I was almost *out* of the world—that is to say, so far as hearing what is passing *in* it, and I am indebted to THE LANCET sent me for opening my eyes to the state of our medical affairs. Some time since, for the sake of medical science, I began to squeeze out a guinea annually, as a subscriber to the Provincial Association. I now find, by too clear evidence, that I have been subscribing towards putting an end to my own existence, literally committing suicide, by helping to support a body, the managers of which are using such influence as they possess to crush the general practitioner. A copy of resolutions to be proposed at Derby was sent to me, but I treated them as so absurd as never likely to be carried by our association, or I certainly would, at all risks, have left my practice, and gone to Derby. What, then, was my astonishment on finding, by THE LANCET, the sad reality—that these resolutions not only were proposed, but actually carried! There is, however, one consolation left—namely, that it must have been a packed meeting, numbering but thirty-seven out of eighteen hundred members; that fact now being known, the tricks of the scheming men who designed to *use* us as an association, and our money to promote their interested schemes, the proceeding can have no weight with the legislature. I have long wondered for what purpose Dr. Streeten advised the council to sustain our little journal at so great a cost. The object must have been to keep us poor country members in the dark, in the hope that having Hastings and Co.'s journal, we should not desire to see any other medical periodical where their treachery might be exposed. But now that the trick is exposed, every honest medical man must desire to withdraw from such a society, if the motto, *Noscitur a sociis*, be true, unless its influence can be prevented from further abuse. Numbers of my medical brethren must have been wider awake than I, and therefore did not join it, and numbers who belong to it must now drop their guineas, or turn the association into a means of protection instead of destruction. It is monstrous that well-meaning persons should be thus exposed to the designs of a few illegal practitioners, as you, Sir, correctly call them. Mr. Dickens' "Life Insurance Society," in "Martin Chuzzlewit," was not a more subtle fraud than the society of Doctor Hastings and Company. I free myself from obloquy, as a member of it, by solemnly declaring that I took no part, directly or indirectly, in these manœuvres against my brother practitioners, except so far as subscribing to the association. Then, too, I see that Mr. Streeten (for it appears he is no English Dr. whatever) has been practising without a qualification from the London College of Physicians. He must have been a bold man, knowing this fact, to worm himself in as secretary, and so long pass as a legally-qualified practitioner. No wonder he wants the bill to become law. As every one ought to speak out, perhaps you will receive my apology for troubling you on this occasion, and believe me, Sir, your obliged servant,

AN INDIGNANT MEMBER OF THE MEDICAL PROVINCIAL ASSOCIATION.

Dec. 2, 1844.

THE IRISH AND SCOTCH PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I was much pleased at the short leader in last week's LANCET, in reference to Irish and Scotch medical men, and hope the following will not be considered otherwise than a practical illustration of the fact stated by you as to the absence of prejudice on the part of enlightened English practitioners towards their regularly educated brethren from Scotland and Ireland.

I am a native of the same part of the north of Ireland which boasts of having been the birthplace of the late Mr. Abernethy, the late Mr. Vance, the late Dr. Babington, Dr. James Johnson, and others. I served nearly three years apprenticeship to a general practitioner in my native town; matriculated as a medical student at Trinity College, Dublin, in 1826; matriculated at the University of Edinburgh in 1827, 1828-29; received a diploma for midwifery from the university, and a diploma for surgery and pharmacy from the College of Surgeons, Edinburgh, and was only prevented from having my degree by the circumstance of being in, and not over, my twenty-first year of age. I have resided in London during the last fifteen years, and have been a member of nearly all the medical societies and associations during that time, and never concealed the fact of my not being a licentiate of the Apothecaries' Hall, as I considered, my having all the qualifications necessary for the navy, army, East India Company, and for the degree of M.D. from Edinburgh, I could not be a fit subject for prosecution; and if the law were against me, justice, equity, and public feeling would be on my side; I therefore take this opportunity to state publicly, that I have been received with open arms, and treated with the most gentlemanly consideration, by all the English medical gentlemen whom it has been my good fortune to meet, and I feel confident nothing is further from their hearts than to attempt to draw invidious distinctions between regularly educated medical men, no matter what their country or what their creed, so long as they are *bonâ fide* medical men, and act as gentlemen and men of honour. I am, Sir, your obedient servant,

W. SIMPSON.

High-street, Bloomsbury, Nov. 30, 1844.

THE ILLEGAL PRACTITIONERS IN ENGLAND AND WALES.

To the Editor of THE LANCET.

SIR,—You express surprise and astonishment that the bill of Sir James Graham meets with so much approbation from general practitioners. If you analyse the proceedings of many of the great medical meetings recently held, you will find that the principal speakers, in upholding the principles of the bill, are mere Scotch M.D.'s, without any qualification at all to practise in Eng-

land—men who fearlessly and presumptuously usurp the place of the general practitioner; who, under the style and title of physicians, visit patients for five shillings; who see and prescribe for medical and surgical cases alike; who act, in point of law, in England, no better than quacks, and, like quacks, undersell the general practitioner. The bill proposes to legalize their practice in this country; can you wonder, therefore, at the strenuous efforts they make to have the bill in its present detestable shape? It tends to elevate them in the scale of public opinion, without putting them to the inconvenience of obtaining a licence from one or other of the English bodies. I feel convinced of this, that the feelings of the *English* general practitioners are strenuously opposed to the bill, whilst the half-castes, the semi-Scotch and Irish Medici, seek it for their own aggrandizement, to better their breed. You have my best and sincerest wishes for the ultimate success of your efforts to damn this bill in embryo, the most unphilosophic and unjust that could have been presented to the eyes of an enlightened nation.

I remain, Sir, yours obediently,

A. E. P.

THE PHYSICIANS OF YORK.

To the Editor of THE LANCET.

SIR,—There are two points referred to, in the letter in last Saturday's LANCET, purporting to be from a physician deeply impressed with the injustice of Sir James Graham's bill, and dated York, which might lead some persons to think me the writer. The one is, that at the meeting at Normanton I pushed an amendment to a division, expunging the objectionable clause in the petition; the other, that Dr. Morris, in a paper on Spinal Irritation, appended to one of his lunatic pamphlets, has criticized myself rather sharply. I should, therefore, feel obliged, if you would allow me to disavow the authorship of that letter, or any knowledge of it previously to its appearance in THE LANCET.

I am, Sir, your faithful servant,

T. LAYCOCK, M.D.

York, 2 Dec. 1844.

BOOKS RECEIVED FOR REVIEW.

A Tabular View of the Seat of Tubercle in 180 Cases of Tubercle in the Lungs of Children. With Remarks on Pulmonary Phthisis in the Young Subject. By P. Hennis Green, M.D., Senior Scholar of Trinity College, Dublin, &c. London: R. Kinder. 1844. pp. 27.

Extract from the Seventy-second Report of the Committee of Visiting Justices of the Hanwell Lunatic Asylum, relative to the Report of the Metropolitan Commissioners on Lunacy. With Remarks by Mr. Serjeant Adams, late one of the Visiting Justices. London.

Lectures on Pulmonary Phthisis, delivered in Jervis-street Hospital. By John T. Evans, M.D. Dublin: Fannin and Co. 1844. pp. 196.

The National Diet Roll; or, an Improved Method of Insuring to the Lower Ranks of the People a Supply of Food. By D. O. Edwards, Esq., Surgeon. London: John Midland. 8vo, pp. 32.—In this pamphlet Mr. Edwards presents a very forcible picture of the state of the working classes, and proposes, as one remedy for their poverty-stricken condition, to establish, at a cheap rate, ordinaries in every parish, to the support of which the charitable might be called upon to contribute.

APOTHECARIES' HALL, LONDON.

NAMES of gentlemen who obtained certificates to practise as apothecaries in England and Wales, 28th Nov. 1844:—William Henry Meadows, Witnesham, Suffolk; Henry Fowle Smith, Weyhill, Andover, Hants; Robert Bowie Walcott, Barbadoes, West Indies; Samuel Baker Rowland; John Lescombe Crosby, Balsham, Cambridgeshire.

CORRESPONDENTS.

A Medical Student, but not a "mere" Boy.—No rational person could object for a moment to the care of midwifery cases being intrusted, under proper superintendence, to medical students, prepared by a proper course of study for the responsibility which they undertake. Such students, however, like our correspondent, are not "mere boys." But junior apprentices, whose medical knowledge is confined to what they may have acquired in the "surgery" in which they commence their professional labours, ought not to be allowed to take such a serious responsibility upon themselves.

Mr. Hardey's case (Hull) shall be inserted when we can find room for it, as also shall that of *Mr. W. B. Page* (Cumberland Infirmary.)

Observer is desirous of learning what is the amount of salary, or percentage, received by *two* well-dressed persons whose business it is to beg for subscriptions for the Free Hospital in Gray's Inn Road. He adds, "that surely one such person would be quite sufficient to draw upon the funds of the Hospital." For ourselves, we may state that we cannot give a definite reply to this question. A general meeting of the subscribers is held annually, in February, and it is likely that at the next meeting many interrogatories of the description here proposed will be submitted to the committee, and that the finances of the institution will be subjected to a thorough investigation. When the "managers" of a public charity inflict a gratuitous injury upon their own meritorious officers, it is right to expect that their whole conduct should be subjected to a searching scrutiny. Nothing, in our opinion, is more detestable than to see any institution trumpeted forth as a "public charity," if it be used for private purposes by individuals who boast of their affected philanthropic services. Several establishments of this description have lately been brought under our notice, and we believe that the histories of two of them will be found to contain the most curious accounts which have ever been published, relative to the frauds which are committed in this metropolis under the much abused name of "charity."

SIR,—What position shall I hold under the new Bill of Sir J. Graham? I possess the degree of the University of St. Andrew, and my surgeon's diploma from the Faculty of Physicians and Surgeons of Glasgow, (in other words, of the Royal College of Physicians and Surgeons of Glasgow.) I am under the impression that I shall be entitled to register either as physician, as surgeon, or as licentiate in medicine and surgery, which last I intend doing. There are three or four gentlemen possessing the same qualifications as myself, who are in extensive practice here. A reply, either privately, or in your journal, will much oblige your obedient servant.— Liverpool. R. T. L.

*** Our correspondent could, according to the provisions of the Bill, register in the first two classes, but, as the measure is now framed, it is very questionable whether he could register in the third.

Medicus.—The address of the Messrs. Bagg is No. 8, Hart-st. Bloomsbury.

We would recommend *The Medical Officer of a Union in Wiltshire* to re-examine the regulations to which he has referred. We advise him, also, if he doubts the accuracy of our views, to apply to the Poor-Law Commissioners. A further consideration of the subject has tended only to strengthen the conviction which we entertained at first relative to the *law* of the case. We should be glad if our correspondent would address us privately on the subject, and explain why it is that he is anxious to prove that our opinion is wrong. His anxiety seems to be so strong on this point, that he has, unintentionally, misquoted the provisos which are attached to the scale, having thus blended two stipulations which are perfectly distinct.

The conduct of Dr. Cornelius Black appears to us to be most extraordinary, and altogether irreconcilable with the testimonials of character which he has published, from several of the eminent professors of Edinburgh. We shall send to that University, and institute some inquiry relative to this unusual transaction.

An Old Practitioner, Cirencester.—The Bill makes no provision relative to such distinctions. The preference given to fellows or members would depend upon the regulations of the various medical institutions.

Mr. M.—We shall be glad to find space for the Practical Digest. The sooner the communication is forwarded to us, the earlier will it be published.

Anti-Suicide is informed that the coroner has not the power to make the order to which he refers. The law which provided for the species of burial which he describes has been repealed.

Dr. Vaughan.—When we repeat that we are, and ever have been, for establishing at law a perfect system of reciprocity of rights, privileges, and immunities, amongst all the medical practitioners of England, Ireland, and Scotland, we hope that our correspondents from Scotland and Ireland, who have been induced to believe, from the wilful misrepresentations of a dishonest press, that we entertain other views and objects, will candidly acknowledge that the publication of their arguments, in refutation of the opinions which they suppose we hold on the subject, is quite unnecessary. A perfect equality of rights amongst the medical practitioners of England, Ireland, and Scotland, is a principle for which we have always boldly and strenuously contended.

M. D.—The University of Edinburgh stands alone with respect to the provision which our correspondent has mentioned, but the privilege, even in that case, is confined to Scotland.

If *Dr. Ferguson* and his friends would forward to us a very brief original statement on the subject of the exposure, we will endeavour to find space for it. At the request of several correspondents we shall re-publish the account of the exposure of ELLIOTSON and the OKEYS.

A. B. Wilkinson.—The paragraph quoted in the *Pembrokeshire Herald* from the *Hampshire Telegraph*, was evidently written in jest. It certainly was coarse, but we do not believe that the writer was actuated by any malicious intention.

We will endeavour to answer the question of *Mr. J. Thomson* in the next LANCET.

Would a *Retired Surgeon* favour us, confidentially, with his name and address?

E. L.—The publication of such a communication, at this time, would tend to divert the attention of the profession from the performance of that great duty which now devolves upon them. The moment that the organization of the medical practitioners of this country is completed, it will be quite safe to re-open the questions of the obnoxious charter, and the conduct of the still more obnoxious council.

LECTURES
ON
ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE

University of Giessen.

BY JUSTUS LIEBIG, M.D., PH. D., F.R.S., M.R.I.A.
Professor of Chemistry in the University of Giessen.

CYANOGEN AND ITS COMPOUNDS, CONTINUED—METALLIC CYANIDES—PARACYANOGEN.

GENTLEMEN,—We come now to the consideration of the metallic cyanides. The metallic cyanides are formed by bringing hydrocyanic acid into contact with metallic oxides. Many of the metallic cyanides, such as the combinations of cyanogen with the metals of the alkalies and earths, and with mercury, are soluble in water, whilst others are insoluble; to this latter class belong, for instance, cyanide of silver, of nickel, of cobalt, of zinc, &c. &c. With regard to the stability of the metallic cyanides, we may lay it down as a general rule, that cyanogen forms the most stable compounds with metals the oxides of which are easily reducible; the cyanide of silver is more stable than that of mercury, and this latter, again, more so than that of zinc. Respecting the cyanides of those metals which, like potassium and sodium, decompose water at the common temperature, we have good reason to believe that they do not dissolve in water without decomposition. The difference in the deportment and relations which exists between these cyanides and those of the other group—i. e., the cyanides of such metals as are readily reduced to the metallic state from their combinations with oxygen—is indeed obvious and striking. Cyanide of silver and cyanide of mercury are not decomposed by boiling with dilute sulphuric acid, the affinity of mercury and silver for cyanogen being stronger than the affinity of these metals for oxygen; but cyanide of potassium and cyanide of sodium, on the contrary, are decomposed in their aqueous solution, even by carbonic acid—carbonate of potass being formed, or carbonate of soda, whilst hydrocyanic acid escapes. The solutions of the alkaline cyanides cannot be evaporated without the decomposition of these cyanides; the cyanides of the alkaline metals, therefore, cannot be prepared advantageously in the humid way. Cyanide of mercury is best prepared by bringing the red oxide of mercury into contact with hydrocyanic acid sufficiently diluted to allow the cyanide of mercury which forms to dissolve in the water of the menstruum. If the amount of water present is not sufficient to effect this solution, no combination takes place under these circumstances between the mercuric oxide and the hydrocyanic acid. Moreover, a slight excess of hydrocyanic acid is necessary, otherwise a kind of double compound is formed, consisting of mercuric oxide in combination with cyanide of mercury, and this double compound crystallizes with great difficulty.

Cyanide of mercury is a formidable poison, its action being far more powerful than that of corrosive sublimate.

The cyanides of zinc, cobalt, and nickel, are obtained by mixing the acetates of these metals with hydrocyanic acid in excess; upon mixing the basic acetate of lead with an excess of hydrocyanic acid, a double compound of cyanide of lead with oxide of lead precipitates. Acetate of copper yields with hydrocyanic acid a whitish-green precipitate, consisting of percyanide of copper in combination with protocyanide of copper.

$$Cy\,Cu + Cy\,Cu_2$$

In the formation of this precipitate one equivalent of cyanogen separates from three equivalents of percyanide of copper.

$$Cy_3\,Cu_2 - Cy = Cy_2\,Cu_2 = Cy\,Cu + Cy\,Cu_2$$

This is the only instance known where cyanogen, in a fluid, is liberated by the conversion of a higher cyanide into an inferior one.

Most of the metallic cyanides, and especially the combinations of cyanogen with the alkaline metals, bear a very high temperature without undergoing decomposition, so long as the air is excluded; but with free access of air they oxidize readily, and become converted into cyanates. The compounds which cyanogen forms with iron, manganese, cobalt, and nickel, are decomposed at a red heat.

The cyanide of mercury and the cyanide of silver comport themselves, at a high temperature, like the oxides of these metals—i. e., they decompose into cyanogen and metallic mercury or silver; but this decomposition is attended with very remarkable phenomena, which I cannot pass over here unnoticed.

PARACYANOGEN.

One would think that upon the decomposition of cyanide of mercury by a feeble red heat, there should remain no residue, since cyanogen, as well as mercury, assumes the gaseous form at this temperature; there remains, however, invariably, a light and very loose residue, of a dark brown colour; this residue was formerly mistaken for charcoal, but Johnston found that it contains nitrogen, and upon analysis it was discovered, that this residuary substance is a compound of nitrogen with carbon, in the same relative proportions as these two elements exist in cyanogen,—hence the name of *paracyanogen*, which has been assigned to it. This fact has been confirmed at our own laboratory, and accordingly there seems to be no doubt but that there exist two kinds of cyanogen—viz., a gaseous and a solid one, which latter must be considered to originate, as it were, in the condensation of the former. The assumed existence of these two kinds of cyanogen reminds us, involuntarily, of the two chlorides of cyanogen—the gaseous and the solid—and also of the different state in which cyanogen exists in cyanic acid and cyanuric acid. It is quite evident that the arrangement of the elements in the gaseous cyanogen must be different from that of the elements in the solid cyanogen, and I think it seems the most natural explanation of this, to assume a different molecular arrangement; we may suppose the elements in these two substances to exist at different distances from each other; or, what comes to the same point, in a dissimilar state of condensation. It is to be regretted that we do not possess any more precise information upon this point; we hope, however, that further investigations will soon be made, in order to ascertain the true nature of this different arrangement of the elements.

A very remarkable formation of paracyanogen is observed in the decomposition of cyanide of silver. If this compound, in a state of perfect dryness, is heated in a small retort, there ensues at first the evolution of pure cyanogen gas, but immediately after, the mass, though still far from being heated to redness, is suddenly traversed by a fiery flash, and begins to glow faintly; it assumes at the same time a transient state of softness, and yields no longer any cyanogen gas if the temperature is not raised to a higher point. If the mass is then taken from the retort, and heated in an open crucible to redness, with free access of air, it assumes a shining white metallic appearance, like silver. It does not consist, however, of pure silver, for upon treating it with nitric acid, there remains a dark-brown residue, which invariably contains still some silver. If this residue is boiled five or six times with nitric acid, taking care to pour off the acid each time, and to replace it by a fresh amount, then dried and burnt together with oxide of copper, a gaseous mixture is obtained, containing one volume of nitrogen gas to two volumes of carbonic acid—i. e., exactly the same proportion which would have been yielded by a cyanide. According to an approximate determination, this residue contains to one atom of silver the elements of three atoms of cyanogen, and, to judge from this, it must be considered as paracyanide of silver, and hence we may assume one atom of paracyanogen to be formed by the conjunction of three atoms of cyanogen.

I shall hereafter have occasion to speak of the deportment of other cyanides, which tends to create doubts respecting the existence of paracyanogen. So much, however, is certain, that upon the decomposition of cyanide of mercury, there remains a substance containing carbon and nitrogen, in the same proportion in which they exist in the gaseous cyanogen, and that this substance enters into combination with metals, forming compounds of metallic appearance, like the paracyanide of silver of which we have just now spoken. Some importance and value, at least, must be assigned to this latter circumstance, if we take into consideration the fact, that most kinds of iron and steel contain nitrogen.

In what other form or state could this nitrogen exist in the iron, except in combination with carbon? If ammoniacal gas is passed over red-hot iron wire, the wire assumes a crystalline appearance; it turns white, and becomes brittle, like steel. Now we know that the ammoniacal gas is, under these circumstances, decomposed into nitrogen and hydrogen, but it is very possible that a minute amount of nitrogen, so minute, in fact, as to be hardly appreciable by analysis, may be absorbed by the carbon, which, as we know, is invariably present in iron wire, and that this wire may be indebted for its new properties to the formation of a carbon and nitrogen compound. If ammoniacal gas and perchloride of iron are transmitted simultaneously through a red-hot tube, the perchloride of iron becomes reduced, and metallic iron is obtained, which assumes the shape of the tube; this iron is white and ductile, and yet it has, at a red heat, been exposed to the action of ammoniacal gas.

This iron differs from common iron, inasmuch as it is perfectly free from carbon. If we take further into consideration that there are many cyanides which, by contact with red-hot iron, transform the latter into steel, it becomes more and more proba-

that nitrogen has a share (and perhaps a very important one) in this transformation. If you heat a piece of iron to redness, and strew its surface with ferrocyanide of potassium, and then cool the iron by plunging it into cold water, you will find that its surface is no longer affected by the action of a good file. The fact of the common carbonaceous iron becoming brittle upon being brought into contact, at a moderate red heat, with ammoniacal gas, depends, the more probably, upon the formation of a cyanide, or paracyanide, as we know, as an indubitable fact, that the nitrogen of ammoniacal gas, when in contact with red-hot charcoal, becomes converted into a cyanide. This is a very remarkable formation of cyanogen, which we meet with in many chemical processes. If you fill the barrel of a common gun with wood charcoal, heat it to redness, and transmit through it perfectly dry ammoniacal gas, you will find that this ammoniacal gas is completely decomposed; in contact with the red-hot charcoal, it combines with the carbon, and becomes converted into a mixture of two inflammable gases—viz., hydrocyanic acid gas and hydrogen gas. Two equivalents of carbon combine with one equivalent of ammonia, and the result is the formation of two equivalents of hydrogen and of one equivalent of hydrocyanic acid.

Ammonia. Hydrocyanic Acid. Hydrogen.

$$\left.\begin{matrix} N\,H_3 \\ C_2 \\ \text{Carbon} \end{matrix}\right\} = C_2\,N\,H \;+\; H_2$$

It is probable that the charcoal in common iron, at a red heat, acts in a similar manner upon the ammoniacal gas passed over it, with this difference, however, that, under these circumstances, instead of the carbon forming hydrocyanic acid with the elements of the ammonia, a cyanide (paracyanide) of iron is formed.

The formation of cyanogen by ammonia in contact with red-hot charcoal, explains the circumstance of cyanide of potassium being formed in many forges. It is a well-known fact, that the ashes of pit-coals, as well as of wood charcoal, are never free from some admixture of alkalies; and the common lime-stone which is added to the iron-ores, contains likewise appreciable amounts of alkali; there can consequently exist no doubt respecting the origin of the potassium which we have in the cyanide of potassium formed in forges. Further: all kinds of wood-coal, as well as of pit-coal, yield, upon being heated to redness, amongst other products, a copious amount of ammonia. This fact is so well established, that a method for manufacturing sulphate of ammonia has been devised, in which the ammonia is supplied by pit-coal gas. Thus we have in forges, charcoal, ammoniacal gas, and alkalies—i. e., every element requisite to form cyanide of potassium.

You may imagine that the hydrocyanic acid formed by the carbon and the ammonia comes into contact with potass, and transposes with this latter substance into water and cyanide of potassium. The temperature in forges is high enough, however, to admit still of another view respecting the formation of the cyanide of potassium. At a white heat, the alkalies are reduced by charcoal, and potassium, or sodium liberated, and the potassium, upon coming into contact with carbon and nitrogen, is necessarily converted into cyanide of potassium.

The cyanide of potassium has recently found an application in galvano-plastics, and in chemical analysis. The best way of forming a perfectly pure cyanide of potassium, is to add to a solution of hydrated potass in alcohol, a perfectly concentrated solution of hydrocyanic acid in alcohol—crystallized cyanide of potassium immediately precipitates. All cyanide of potassium, prepared in the dry way, contains cyanate of potass in admixture; it is absolutely impossible to avoid the oxidation of cyanide of potassium at a red heat. However, as this admixture of cyanate of potass is without any injurious influence upon the applicability of cyanide of potassium for most purposes, the following method may be recommended as most advantageous for the preparation of cyanide of potassium:—Eight parts of ferrocyanide of potassium, slightly roasted, are mixed with three parts of pure carbonate of potass, (prepared from bitartrate of potass;) this mixture is fused in an iron vessel until it flows calmly, like water, and a portion taken out of the vessel solidifies into a white, opaque, porcelain-like mass. In this process, cyanide of potassium, and cyanate of potass, are formed, and metallic iron separates, and subsides to the bottom, in the form of a gray and spongy mass, from which the supernatant fluid can easily be decanted.

Cyanide of potassium must be kept in well-closed vessels, as it readily attracts moisture. Cyanide of potassium is particularly useful in analysis for the separation of cobalt from nickel, and from the alkaline earths; it may likewise be used to separate copper from cadmium, silver from lead, mercury from lead, &c.—thus, for instance, cyanide of potassium produces, in a mixture of solution of copper salts and solution of cadmium salts, a precipitate which re-dissolves in an excess of cyanide of potassium. If sulphuretted hydrogen is transmitted through this solution, the cadmium precipitates, whilst the copper remains in solution. In this manner, or at least in a similar manner, the separation of certain other metals is effected by means of cyanide of potassium.

Cyanide of potassium comports itself, with a great many metallic oxides and metallic sulphurets, like potassium, inasmuch as it deprives them of their oxygen or sulphur; it is, therefore, one of our most powerful means of reduction. The oxides of iron, copper, antimony, tin, lead, are immediately reduced to the metallic state upon being fused with cyanide of potassium, either in a crucible or before the blowpipe; the cyanide of potassium becomes converted, in this process, into cyanate of potass. It comports itself, in a like manner, with sulphuret of antimony and sulphuret of tin; this furnishes us with a very simple and easy method of procuring a small regulus of antimony from sulphuret of antimony, for the purpose of testing it for arsenic and lead: this operation—i. e., the reduction of the sulphuret of antimony—may be effected in a glass tube. A remarkable double decomposition occurs between sulphate of potass and cyanide of potassium, the latter substance becoming converted into cyanate of potass, whilst the former is changed into sulphuret of potassium. On account of this double decomposition, it is necessary, in the preparation of cyanide of potassium, by the method which I have recommended above, to use such carbonate of potass as is entirely free from any admixture of sulphate of potass, otherwise the cyanide of potassium formed would be contaminated with sulphuret of potassium. Cyanide of potassium forms with many insoluble metallic cyanides (such as cyanide of zinc, of nickel, of silver) double compounds, which are crystallizable. These double cyanides are readily decomposed, even by weak acids, the cyanide of potassium decomposing into hydrocyanic acid, and the potass salt of the acid which effects the decomposition, whilst the insoluble metallic cyanides precipitate; if these insoluble cyanides are soluble in the acid by means of which the decomposition has been brought about, the precipitate formed at first re-dissolves in an excess of this acid: this is the case with cyanide of zinc and cyanide of nickel, for instance; but if the cyanide is not soluble in the decomposing acid, (cyanide of silver, for instance,) the precipitate remains.

Many of these double cyanides may be prepared by treating the sulphurets of these metals with cyanide of potassium. The sulphurets of copper, of nickel, of zinc, dissolve readily in cyanide of potassium.

The sulphurets of iron and of cobalt comport themselves with cyanide of potassium, in a similar manner, but the double compounds produced, differ absolutely in their deportment from the double cyanides I have just now been speaking of. The further consideration of this subject I must, however, defer till next lecture.

FOREIGN DEPARTMENT.

ITALY.

SCIENTIFIC CONGRESS AT MILAN.

In a recent number of the *Gazette Medicale* is an account of the sixth meeting of the Italian Scientific Congress, which took place at Milan on the 12th of September. From it we shall extract a few details, which will, no doubt, prove acceptable to our readers. The greatest interest was shewn in the proceedings of the congress by the learned of Italy, who flocked from all parts to assist at its meetings. Milan was crowded with persons of distinction, and the viceroy, along with his court, was present at the opening. The enthusiasm which is shewn on these occasions, in Italy, contrasts strangely, as the *Gazette* justly remarks, with the apathy which is displayed in France under similar circumstances. Thus, within the last few years, congresses have assembled successively at Strasburg, Nimes, and Angers, but without attracting any notice, either on the part of the heads of science, or of the scientific press. This neglect is, no doubt, to be explained by the existence, in France, of the Academies of Sciences and of Medicine, and by the great publicity afforded by the numerous medical journals to medical innovations. The chief scientific men of the day, having already an arena on which to display the results of their labours, have little or no inducement to take an active part in these scientific festivals. In Great Britain, we have no scientific centres which can be compared to the Paris academies, although we have an active and esteemed press, which is accessible to all who have anything important to communicate to the public. This will, perhaps, account for scientific associations meeting with greater success with us than in France, although with less than in Italy.

The congress was divided into seven sections: 1, Agronomy, and technology; 2, Zoology, anatomy, and comparative

physiology; 3, Natural philosophy and mathematics; 4, Chemistry; 5, Mineralogy and geology; 6, Botany and vegetable physiology; and 7, Medical sciences. In the latter section, a great number of communications were made, from among which we shall select a few of the most interesting.

INDIAN CORN A CAUSE OF PELLAGRA.

Dr. Balardini read a paper, in which he attempted to prove that this fatal disease had only become endemical in Italy since the introduction of Indian corn. Indian corn, he stated, was now generally substituted by the peasantry for the rye or wheaten bread which they formerly ate, and constituted nearly their only food. Dr. Balardini recapitulates his opinions in the following propositions:—1st, Pellagra is evidently of modern origin in Italy, its existence not being mentioned by medical writers prior to the middle of the last century: its manifestation coincided with the introduction of Indian corn, and it has everywhere followed the extension of the use of that substance as an article of diet. 2nd, Pellagra is daily becoming more pernicious in the valley of the Po, where bread made with Indian corn forms nine-tenths of the food of the agricultural inhabitants. 3rd, This disease is not common in the superior provinces of Italy—such as the Valteline—although the causes recognised by authors as likely to produce it are there in operation; but, on the other hand, the inhabitants live principally on rye bread. 4th, Pellagra does not attack persons in good circumstances, or the inhabitants of towns, whose diet is varied, and the peasants themselves often recover on renouncing their agricultural pursuits and regimen, if their constitution has not been too deeply deteriorated by the disease. In the large hospitals, the treatment adopted consists principally in a generous diet, and the use of milk baths. 5th, The deleterious influence of Indian corn may be attributed to the diseased state in which it is generally gathered. Being a native of warm climates, it does not ripen completely in Italy, and is very subject to a disease called *verderame*, consisting in a parasitical fungus growth, which completely modifies its chemical and physical properties. The diseased grain is generally that which is distributed to the labourers.

The report of the committee named to investigate Dr. Balardini's communication was not favourable to his views. In this report it is asserted, that there are not sufficient documents to establish the coincidence of the appearance of pellagra with the introduction of Indian corn; that there are districts, such as Biella in Italy, where Indian corn is the principal article of diet of the poor, and where pellagra is unknown; that other districts, such as the Valdoste, are infected by it, although the inhabitants live principally on chesnuts; that in the two Sicilies, although Indian corn ripens completely, it is very subject to the disease called *verderame*; yet the inhabitants, who consume it in large quantities, are free from pellagra.

The discussion which followed was equally unfavourable to Dr. Balardini.

Dr. Beretta stated that in Briance families in easy circumstances ate Indian corn without being attacked with pellagra, although it is very common among the poor. He had often seen whole families of the latter labouring under the disease, and if an individual member of such a family was taken into domesticity by a person in easy circumstances, he frequently recovered. He thought that pellagra did not owe its origin to diseased Indian corn, but to the reunion of the hygienic causes to which it was generally attributed. Several other gentlemen stated that pellagra was met with in districts in Italy and elsewhere, where Indian corn was not used, as, for instance, in the south of France.*

Dr. G. C. Calderini brought forth a series of statistical data, from which he had been led to conclude, that pellagra was more frequently transmitted by heredity than occasioned by poverty, bad alimentation, and exposure to the sun, the causes to which it is generally attributed. He had also found, that when the patients were married, in one case out of three, both husband and wife were attacked—a result which naturally led to the inference that the disease might possibly be contagious as well as hereditary.

FIBRIN OF THE BLOOD IN INFLAMMATION.

Dr. Polli gave the following conclusions as the result of his researches on this subject. 1st. Blood is often found liquid in the body, which spontaneously coagulates, although twenty-four or twenty-six hours have elapsed since death. 2nd. All kind of blood coagulates before putrefaction takes place; there is no uncoagulable blood, as the antients believed. 3rd. The principal modifications of the fibrin produced by inflammation are, increase in quantity, resistance to coagulation, and rarefaction. 4th. Each of these results appears to be caused by a particular degree of intensity in the inflammatory state. The increase in the quantity of the fibrin corresponds to slight inflammation, the decrease in its coagulability to a more intense degree, and its rarefaction to the most intense degree of the inflammatory process, which may, however, be very circumscribed.

NEW METHOD FOR THE ANALYSIS OF THE BLOOD.

Dr. Polli also read a paper on the above subject. A knowledge of the relative quantities of the elements of the blood, says Dr. Polli, is as important as that of the absolute quantities of these elements, if we wish to study the pathological characters of that fluid. Indeed, our inductions rest only on the relation of proportions, and of the changes which these proportions undergo. The relative proportions of the elements of the blood may be easily calculated by means of the aerometer, intelligently used. This means of analysis is the best adapted to clinical researches; it does not modify the compounds of the blood, and gives promptly and easily the principal results of chemical analysis. The following is the method pursued by Dr. Polli in his aerometrical analysis of the blood. 1st. The blood is examined with the aerometer and the thermometer, as early as possible after it has left the vessels. 2nd. It is then whipped with a rod of small willows, in order to separate the fibrin, and after it has been brought to its primitive temperature by a sand bath, the density is again tested by the aerometer. 3rd. After having been allowed to rest, it is decantered, the serosity is separated from the cruor, and the density is a third time tested by the aerometer. 4th. The albumen is separated from the serum by boiling, water having previously been added, and the density of the remaining fluid is again tested. It is evident, that by subtracting at each operation the figure of the density obtained, the proportional figure of the fibrin, the globules, the albumen, and the salts, will be arrived at. Thus, by repeating the same operation on the blood given by different bleedings, results will be obtained which will admit of easy comparison.

SCURVY.

Dr. Novellis, of Alexandria, made a communication on scurvy, which he attributes principally to dampness. The theatre of his experience has been the prison of Alexandria, in which the dormitories of the prisoners are located partly on the ground floor, which is damp, and partly on the first story, which is much drier. For two cases of scurvy occurring among the prisoners sleeping on the first story, six occur among those who are on the ground floor.

Wishing to ascertain how far the popular opinion, which attributes the origin of scurvy to the abuse of sea-salt, was correct, he increased the quantity of salt contained in the bread of the prisoners. Far from becoming more frequent, the disease decreased in frequency. He then took eight scorbutic patients, in whom the disease presented the same intensity. To four, he gave vinegar, armoracia, &c.; whilst to the other four he merely gave a few ounces of water, in which he had dissolved an ounce of common salt. The latter were cured in ten days, whilst the disease lasted much longer with the former.

* The sub-editor has seen several well-marked cases of pellagra in the Hospital St. Louis, Paris. The patients were peasants residing in the vicinity of Paris, where Indian corn is never used as an article of diet.

ON THE THEORY OF MENSTRUATION.

By G. F. Girdwood, Esq. Surgeon, London.

(*Continued and concluded from p.* 316.)

II.

Passing from a subject more properly a matter of inquiry for the metaphysician than the naturalist, let it be borne in mind that the periodic discharge, whether sanguineous—even to being hæmorrhagic—as in women, or with its sanguineous character less distinguishable, from the greater preponderance of the secretion of mucus, as it is in the lower animals, yet is still essentially the same in them all. In all it is indicative of the maturation of an ovum, as far as, unaided, the female can minister to its development. Now is indicated by this, as it were, the outpouring of the efforts of Nature, her readiness to take the next step in the elaboration of the future being. Hitherto the ovum has been but an hydatid;* its capacity for a more elevated condition of entozootic existence is now at its height. A new phase in the parasitic existence of the future being is at hand; impregnation may now convert it into an embryo, and the catamenial fluid arrested, and speedily organizing itself into a decidua membrane,—and thus forming a bond of union with the maternal economy,—be the means, by endosmosis, of nourishing the future being until it be capable of assuming its next phase of existence independent, æro-respiratory, and final.

That the human female is no exception to the general law, that

* Burdach, vol. ii. p. 620.

animals during menstruation are fittest for impregnation, was a fact known to Aristotle. He expresses clearly his opinion that some women are capable at *this time only* of conception, not at any other, on account, as he is of opinion, of the womb immediately closing after the cessation of the catamenia.

Και γινομένων ἴτι ἐνιαι συλλαμβάνουσιν ὕστιρον δ' οὐ συλλαμβανουσιν, ὅσαις εὐθὺς μετὰ την κάθαρσιν αἱ ὑστιραι συμμύουσιν.*

Probably the idea of the closing of the human uterus was suggested by what really does occur in some of the lower animals. In the sheep, the os uteri is gristly and cartilaginous; and when the animal is not in heat, is hermetically sealed by the close approximation of its edges in the manner of a volute, or rather, like two of the letters e placed one within the other; thus, ଌ. In such a condition it is impossible to pass a probe into the uterus. When, however, the sheep is shedding ova, relaxation of the os uteri takes place, and then a probe may be passed without much difficulty.

Raciborski, in *L'Experience*, a Parisian medical journal, has, during the last winter, contributed several papers on the period of impregnation. He relates some cases in which impregnation had evidently taken place at the time of menstruation.

The Jews, as well as Aristotle, were not ignorant that conception might take place during the flow of the catamenia. To children borne from intercourse at such a time they applied the same epithet they bestow on the other sex whilst menstruating. The offspring, like them, was unclean, and the learned Rabbis alleged many diseases as having their origin dependent on conception during the catamenia.†

It is undoubtedly either immediately before menstruation,‡ during its flow, or *immediately* after its cessation, that in all animals, in man as well as in the lower mammalia, impregnation takes place. The laws of all civilized countries relative to legitimacy of offspring, or respective of the honour of the sex, are based on such a conviction, and daily experience confirms the opinion. At the end of nine calendar months, or of ten lunar months, from 276 to 280 days, reckoning from her last menstruation, the pregnant woman may expect to be a mother. Every practitioner of midwifery must be familiar with cases illustrative of this fact.

This regularity in reckoning the period of parturition, I consider, depends on the circumstance that impregnation takes place generally *antecedent* to the appearance of the last menstrual discharge, and the following cases are chosen, out of many that have fallen under my observation, as illustrative of this opinion:—

Mrs. B——, on the 2nd of June, 1830, would have had the catamenia. Her husband was daily expected home from New Holland; on the 31st May he arrived. Mrs. B. had eighteen months previously been a mother, and since she had weaned her child had been regular to a day. On the 2nd of June *no symptoms of the menstrual discharge appeared*, but by-and-by the usual indications of pregnancy were manifest, and on the 1st March next year, that is to say, at the end of ten calendar months from her last period of menstruation, I attended her in her confinement.

A young unmarried female, devotedly attached to the object of her affections, had her periodic illness every twenty-one days. The discharge had invariably been of the slightest character, scarcely sanguineous, and lasting only for a few hours. A day or two previous to her expected period, her first intercourse with the male sex occurred. On the day expected, the discharge appeared, but not, as ordinarily, in small quantity, but with *unusual profusion*, so much so as to cause her to consult me, for it had rendered her faint and hysterical; it lasted several days. Three weeks passed by; there was no return;—another three weeks, and still no re-appearance of the catamenia. Two months elapsed from the first connexion before an opportunity for its repetition occurred. Two weeks after this second opportunity, I attended this delicate female at the abortion that took place. The embryo had all the appearance of a fœtus between two and three months old. The lover was a gentleman, in whose veracity I can confide. He informed me the subsequent interviews which he had with his mistress, which were few in number, happened fortuitously to be at a period of time equi-distant from the menstrual periods. The lady, for the two years I had the opportunity of becoming acquainted with her history, did not become pregnant again.

A lady, living in Maida Vale, and whom in childbed I have four times attended, led me to expect her accouchement always four weeks before it really arrived. Reckoning from the last menstrual period, ten calendar months always were nearly over before my services as accoucheur were required by my patient. I am entitled to suppose the case of this lady to be similar to that of Mrs. B., already mentioned. Suppose that Mrs. B. had enjoyed, like the lady I have just alluded to, the society of her husband, the former, like the latter, would have been a month out of her reckoning. The phenomena in both are alike; they are readily explained. In general, it will be found in pregnant women that the menses, the last time they appeared, were *somewhat unusual* in character. On inquiry, they will be found to have been sometimes *less* than usual, (as is generally the case;) sometimes *more profuse*. (as in the case of the delicate female related.) Occasionally *they fail to appear altogether*, and then (as in the case of the lady in Maida Vale) the parturient woman is a month out of her reckoning, or is supposed to have gone ten months with child.

"Matri longa decem tulerunt fastidia menses."*

That conception takes place about, and most probably antecedent to, the time of the periodic discharge, is illustrated, on a great scale, by the nation of the Hebrews. It is the custom amongst Jews, who are scrupulous, for the wife to retire from the society of her husband for a period of thirteen days, reckoning from the first day of being "nyddar"—that is to say, by those who are strict, five days are kept, as prescribed by the Rabbinical law, (for the purpose of making security doubly sure,) in addition to the eight days enforced by the law of Moses. I have it from most excellent authority, from individuals of this nation, for whose probity of conduct and veracity I have the highest respect, that after extensive inquiries made amongst their friends and relations, they find, that no pregnant female, observant of this Rabbinical law, can calculate within fifteen days when to expect her accouchement. In fact, that event generally takes place a fortnight later than expected; and this is accounted for when we learn that the Jewesses reckon their gestation from the day of their purification, and not, as the Christians, from the time that the catamenia were last evident—that is to say, from the time *when the impregnability of the ovum was last at its acmé*. I was led to this inquiry, from having remarked, that an Israelitish married woman I had for years attended during her confinements, gave birth always later than the period of her reckoning. I may add, as a fact, that in general, among this singular people, no female is found to be a mother before at least *nine calendar months and a half* have elapsed. After marriage, among Christians, of whose continence no suspicion dared be entertained, we daily meet with examples of the female becoming a mother at the end of the ninth calendar month after marriage.

As a further illustration of the theory of menstruation, and still more convincingly to prove that the flow of the menses is to be regarded as indicative of the maturation and elimination of an ovum in the female economy, I was led to examine into those cases in which, from an arrest of development in the accessory parts of generation, *menstruation could not exist*. I refer to cases in which the uterus had been found wanting, and the Fallopian tubes imperforate. In the collection of Dr. Boyd, of the Marylebone Infirmary, is a preparation, consisting of the parts of generation of a woman in which there is no uterus.† The woman was well advanced in years. The ovaries in this preparation have a smooth and polished surface, and present an appearance as unbroken as those of a young female who has never menstruated. This woman died in the workhouse from disease of the lungs; and the peculiarity of structure remained undiscovered till after death. Her history is unknown. However, we may conjecture it to be like to that of another female, whose organization was precisely similar, that fell under my own notice some years ago. I allude to the case of Hannah Brown, whose headless and legless trunk, as a matter of medico-legal investigation, came under my observation in the winter of 1836-37. Here, also, there was no uterus; and I was informed by the sister that, although Mrs. Brown once or twice experienced a hæmorrhage from the vagina, yet that she never had any indication of a periodic discharge.‡ In her, as in the case of Dr. Boyd's, the surface of the

* Aristotelis H. A. ex Recens. Im. Bekkeri, Oxon, 1837, tom. iv. fol. 241.

† The children of Ammon were in this predicament. They were a race accursed, inheriting, as was the belief of the Jews, pollution of blood, from the circumstances under which the grandson-son of Lot, their great progenitor, received his origin.

‡ A case of Dr. Dewees is mentioned by Dr. Montgomery in his valuable essay on the Signs of Pregnancy in the "Cyclopædia of Pract. Med.," exactly in point. (p. 471.)

* May not the fact related in the line I quote from Virgil, which has puzzled commentators, and is referred to by the poet, of course, as something marvellous, be explained, by supposing the wife of Pollio to have conceived, as I have no doubt my patient in Maida Vale did, immediately antecedent to her menstrual period? The wife of Pollio was, at the time referred to, enjoying, like my patient, the society of her husband, for it was during his consulship that he became a father; and we know that at least during the fulfilment of that office he was at Rome.

† The case is described in the Med. Chir. Trans., vol. xxiv. p. 187.

‡ It may be recollected, there was much difficulty to obtain the identity of the murdered female. The head was not discovered till three weeks after the trunk, and the extremities not for several weeks after that. Meantime, attention was drawn to the fact that the female, whose trunk was examined, could never have menstruated. Such a peculiarity was likely to be noticed by relatives, and therefore likely to assist in the identification of the woman. The expression of the sister descriptive of the non existence of the secretion is too poetic to be passed by. When asked by the magistrate if her sister, who had been married, had ever had children, "No," she replied; "trees bear no fruit that never blossom."

ovaries was smooth and regular, and no cicatrix could be detected. The stroma of the ovary was subjected to the microscope, and although abounding in ova, all the ova were found to be in an atrophiated condition.

III.

The influence of the annual return of heat to our planet, is the foundation of the third proposition. To that annual return may be traced the periodic spawning of fishes, the deposition of the egg in birds, and the heat or rut of the lower mammalia appearing only during the spring and summer. But this influence, so strongly marked in them, fails not to be evident also in those animals more removed by domestication from the influence of heat and climate. There exists in them, as in the lower genera, a greater desire for sexual enjoyment; and the female in all is more apt for conception during the months of summer, than those of winter.

This is a great law of nature, which, were it with regard to man dormant or annihilated, an explanation might easily be advanced, and as readily admitted. Man, by the exercise of his intellect, has made himself, to a great degree, independent of the physical agents of the universe. He opposes nature in her wisest regulations: "He eats when he is not hungry, and drinks without the provocation of thirst."* But, so far from the influence of the seasons, in respect to generation, being lost in the human being, we find in him, also, that nature is exercising silently, although greatly modified, her universal control.

It is said, that in some cold countries women do not menstruate. Such an extreme opinion requires to be most cautiously received. In the Alpine regions of Patagonia,† among savages badly fed, and without the protection of the warm clothing with which, in the opposite arctic regions of the globe, the human being has fortified himself against the rigours of the climate, the discharge may be irregular, and, in its character, less sanguineous than is remarked to be in nations affected by civilization, and thus it may have escaped notice. We have daily under our eyes the cases of delicate females, in whom the suspension of the catamenia takes place for months; and even when it does appear, has its character as slightly sanguineous as is the discharge of the rabbit or the guinea-pig. Recently, under the microscope, the catamenia of these animals were compared with the menstrual fluid of a young woman, who, although she be periodic every three weeks, is so only for an hour or two. In the menstrual fluid I describe, the blood corpuscles were of as limited a number as in those of the animals with which it was compared.

Perhaps there may exist still in the Nomade tribes of Central Asia, or among the naked savages of the South Seas, instances of the influence of heat and cold in retarding or rendering more frequent the menstrual cycle.‡ I was in expectation—though not in Petersburg, where heat, artificially communicated, is as familiar to the dwelling of the artisan as to the palace of the autocrat, yet in the family of the serf, far removed from the influence of the city and civilization—to find the catamenia retarded during the winter by the influence of the climate. But I understand, from as high an authority§ as can be adduced on such a subject, that even in the humblest dwelling in the country, there also, artificial means are employed to sustain the temperature of summer in the depths of winter. So warm is his dwelling, that, when within it, the Russian peasant is in the habit of being not simply *in cuerpo*, but of divesting himself of all his external clothing, to his shirt and drawers. To expect any retardation of the catamenia in females fostered in such an artificial climate, as, under the circumstances related, must necessarily exist, would be unreasonable. The young Russian female, in country as in town, has her catamenia as early as in more genial climates. Indeed, it would appear from the tables of Mr. Robertson, of Manchester, that the habits of luxury so generally spread over society in this country has occasioned, at least in large communities, and warmly heated dwellings, the development of the catamenia at as early a period of age as was hitherto considered only as existing in latitudes near the equator.

It is not improbable, that, even with all the artificial warmth we employ during winter, some retardation of the development of ova during the cold months may be noticed as a general rule. Statistical information on this subject is a desideratum, but it is scarcely possible to obtain it in a community like our own, where so few young women remain long unmarried. One thing that is certain is this, that even although menstruation may be as periodic in cold as in warm weather, the ovum eliminated with it has its capabilities for fructification less developed in winter than in summer.

In the *British Medical Almanack* for 1835, there is the following interesting table, compiled by the ingenious Mr. Farr:—

TOWN AND COUNTRY CONCEPTIONS.

	Town.	Country.
January	81	84
February	84	84
March	85	85
April	89	92
May	93	98
June	90	95
July	86	85
August	82	77
September	76	72
October	75	70
November	77	75
December	82	83
	1000	1000

The influence that the warmth and luxurious living of the city exercises on the female economy is made evident in the above table. It is interesting to compare it with the effects resulting from the colder climate and more temperate living of the country. In both lists the warm months shew an increase in the number of conceptions over the cold ones. But it may be remarked, there is a higher maximum and a lower minimum in the country than in the town. The heat of summer and the cold of winter are more evident. This result is exactly what might have been theoretically anticipated. In another table Mr. Farr states, as follows, the results of his inquiries:—

	Sweden. Illegitimate.	Montpelier.	Paris.	Eminent. Writers.
January	78	88	82	70
February	75	96	80	87
March	85	89	76	88
April	90	94	89	100
May	92	91	94	103
June	97	82	90	74
July	96	73	86	80
August	91	72	81	74
September	84	71	77	83
October	63	77	78	41
November	63	83	83	85
December	83	84	84	80

But more extensive as well as more accurate data are now at the service of the physiologist, and on examining them, the same influence of increased temperature is evident in the re-production of our species; I allude to the elaborate tables constructed in the office of the registrar-general, and published by the authority of Government.*

The total number of births registered in England for the years 1839-40-41, are given quarterly. From these, for examination, I have been advised by Mr. Farr to select the years 1840 and 1841 as giving more correct data than 1839. In these tables, unfortunately for my purpose, the gross number of births is given *quarterly*. It has been therefore necessary for me to analyze the sums, reduce the quantities into months, graduate the ratio as it is ascending or descending, and thus obtain a maximum and a minimum as far as possible approximating the truth. Having done so, and retaining only the three primary figures, we have the following result:—

BIRTHS.

January	852	July	838
February	889	August	812
March	920	September	787
April	875	October	815
May	864	November	819
June	852	December	824
	TOTAL . .	10,147	

I am reminded that the registration of the infant being allowed to be made within six weeks of its birth, the numbers registered in each separate month may be taken to indicate the number of births occurring in the preceding month. To find out the num-

* Swift—Gulliver's Travels—Voyage to the Houyhnhnms, chap. vi.

† Elliotson's Physiology. For an ingenious explanation of this phenomenon, see Dr. Power's Essay, ut sup.

‡ I have tried in the colder districts of Scotland to obtain information on this subject. The hardy disposition of the inhabitants, their dwellings less appropriate to keep out the cold than that of the Russian, led me to make my inquiries there. As yet, I have been unsuccessful in obtaining information on which I can rely.

§ Dr. Thomas Walker, of Polmont Bank, Stirlingshire, physician to the late emperor.

* Fifth Annual Report of the Registrar-general.

ber of conceptions in each month, we have, then, but to make each month change places with that which is the second in advance of it. The following table shews the results of this transposition:—

CONCEPTIONS.*

January	819	July	864
February	824	August	852
March	852	September	838
April	889	October	812
May	920	November	787
June	875	December	815
TOTAL . .		10,147	

Various authors have given statistical tables, all of them leading to the conclusion that the impregnability of animals is greater in the warm than in the cold season of the year.

At the commencement of this communication, the object in view was briefly stated. The facts and opinions bearing on the theory of menstruation have now been passed in review. The analogies of this discharge have been traced, and its identity in other animals has been, by its most essential characters, proved. Its character of sanguinity in man has been shewn not to be singular; as in other animals the discharge exists with this character impressed on it in as an exalted a degree as in the human species. Its *periodicity*, so far from being a quality marvellous, is precisely that which links it with almost all other vital and physical phenomena. Motion is universal; it is around us, within us, and is everywhere subjected to periodicity. Far from this quality of periodicity calling on us to remove menstruation from the category of natural events, it is the feature the most evident, the most prominent, that entitles us to place it there as one of them.

Southwick Crescent, Hyde Park-square,
1 Oct. 1844.

NOTE.—In THE LANCET of 20th April last,† Dr. Robert Lee has published a correspondence, in which the honours due to Dr. John Power are alleged to be due to himself. Dr. Power has, however, taken up the pen, and has ably and satisfactorily vindicated his claims as a discoverer.‡

In my former communication on the subject of menstruation, there is a simple and uncontradicted statement of what occurred in my communications with Dr. Robert Lee on this subject, in 1832, and subsequent years, and of the failure to induce that gentleman to entertain the views I did, and which I afterwards found to be identical with those developed, many years previously, in the classical essay of Dr. Power. Dr. Lee, in 1834, *two years after the period to which the correspondence he has published refers*, records his opinions of this theory, and describes it to be merely "an hypothesis."§ From the correspondence in THE LANCET Dr. Lee appears *now* to adopt the theory of Dr. Power, but labours under the hallucination that he is its discoverer.

What an overwhelming proof of the truth of an opinion is the conversion of an opponent!

As far as I am personally concerned in this correspondence, I refer again to the uncontradicted statement above alluded to. I have in my possession, in corroboration of that statement, documents from my pupils and professional friends and neighbours, to be published, if rendered necessary. These will demonstrate, that at the time Dr. Lee describes this theory of Dr. Power's as a mere "hypothesis," the views it embodies were employed by me as explanatory of the cicatrices visible on the surface of the ovary, as well as of that much-discussed and most perplexing phenomenon, the *corpus luteum*. The distinction of this substance into *true* and *false* was described by me as a distinction without a difference.‖ I trust, on the completion of an extended inquiry, now in progress, to be able to satisfy others as well as myself of this fact.

Meanwhile, as a caution to enter into no controversy at present on the matter, the last of a series of elaborate papers on the subject of the *corpus luteum*, by Dr. Paterson,¶ may be consulted with infinite advantage. Science has gained much by the controversy detailed by him, and it shews us the imprudence of confiding too much in appearances, even when we have to direct us the eyes of those who, like Dr. Paterson's antagonist, are prepared, "upon oath," to attest their opinions.

* For further information on this subject, may be consulted with advantage Dr. Laycock's essays in THE LANCET, and his work on Nervous Diseases. In Quetelet's "Treatise on Man" are also some interesting statistics.

† See THE LANCET, April 20, 1844, p. 126.

‡ Medical Gazette, 1844, p. 217.

§ Cyclopædia of Medicine, Art. Diseases of Ovaria.

‖ LANCET, March 4, 1843. Vide former Essay.

¶ Ed. Med. and Surg. Journal, No. 161.

THE LATE CASES OF POISONING BY PRUSSIC ACID.

By H. LETHEBY, M.B., Professor of Chemistry, London Hospital.

ON Monday, Nov. 25, I was requested by the coroner to make a post-mortem examination of the bodies of C. W. Duckett and Elizabeth Williams, both of whom had died suddenly during the night, having previously been in good health; the former was aged twenty-one, the latter twenty-seven.

I found them lying upon the bed, with their clothes on, and in such a natural position that at first sight any one would have supposed that they were merely sleeping. He lay upon his back, with his right arm under and around the waist of Miss Williams, the fingers being a little flexed, as if they had suffered from a very slight spasm at the time of death; the other hand lay open and composed upon the left thigh. His features, too, wore the calm, smiling expression of a person who had died without the least agony or convulsion.

Miss Williams exhibited the same placidity of countenance; she lay on her left side, with her head resting upon one hand, while the other was thrown over the body of her lover, as if in an affectionate embrace; her legs were extended, and a little crossed, in the common position of one asleep, the dress covering them to the feet; nor were her clothes anywhere disarranged or tossed, although this must have happened if she had struggled in the act of dying. On raising her head, I observed that some colourless fluid, probably saliva, had trickled from her mouth, and this, as well as her lips, smelt strongly of prussic acid. The lungs of both were found to be quite free from disease, but so completely gorged with blood, especially upon the most dependent parts, that they looked nearly black, and felt heavy and solid. The right side of the heart was filled with the same dark blood, while the left was nearly empty; indeed, everywhere the blood had an unusually dark colour, was uncoagulable, and had a strong odour of the poison.

The abdomen presented nothing abnormal. The stomach of each contained about a pint of thick fluid, like soup, having the smell of hydrocyanic acid, and when examined internally, they were found to be a little redder than usual, except at one or two places, where they had lost colour, and assumed a yellowish white tint, through which patches of red points appeared, as if blood had been effused in minute dots.

On distilling the contents of the stomach with a little dilute sulphuric acid, and then precipitating with nitrate of silver, I obtained forty-seven grains of cyanide of silver, known to be such by its perfect solubility in boiling nitric acid; this indicates about one ounce of Pharmacopœial prussic acid.

In the evidence it appeared that the deceased gentleman had purchased two ounces of prussic acid, and no doubt they drank it simultaneously while they sat upon the bed, for two tea-cups were found close by them.

Remarks.—It appears to me that there are several points of most especial interest connected with these two cases. Thus the parties were both young, in good health, and they must have taken each about one ounce of the poison, and have died immediately, without the least struggle or convulsion. Now, out of the great number of experiments which I have made upon animals, I do not remember ever to have seen death produced, even by the most potent dose of prussic acid, without some convulsion, and generally there is a very great deal; I must confess, therefore, that if there had been anything about this, or any other such case, which could by a possibility have attached suspicion to a third party, I should most assuredly, though, perhaps, most unjustly, have given my evidence against that party; for the conclusions drawn from my experiments would have pronounced it perfectly impossible for death to have resulted from prussic acid without its leaving some indications of struggling; and I should, no doubt, have believed, from the calm and apparently studied positions of these bodies, that all such indications had been designedly removed. I do say, then, that cases of this kind should teach us caution in giving evidence, however well our opinions may be grounded, or from whatever source they may be drawn. Another interesting point, with reference to the action of the poison, is, that the blood assumed a dark colour, was uncoagulable, and had the odour of the acid. The lungs, too, were excessively congested, as was also the right side of the heart; all of which indicates that the immediate cause of death is, the stoppage to respiration and the accumulation of blood in the lungs. This cannot be dependent on a deficiency of the heart's action, for every one who has been accustomed to these inquiries knows that the heart continues to beat for some time after all the evidences of death have set in; and this would be suggested, too, by the empty condition of its left side. I have no doubt that the immediate action of hydrocyanic acid is upon the nervous centres, and through them the true and semi-voluntary muscles become fixed or tetanic, and respiration is in this way prevented. We hear the expiratory shriek; see

the spasm of the limbs, and the evacuation of the stomach, rectum, and bladder.

In all three of the cases of poisoning by prussic acid which have recently come under my notice, I have observed the peculiar condition of the stomach, which I have attempted to describe —namely, the partially congested state of its general internal surface, with the occasional white patches and red dots. The last fact to which I would refer is, that the smell of the poison was very evident about the mouth, although both these bodies must have been dead at least twelve hours when I examined them.

Tredegar-square.

A SUBSTITUTE FOR WOOD ENGRAVING.

By Richard Lewis Bean, Esq., M.R.C.S., London.

Having been engaged lately in some photogenic experiments, I tried the following method of engraving, which, although not of use in photography, appears to be an excellent substitute for wood engraving, as it takes so little time, (two or three hours,) and only costs a few pence; those who can draw a little may avail themselves of it, and, I have no doubt, surgeons and others publishing would find it of great service, as the trouble and expense are so light.

I take a piece of black glass, or glass with a black ground behind; melt common wax, so that there may be a coat about the thickness of a sixpence; when this is cool, rub it over with a preparation of salad oil and white lead, mixed into an ointment; this is to give a white ground for etching upon. Trace the drawing so as to leave a red outline on the ground; proceed to etch with needles, (taking care to make the grooves perpendicularly through the wax;) when this is done, lay some water gently over the wax, and if there are any minute globules of air sticking to it, they are to be removed by gently heating with a lamp, great care being taken not to melt the wax; sprinkle some of the finest sulphate of lime, (plaster of Paris,) which is best got at the casting shops; let it combine with the water, and set. When this is done, it should be made of a convenient thickness, by adding more to the back of it; now dry, and deepen the broad lights in the same manner as a wood engraver's block; boil in glue, which will sink into the substance of the plaster, and enable it to bear pressure in printing. After this, proofs must be taken, and gradual improvements made.

Union-terrace, Camden Town, Nov. 27, 1844.

FACTS & OBSERVATIONS ILLUSTRATIVE OF THE NATURE & TREATMENT OF THE DISEASES OF WOMEN, WITH REMARKS ON SOME SUBJECTS CONNECTED WITH MIDWIFERY.

By G. Oakley Heming, M.D., F.L.S., Physician-Accoucheur to St. Pancras Infirmary, and to the Western Dispensary.

(*Continued from p. 257.*)

CORRODING ULCER OF THE OS UTERI.

Although differing from carcinoma in many other circumstances, it agrees with it as respects its incurable nature. It seldom or ever occurs before the age of forty, and it usually commences at the age at which the catamenia naturally cease. There is no enlargement preceding or accompanying the ulcerative process, and it at once commences in the mucous membrane, covering the labia of the os uteri, and soon spreads over the whole surface of it: the ulcer not only spreads in circumference, but becomes gradually deeper, till it consumes the whole of the cervix uteri, and before it destroys life, perhaps nearly the whole body of the uterus, so as to leave but little more than the fundus, as represented in the accompanying engraving.

In carcinomatous ulceration, the uterus is not found thus consumed by the disease; but, besides the ulceration, there is an enlargement, induration, and thickening of the organ. During the lifetime of the patient, the two affections are to be distinguished from each other by an examination per vaginam. The ulcerated surface, in corroding ulcer, feels as if a piece had been cut out of the organ with a knife, without enlargement or induration of the uterus itself, or only in a very slight degree. The symptoms are different from those of carcinoma; and the pain is of a different character from that experienced in the latter disease. At an early period of the complaint, the patient experiences an unusual degree of warmth; sufficient, indeed, to attract the attention, but not to become a cause of alarm; and the cutting, lancinating pains, characteristic of carcinoma, are absent. As the disease advances, that which was spoken of as merely an unusual warmth, becomes, as Sir Charles Clarke has observed, a glowing heat, and has often been compared to the sensation which would be caused if a hot coal were placed in that situation.

There is a yellowish discharge, sometimes streaked with blood; as the disease advances, the discharge increases, great debility supervenes, and various functions become disordered; passing the finger over the ulcerated surface gives but little pain, and if pressure be made, the patient does not complain of that tenderness which is evinced in carcinoma.

It has been thought, by some, to be analogous to *lupus*; the symptoms during life, and the examination after death, leave no doubt that it is a distinct disease from carcinoma, although, as far as I am acquainted with it, it is equally fatal.

The treatment in this disease, as in carcinoma, must consist in local bloodletting, the warm hip-bath, saline purgatives in small doses, abstemious diet, and the recumbent position. Local applications, of various kinds, have been tried, and, for a time, seem to have been beneficial; they have then lost their influence, and others have been tried with the same result.

I have seen great temporary relief obtained from the application of liquor potassæ arsenitis, also from a weak solution of nitrate of silver, in the proportion of a grain to an ounce of distilled water; and I have found the application of the balsam of Peru afford great relief, and the appearance of the sore, for a time, greatly improved by it. This affection is not, according to my own experience, of very frequent occurrence.

MALIGNANT GROWTHS.

There are none of the affections of the uterus about the real nature of which the opinion of practitioners is so unsettled, as those bearing the name of cauliflower excrescence of that organ. Dr. Gooch supposed the disease to be fungus hæmatodes, differing from the excrescences described by Herbiniaux and Levret under the term *viraces*, only as regards situation; and he states, (p. 304,) "In Mr. Brodie's museum there is a preparation of the uterus of a young woman who died in St. James's Infirmary of cancer of the breast. During the progress of the disease she had a constant discharge from the vagina. The uterus was not examined during life, but after death it was found enlarged, and containing a vascular excrescence, which grew from the fundus, and projected into its cavity; which Mr. Brodie tells me has precisely the appearance of cauliflower excrescence of the neck of the uterus."

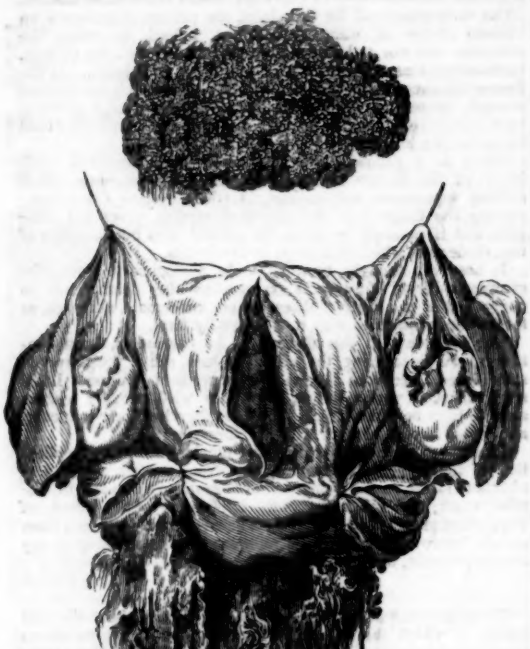
The opinion that cauliflower excrescence, as described by Dr. J. Clarke, and afterwards by Sir Charles Clarke, is fungoid or encephaloid disease of the cervix uteri, obtains some support from a case which occurred to me some years since; but that there are other malignant excrescences of the uterus will be readily admitted upon reading the two papers published by Dr. J. Clarke, and it is singular that in the same volume (iii.) of the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge, these and Dr. Denman's case are all given: this last is very interesting in another point of view.

The first symptom which the patient noticed, in the case to which I have alluded, was a profuse discharge upon going up stairs; this was frequently the case for six months, and in the intervals there was a most abundant, inodorous, and watery discharge. She died eight months after the first hæmorrhagy, and I saw her two months previous to her death. She was then excessively pale and debilitated, complained of no pain, but of slight tenderness at the lower part of the abdomen; there was no tumefaction; there was a copious watery discharge. By an examination per vaginam, a tumour was felt nearly of the size of the fist, tolerably firm, but admitting of the detachment by the finger of small white portions, streaked with florid blood, which was followed by hæmorrhagy. The tumour sprang from the whole circumference of the os uteri, except a small portion of its posterior part; it was rough and unequal on its surface, and was insensible, but there was some tenderness of the cervix itself, high up. On a post-mortem examination, some loose shreds were the only remnants of the tumour; a considerable portion of the cervix uteri

was converted into a brain-like substance, and small portions of the same substance were found in several parts of the tissue of the body of the uterus.

This case, in every point, resembled those described by Dr. J. Clarke and Sir Charles Clarke; it was one of encephalosis.

The uterus, which I have now in my possession, exactly resembles the accompanying cut, copied from Sir Charles Clarke's plate, which I consider particularly valuable and interesting, as being the first representation of this disease.



The smaller conveys an exceedingly good idea of the disease as met with in the living body; the other shews the uterus of a patient who died with cauliflower excrescence.

I have seen many of these cases, and all of them have terminated fatally, although I think life has, in some instances, been prolonged by the treatment which has been adopted. In a case which I attended with Mr. Burford, of Hamilton-terrace, the watery discharge, which had been profuse, was considerably diminished by the local application of astringents, of which alum. sulphat. seemed the most efficacious; the bowels were kept slightly relaxed, with Epsom salts in infusion of roses, with tinct. hyoscyami, and the recumbent position was recommended; but as she experienced no pain, and was in that situation of life which compelled her to attend to her domestic duties, she reclined but little during the day. In a case which I attended with Mr. Hicks, the same plan of treatment was attended with the same result.

In the case of Mary Reynolds, who continues to attend at the Western Dispensary, the watery discharge and profuse hæmorrhagies which occasionally came on, were not only stopped by the injection of a strong solution of sulphate of alum, but the excrescence for a time completely disappeared, and the patient's health was much improved. I to-day, by an examination per vaginam, find the uterus enlarged, and I can feel a fungous growth just within the os uteri.

Case 1.—The first woodcut represents a superficial ulceration of the cervix uteri which occurred in a person about six-and-twenty. When she applied to me, she stated that she had been married about five years; she had had no family, and although quite healthy before, she had, ever since her marriage, suffered considerable pain in the loins at each catamenial period, and during the intervals she was not free from pain, but experienced it in a much slighter degree; she had been occasionally, during almost the whole of this period, subject to a slight discharge of a fluid, sometimes as white as milk, at others of a purulent character; she experienced no pain in the vagina or uterus. I could detect no ulceration by the usual examination per vaginam, but by the aid of the speculum, I could readily distinguish the ulcer. The colour of the ulcerated portion of the mucous membrane covering the cervix was of a deep red, whilst the adjacent portion of the membrane was of a pale flesh colour. The reclined position was recommended, cupping on the sacrum, with an injection of warm water into the vagina, and the bowels to be acted upon moderately by sulphate of magnesia in infusion of roses with tincture of henbane; and after a continuance of this plan of treatment for a fortnight, the nitrate of silver was applied in a solid form, and the patient became well in a short time.

Case 2.—Mrs. ——, a widow, about thirty-nine, who had had a family, the youngest of which was eleven years old, applied to me, about four years since: she was of a full and plethoric habit, and stated that she suffered with an aching pain in her loins and hips, sensation of weight at the anus, and a frequent desire to make water; there was a purulent discharge, which was sometimes mixed with a small quantity of blood. These symptoms had continued many months. Upon making an examination per vaginam, I found the cervix uteri indurated and enlarged, and at its anterior part there was a large and deeply excavated ulcer. I recommended this patient to keep in bed, or to lie down constantly on a sofa. She was bled from the arm, and cupping glasses were applied to the sacrum, by which ten or twelve ounces of blood were taken from this part; and a drachm of Epsom salts, in infusion of roses, with tincture of henbane, was taken twice a-day. Warm water was injected into the vagina, and she had leeches once or twice applied to the cervix uteri; when this plan of treatment had been continued about six weeks, nitrate of silver, in the solid form, was applied over the whole surface of that part of the cervix uteri which projects into the vagina. Under this treatment the sore healed, and the cervix uteri became much reduced in size, and the induration disappeared.

Case 3.—Dr. Marshall Hall was kind enough to take me to see a patient of his, a lady upwards of fifty, and whose youngest child was more than twenty. The catamenia had ceased. She consulted Dr. Marshall Hall respecting a sanguineous discharge from the vagina, which had troubled her for a considerable time, and was occasionally very copious; there was pain in the back. By an examination per vaginam, an ulcer was discovered, not very large or deep, but it had penetrated the mucous membrane. A soothing plan of treatment was recommended by Dr. Hall, and then the nitrate of silver was applied. Afterwards, the solut. potass. arsenitis, with some benefit. This patient died with some other disease before the sore healed.

Case 4.—A gentleman, some years since, applied to his medical friend in consequence of a small sore, which he was told was chancre; the person from whom alone, as he asserted, he could have received the infection, was said to be perfectly free from disease. Upon examining the cervix uteri, I discovered a large ulcer, the uterus was quite moveable, and the vagina did not at all participate in the disease; pressure either upon the sore or the cervix uteri gave but little pain: this sore soon healed under mercurial treatment.

Case 5.—A married woman, about thirty, who had had two children, applied a short time since at the Western Dispensary, in consequence of a swelling in the right groin; she had, too, a slight purulent discharge from the vagina, but in so small a quantity that she would not have noticed it had I not called her attention to it. There was no external sore, but one of considerable extent upon the cervix uteri, which I could plainly perceive by the ordinary examination per vaginam. Her husband confessed that he had been under medical treatment for a sore on the penis and bubo, three months previous to his wife's illness. This poor woman is now fast recovering her health: the sore healed rapidly under the influence of mercury. The bubo suppurated; that also is getting well.

Case 6.—A strong, healthy-looking woman, about twenty-five, applied to me ten years since; she had a purulent discharge from the vagina, and complained of a slight degree of heat, with slight, occasional darting pain in the situation of the uterus. By passing my finger into the vagina, I found that part of the cervix uteri which projects into the vagina large and indurated, and at its anterior part there was a large and deep ulcer. The uterus was completely unattached, and the vagina, in every part of it, was quite healthy. Upon making *slight* pressure upon the ulcerated surface, as well as in the adjacent parts of the cervix, the patient complained of great tenderness. Upon questioning the husband, I learned that he had had, previously to his wife complaining, chancre, for which he had been taking mercury. This large sore soon got well by mercurial treatment. I have notes of two other cases of this kind, but they, in all respects, so

nearly resemble the last which I have just written, that it would be useless to transcribe them.

Case 7.—A woman, about thirty-five years of age, who had experienced for some time constant pain in her groins, and a mucous discharge from the vagina, whose stomach was weak, and who was much distressed by hysterical symptoms, consulted a practitioner, who recommended that she should take five grains of pilul. hydrargyrii at bedtime, and twice in the course of the day a cupful of chamomile tea. She pursued this plan for more than a fortnight, at the end of which time she become worse, the discharge increased, and the hysterical feelings were unabated. When the author was consulted, the seat of the disease induced him to make an examination, when there was found a thickened state of the cervix of the uterus, which was tender to the touch. A horizontal posture, the injection of tepid water into the vagina, and small doses of saline purgatives, after some time, relieved the complaints, which were only symptomatic of the disease of the uterus.—"Observations on those Diseases of Females attended by Discharges," vol. i. p. 219.

Case 8.—It is many years since my friend, the late Dr. Olive, took me with him into the city, to see a person with an affection of the uterus; she was about forty-two, married, but had had no children. She was emaciated, and the skin had that peculiar appearance characteristic of malignant disease; there was a mucous discharge from the vagina, and sometimes, upon any unusual exertion or mental anxiety, copious discharges of blood; the mucous discharge, too, was occasionally tinged with blood; and at each catamenial period the catamenial discharge was more copious than usual, and mixed with coagula. She complained of lancinating pains through the pelvis. By an ordinary examination per vaginam I found the cervix uteri indurated and enlarged, and when pressure was made upon it she complained of a very acute lancinating pain; the os uteri was enlarged, with its borders everted and uneven, and almost of the hardness of cartilage. This was the first case of carcinoma of the uterus I ever saw. I had, a few weeks before, been reading the work of Sir Charles Clarke, and from his graphic description of this state of the os uteri in cases of carcinoma, I told my friend that I thought this was a case of carcinoma. She died in six months, and at the post-mortem examination it was found that the ulceration had spread from the uterus to the bladder and rectum, which parts it had perforated, forming the pelvis into a reservoir, in which were received the urine, fæces, and the discharge from the diseased surface.

Case 9.—C. H——, a widow, about 35, who had had a family, the youngest of which was six years old, for the last six months had the catamenia more frequently than usual; the discharge was more copious, and mixed with coagula between the periods; she had sometimes a purulent discharge, and occasionally a discharge of pure blood from the vagina; she complained, too, of violent lancinating pains in the situation of the uterus, and a constant dull pain occupying the sacrum. She felt a constant nausea, but did not vomit unless she took food, and then rarely. There was considerable tenderness experienced at the lowest part of the abdomen in the region of the bladder. Upon an examination per vaginam, I found the cervix uteri enlarged and indurated; excruciating pain of a lancinating character was felt when I pressed upon it. I could feel the cervix uteri uneven and rough, and upon using the speculum, an ulcer could be seen which occupied the anterior lip of the os uteri; the posterior was already destroyed. In this case the os uteri was not more open than in its normal condition. She died about eight months after I first saw her, and at the post mortem examination, no one could doubt the real nature of the case, that it was a case of carcinoma.

Case 10.—Of the following case I made notes, about eleven years since, at the time I saw the patient, a married lady, aged 38, who had had a family, the youngest of which was ten years old. She stated, that for the last six months she had experienced a dull aching pain in the back, extending down the thighs; there was uneasiness in the groins, and a discharge of a purulent appearance; she had uneasiness about the region of the bladder, and a frequent desire to make water; the uneasiness and pain were increased in the evening, and not relieved by the recumbent posture, at which time she generally became feverish; her appetite was bad, and her bowels were confined, and when they acted, she suffered considerable pain. By an examination per vaginam, I found the os uteri patulous, but its labia were not everted, nor were their surfaces uneven, but smooth and soft. This was clearly a case of inflammation of the uterus; and the recumbent position, local bloodletting, by cupping and leeches to the os uteri, were advised, with saline purgatives and a warm hip-bath, with injections of warm water into the vagina. Under this plan of treatment her general health was considerably improved, and at that time I left England for a considerable period, and my patient lost her confidence in the plan of treatment which she had been pursuing. She no longer abstained from exercise, and abandoned every other remedy which had been prescribed for her, and her complaint soon returned. She now consulted an eminent physician in the City, who told her it was incipient cancer. I last week received a letter from her, and she tells me she is quite well.

ON THE TREATMENT OF FEMORAL HERNIA.

By J. Sebastian Wilkinson, Esq., Surgeon, London.

The following case of femoral hernia occurred to me in the course of my practice some years ago; and having met with similar cases since, in the treatment of which I have been equally successful, I beg the favour of its insertion in the widely-circulated journal, The Lancet.

Mrs. W——, aged forty, affected with femoral hernia, applied to me in the early part of the spring of 1833, to know if I could afford her any relief, as her case was pronounced irreducible and incurable. The subjoined is her own history of the case:—

"The swelling in the groin first appeared in the year 1823. It could then be easily returned into the abdomen. I thought nothing of it, and neglected to apply a truss. About four years before I applied for medical advice, I could not return the swelling. It was occasionally painful, especially when the bowels were confined. About three months before I consulted you, I became alarmed, owing to the increased size of the tumour, and the pain I experienced in walking. I was obliged to be particular in my diet, and keep the bowels always relaxed. I then lived as cook and housekeeper in a family residing at Newport Pagnell, who called in their family surgeon. He said he could do nothing for me, but sent me to London to Mr., now Sir Benjamin Brodie. This gentleman examined me, and said it was quite irreducible and incurable, and that my life would be endangered by any blow upon the part, or from inflammation arising from walking. He, however, considered it advisable to wear a piece of thick leather, beat out in the form of a cup, over the tumour, to be confined by a strap round the lower part of the body."

When I saw the patient, the tumour was as big as a large walnut, doubled over Poupart's ligament; moveable, but confined at the femoral ring. It consisted of intestine and omentum, and quite irreducible. Having observed in the dissecting-room, subjects with old herniæ, with both abdominal and crural rings of a large size, I considered it feasible that dilatation might gradually be accomplished in an inverse direction.

The patient being very fat, I first reduced her in substance by bleeding twice a week, to eight, and afterwards to five ounces; low diet, consisting of broth and gruel, with warm baths, three times a-week, and occasional doses of castor oil. When the skin had become flabby, and her size reduced, I used daily manipulations, pressing the tumour downwards and then upwards. In this way I proceeded for nearly six months, and at last succeeded in returning the rupture. I tied my silk handkerchief in a large knot, which I placed in the groin of the patient, and confined the ends on the opposite side of the pelvis, thus affording a temporary truss. I put her into a coach and sent her to Mr. Brodie, who returned me the following note:—

"My dear Sir,—There appears to be nothing left but the sac, and probably a small portion of adhering omentum. There can be no objection to the patient wearing one of Salmon and Ody's trusses.

"J. S. Wilkinson, Esq."

Mrs. W—— soon afterwards got married, and is now living in good health, with her husband, who is a farmer in Herefordshire.

Dorset-street, Manchester-square, Nov. 7, 1844.

ON THE LABOURS OF GRAHAMIZED DOCTORS IN THE COUNTRY.

By R. Hodgson, Esq. Surgeon, Clapham, Yorkshire.

Seeing the editor of The Lancet so laudably and strenuously exerting himself in behalf of the medical profession, and in opposition to Sir James Graham's quack protection Bill, I think it the duty of every medical practitioner to endeavour to open the eyes of the public to the dire results which may be expected from the operation of such a bill; I will therefore state a few cases which have occurred in this neighbourhood, under the slight protection of the present law. What, then, must be the dreadful consequences to the community when all restriction is abolished?

In the year 1830, a fellow, called Hubbard, better known by

the soubriquet of the Blind Doctor, was sent for to a respectable married woman, about fifty years of age, labouring under an attack of paraplegia; her general health was good up to this time. This bright genius proclaimed effecting a cure in a fortnight; in fact, he promised in that time she would be able to rival Taglioni in the dance.

He commenced his curative process by violent frictions on the lumbar region, the nates, and back part of the thighs, with the following embrocation:—Strong spirit of ammonia, turpentine, and laudanum, of each equal parts; and, previous to his manipulations, he stripped his coat, and to make it appear the occupation was laborious, he stipulated to be allowed two glasses of strong grog during the friction. Things went on in this way for about a month, when I was called in to see her, and, lo! a horrible spectacle was presented; the female, who one short month before was lusty, hale, and healthy, was now emaciated, pale, fretful, and care-worn; the lumbar region, nates, and thighs presented one mass of mortification and corruption, and she sunk in less than a week, notwithstanding the use of tonics, sedatives, and all means that could be devised.

The second case was a young female with anchylosed knee. His treatment in this case was somewhat different; in addition to the friction the patient sat upon a table, with the knee forcibly bent over its edge, and she had suspended to her foot a fifty-six pound weight for an hour each day; the consequence was violent inflammation, with much constitutional irritation, but with rest and active antiphlogistic treatment this individual slowly recovered.

I could record more cases, but these are enough to shew the extreme danger of this quack's practice. When questioned about the modus operandi of his application, his answer was, "The ammonia opens the pores, the turpentine brings the disease to the skin, and the laudanum drives it away." And will it be believed, that in a small village, during his short stay, the fellow was receiving 20*l.* or 30*l.* or upwards per week. He told me his charge for a small phial of the liniment was 17*s.* 6*d.*, 1*l.* 10*s.* 6*d.*, or 2*l.* 0*s.* 6*d.* He charged as he thought his dupes were able to pay, and he shrewdly observed, that he always added a sixpence or threepence to the charge, to make it appear he did not impose upon them. So much for the Blind Doctor.

There is another quack in this neighbourhood, by trade a weaver, who was consulted, a few years ago, in a case of aneurism in the popliteal, which was proclaimed by him a blast; consequently, he tried to make it ripe, as he termed it, by poultices, &c.; the result was, the aneurism burst, and the poor person died in his presence from hæmorrhage, without his being at all aware of the cause of the bleeding. It is useless to add other similar fatal facts, but I trust these will shew to any reflecting mind the necessity of much greater protection to the public than at present exists, whatever Hudibrastic pleasure that public may have in being cheated.

Nov. 6, 1844.

BRITISH MEDICAL JOURNALS.

STATISTICS OF OBSTETRIC PRACTICE.

The Origin of Puerperal Fever.—As tending to illustrate this most disputed question, Dr. Murphy relates a case of difficult and protracted labour, in which delivery was finally effected by perforation. It was necessary to remove (by introducing the hand) the retained placenta. On the fifth day the patient presented symptoms of puerperal fever, and died in four days. A post-mortem examination was not allowed. The author remarks—

"Every practical accoucheur is aware, that the discharges from the uterus, arising from decomposition of the membranes, are often of a very acrid nature. The yellow oily discharge which flows sometimes abundantly from this organ after a long-continued labour, or where the child is putrid, is known to cause, if caution be not exercised, a great deal of irritation of the skin; furunculi and impetiginous eruptions have been the result. But before the present instance the writer has never met with a case in which the discharge on the surface of the uterus acted as a *morbid poison*. In this case, it being necessary to withdraw the placenta, each arm was successively passed into the uterus, and both were grasped tightly by its cervix. Pustules appeared on the arms two days after this, which at first seemed to be similar to those produced by the acrid discharges of the uterus. One of them, however, soon presented new characters. A deeply livid base surrounded the pustule, and that part of the arm near it was becoming hard and swollen. The promptitude with which a judicious treatment was carried into effect, prevented much constitutional disturbance taking place. This pustule had all the appearance of the "pustule maligne," or "charbon," which is well known to occur in the South of France. It prevails *epidemically* among horned cattle, and is derived from their blood by the butchers, with whom the pustule is often observed.

The argument from analogy in the present case seems to be, that a morbid poison was generated in the blood of the patient, (epidemically?) contact with which was sufficient to communicate the taint, and to convert an ordinary furunculus into a malignant pustule; and that, by parity of reasoning, the same altered condition of the blood caused all the phenomena of puerperal fever in the patient. This view receives a stronger support from the fact, that the patient was free from the ordinary symptoms of uterine inflammation, which were anxiously looked for as the danger expected to arise."

We must leave Dr. Murphy's views to the consideration of our readers. The space which we have afforded to the analysis of his communication attests our opinion of its merits. We should have mentioned, that it appears as a report of the author's practice at University College Hospital during a period of two years.

ON THE USE OF NITRIC ACID AS AN ESCHAROTIC IN CERTAIN HÆMORRHOIDAL AFFECTIONS.

In a previous number of the same (*Dublin*) journal, Dr. Houston makes the following remarks on this subject:—

"The failures which have occurred in other hands may, perhaps, be often traceable to want of discrimination as to the fitness of the case for the remedy, or to some imperfection in the application of the latter. As I have known errors of this kind to happen, I must repeat, that the only case which the nitric acid will serve, is the *internal* bleeding pile—that soft, red, strawberry-like elevation of the mucous membrane, for which I have used the term *vascular tumour*, and which the acid removes by the production of a slough of its surface. The surface to be acted upon must be soft, and free from any coating of cuticle, such as is apt to form on it by persistent prolapse; for if the acid be used in a case so circumstanced, nothing more than a removal of the cuticle may be expected from the application; and further, to ensure to the caustic its full effect, the part to be touched should, beforehand, be dried and cleared of all mucous or other adherent fluids. There is no danger, that I know of, to be apprehended from the application of the acid. The acid must be laid on in quantity, and rubbed in with force enough to be pressed into the pores of the surface, [and the tumour must, if possible, be returned within the sphincter.] At the best, the caustic produces only a very superficial slough; and, on this account, it will be necessary, in some cases—as where the tumours are old and firm in texture—to make a second, and even a third, application."

These remarks are followed by a series of cases illustrating the author's views. He then further observes, that the remedy is not so painful in its application as it may at first sight appear to be. In its action, the acid, by destroying the vascular surface, arrests the hæmorrhage, and if the relaxation be not immoderate, cures the prolapse by bracing up the textures underneath.

The treatment further consists of attention to diet, to cleanliness, and the use of remedies, local or general, calculated to remove the primary exciting cause of the disease.

From some recent numbers of the *Provincial Journal* which are before us, we extract the few following matters of interest:—

DIFFICULTY IN RECOGNISING THE SEX OF AN INFANT.

Mr. Terry, of Northampton, was requested to examine the genital organs of an infant believed to be, and baptized as, a female. On a first examination, the case appeared to be one of imperforate vagina. The infant, however, proved to be a male, whose genitals were somewhat retracted, and covered by loose folds of integument and cellular tissue; *on turning these aside*, the penis and its appendices were exposed. The orifice of the urethra presented itself behind the glands at the frænum, thus constituting hypospadias. The mother's surprise, and fear of the jokes of her friends at her inability to tell the sex of her infant, may readily be conceived.

CASES OF FRACTURED SKULL.

Mr. Thomas exhibited to the Sheffield Medical Society the skull of a child who had been trampled by a horse. During life, the appearances of injury were confined to puffiness of the scalp. After death, "a very considerable depressed fracture" of the parietal bone, lacerating the lateral sinus, was discovered.

Mr. Law exhibited a portion of the skull of an individual who had fallen from a great height, and who lived several days after the accident, presenting "exceedingly slight symptoms" of injury. Yet after death, there was found a fracture extending across the base of the skull, from one temporal bone to the other, producing laceration of the dura mater. The practical bearing of these cases gives them a claim to remembrance.

DEATH FROM IMPACTION OF A PORTION OF BARLEY "HAW" UNDER THE TONGUE.

Dr. Ranking records the case of a young man, who, after putting a grain of barley into his mouth, felt something prick him beneath the tongue. He removed, as he supposed, the offending substance. Some days after, he became the subject of severe inflammation at the root of the tongue, and died.

"Upon cutting into the neck, the cellular tissue was found to be dark, and filled with air. Dissecting inwards, through the genio-hyoid muscles, we came to a gangrenous abscess, the size of a turkey's egg. The genio-hyoglossus and lingualis muscles, and the substance of the tongue, as far back as the epiglottis, were converted into a complete "putrilage." In the centre of this mass of gangrene was found a portion of barley "haw," or beard, an inch in length."

Why the abscess was not discovered during life? or being discovered and opened, whether the patient might not have recovered? are questions which it is now too late to discuss.

CHEMISTRY, PHARMACY, AND MATERIA MEDICA.

ADULTERATIONS.

SCAMMONY.

Dr. Pereira, in the *Pharmaceutical Journal*, says, "Merchants continue to import, wholesale druggists to sell, and medical men to employ, grossly adulterated scammony. The substances which I have detected in commercial scammony, and which have been introduced for the purpose of adulteration, are, *chalk, amylaceous matter, sand, and guaiacum.*

To detect these the following tests may be resorted to:—

1. *Aspect.*—The fresh fractured surface of pure or virgin scammony somewhat resembles that of guaiacum resin; when dry and hard, it presents a glistening resinous lustre, and a greenish-black colour. If a small splinter be separated by the nail, it has a grey-brown colour, is brittle, and somewhat transparent.

Adulterated scammony wants the lustre, the colour, the brittleness, and the partial transparency of the genuine article. Its lustre, instead of being glistening and resinous, is either dull (like that of compact grey limestone) or more or less waxy. Occasionally, the fracture of the adulterated kind is glimmering, owing to the presence of small particles of siliceous sand, or of resin. The colour of the adulterated sorts of scammony is usually grey, sometimes interspersed with white spots, owing to the presence of small lumps of chalk.

All the specimens of pure scammony which I have met with, have been in irregular shapeless masses; while every sample of scammony in rounded flattish cakes, has proved to be adulterated, sometimes with chalk, sometimes with amylaceous matter, at other times with both of these substances.

2. *Action of hydrochloric acid*—If a drop of hydrochloric acid be applied to the fresh fractured surface of pure or virgin scammony, no change is observed.

If hydrochloric acid be added to water through which either *pulvis scammonii* or *pulvis scammonii compositus* has been diffused, no effervescence is observed, provided these powders have been prepared with pure scammony.

Much of the scammony of commerce is adulterated with chalk. Hence, if we apply a drop of hydrochloric acid to the freshly fractured surface of chalky scammony, effervescence immediately takes place. If a little of this kind of scammony be powdered and thrown into water acidulated with hydrochloric acid, carbonic acid is evolved, and a solution of chloride of calcium is obtained, which yields, with a solution of oxalate of ammonia, a white precipitate (*oxalate of lime.*) The *pulvis scammonii compositus*, if made with chalky scammony, presents the same phenomena.

If hydrochloric acid be added to water with which some *confectio scammonii* has been previously mixed, effervescence takes place, provided the confection has been made with pure scammony. On the other hand, if it has been prepared with chalky scammony, effervescence is observed, and a solution of chloride of calcium is obtained.

If a piece of the *extractum colocynthidis compositum*, made with chalky scammony, be formed into a globular mass by the fingers moistened in water, and then dropped into water acidulated with hydrochloric acid, globules of gas (carbonic acid) are evolved from it, and a solution of chloride of calcium is obtained, which yields, as above stated, with oxalate of ammonia, a white precipitate of oxalate of lime. There is, however, one drawback to the value of this test: if the extract be made with pure scammony, it acquires, by keeping, the power of effervescing slightly when put into hydrochloric acid, owing to the conversion of a small portion of the alkali of the soap into an alkaline carbonate.

In conclusion, I may observe, that the large masses of virgin scammony frequently appear to have been rolled while soft, in chalk, probably with the view of preventing their adhesion to other bodies. Hence, the whitish-grey powder with which virgin scammony is covered, often effervesces, on the addition of hydrochloric acid, though the interior of the mass may be unaffected by the acid.

3. *Action of iodine.*—If scammony be boiled in water, and to the decoction, when cold, a few drops of tincture of iodine be added, no change of colour is produced, provided the scammony be pure. But if the scammony be adulterated with starchy or amylaceous matter, a blue colour is developed. The non-production of the blue colour does not prove the purity of the specimen submitted to this investigation, but merely its freedom from starchy matter; for the sample may be adulterated with chalk, though not with starch.

The iodine test is useful for distinguishing the presence of amylaceous matter in *pulvis scammonii* as well as in the *extractum colocynthidis compositum.* For when these preparations are made with pure scammony, no change is apparent in their cold decoctions, on the addition of tincture of iodine. It is not, however, applicable to either *pulvis scammonii compositus*, or *confectio scammonii*, both of which preparations contain ginger powder; and, therefore, even if made with pure scammony, yield a decoction which, when cold, gives a blue precipitate with the tincture of iodine.

4. *Action of nitrous fumes.*—If paper, moistened with an alcoholic or ethereal tincture of scammony, be exposed to brown nitrous fumes, (produced by pouring a drachm of nitric acid over some filings of iron, zinc, or copper, contained in a tumbler or wine-glass,) no change of colour is observed, provided the scammony be pure; but if it be adulterated with guaiacum, the paper is rendered blue.

I never met with but one specimen of scammony adulterated with guaiacum. It was sold me as Smyrna scammony; but I believe it to have been a fictitious article, made in this country according to one of the formulæ given in Gray's *Supplement to the Pharmacopœia.*

5. *Quantity and quality of resin yielded.*—Pure or virgin scammony, as found in commerce, yields from 75 to 80 per cent. of resin, extractable by sulphuric ether. Picked samples, deprived of their external cretaceous coat, yield 80 per cent. of resin. Before weighing the resin, it should be carefully dried at a temperature of about 280° F. (as by an oil bath.)

Rectified spirit is less fitted for extracting the resin on account of its also taking up a portion of other matters contained in scammony.

Scammony resin readily dissolves in both oil of turpentine and sulphuric ether. *Jalap resin*, on the other hand, is insoluble in oil of turpentine, and very slightly so in sulphuric ether. Hence, if scammony resin were adulterated with jalap resin, these characters would readily detect the fraud.

If scammony resin were adulterated with *common resin*, or *colophony*, (which, like scammony resin, is soluble in both oil of turpentine and sulphuric ether,) the fraud might probably be detected by the peculiar odour given out by colophony when subjected to heat.

6. *Incineration.*—If 100 grains of pure or virgin scammony be incinerated in a platinum or Berlin crucible, not more than three grains of ashes remain behind.

But with chalky scammony the matter is far otherwise; some of the worst specimens yielding nearly forty grains of calcareous ashes, almost entirely soluble in hydrochloric acid.

Some specimens of scammony contain siliceous sand, which remains in the ashes, and is insoluble in hydrochloric acid.

The process of incineration is greatly facilitated by mixing with the scammony either some red oxide of mercury, or nitrate of ammonia. These substances supply oxygen to assist in burning off the carbon of the scammony, and being themselves dissipated by heat, leave no residue.

The preceding constitute the most easy and ready means detecting the ordinary adulterations of scammony.

THE LANCET.

LONDON: SATURDAY, DEC. 14, 1844.

THERE is now every prospect of beholding AN EFFICIENT ORGANIZATION OF THE MEDICAL PROFESSION IN THIS COUNTRY. The pioneers have been at work, and have accomplished the greatest portion of their task with undaunted zeal and undoubted ability. Many of the rugged obstructions which existed on the battle-field have been swept away, and the preparations for a fair and open contest are in rapid progress of completion. The ground which was taken by the highly-respectable and influential practitioners who assembled at the HANOVER-SQUARE ROOMS on Saturday last, was the correct one. The principles which they proclaimed were just and sound, and the objects they seek to accomplish are attainable, and *must* be achieved, if the members of the profession be true to themselves, and to their own and the public interests. When we speak of *the medical profession of this country*, we wish it to be understood that we mean to embrace and define by that term—so far, at least, as *England and Wales* are concerned—those practitioners who are engaged in discharging *all* the duties which belong to *physicians, surgeons*, and *apothecaries*. We refer, therefore, in using that term, to nineteen-twentieths of the profession; in a word, to the general practitioners in *medicine, surgery*, and *midwifery*. The *pure* physicians, and *pure* surgeons, of all classes and degrees, are mere *offsets* from the great professional trunk, or parasites, which often exist to the great injury of the noble structure on which they have fastened.

An instructive incident occurred at the meeting of Saturday.

Towards the close of the proceedings, Dr. ANTHONY TOD THOMSON rose to address the assembly. He had uttered only a few words before he was assailed, generally, by dissentient voices. Mr. J. H. COOPER appealed to the chair, and inquired whether Dr. THOMSON, being *a physician*, could be heard at that meeting, when the president and the whole body of the practitioners in attendance instantly decided the question in the negative.

Now, who is Dr. ANTHONY TOD THOMSON?

He is the eminent Professor of Medical Jurisprudence and Materia Medica in University College, London. He is the author of several important medical works. He is one of the physicians of University College Hospital. He is a man of extensive acquirements in his profession. In social and private life we are not conscious of his having a personal enemy. He was, at one period, a very successful general practitioner in this metropolis. But, inasmuch as he is now a Physician, he was refused, in that character, and in that character alone, a hearing at the meeting of General Practitioners in the Hanover-square Rooms. Dr. HASTINGS and his "unlawful" associates may, by this event, discover the dawn of that great scene which is about to be opened to the affrighted gaze of the *illegal* and actively-intriguing physicians of this country. Treachery and deceit have done their work. The fruit of their labour, long ago described by us, is now apparent. The injured, insulted, and betrayed parties, are everywhere separating from their mock-advocates, and the unlawful practitioners will be required to assume their true habiliments, and be made to carry on their intrigues in appropriate company.

Widely different are the two sets of claims which these two bodies will address to the legislature.

The first—consisting of many thousands of professional men engaged in the lawful practice of the medical profession in England and Wales—will beseech to be protected against the aggressive measure of a conservative government; the other—scarcely numbering their *hundreds*, and all being, more or less, violators of the law—will seek to be invested with "rights" which may involve the ruin of a majority of nearly *twenty thousand* men, who have committed no other offence than that of obeying the law.

Hitherto, marvellous anomaly! a conservative ministry has favoured only the associated bands of unlawful claimants, whilst the whole host of gentlemen engaged in the practice of medicine, surgery, and midwifery, in England and Wales—men who have complied with the obligations of the law, who have been educated according to the curricula of the English universities, colleges, and medical schools, who have obtained their diplomas and licences in strict conformity with the provisions of the statutes and charters of the realm—hear it announced, by a conservative government, that, as a reward for their respectful submission to the ordinances of the law, the legal barrier by which they have hitherto been surrounded and protected against quackery and imposture, is to be thrown down, and the legitimate field of medical practice henceforth exposed to the inroads of all classes of pretenders to a knowledge of the science of medicine.

Whatever may be the determination of a conservative cabinet, it really is to be hoped that a conservative majority in the two houses of Parliament, will never sanction so outrageous a violation of professional rights—so unprincipled an assault levelled against interests which had been acquired, and the possessors of them, unwisely, it seems, believed were secured, by law.

Acting as the medical profession of this country in *an organized body*, the general practitioners will be enabled to make known their opinions to the legislature, in the most authoritative and instructive manner. Hitherto, on several public occasions, they have been misled by an ill-bestowed confidence; the sound principles and views which have been embodied in the various resolutions submitted to some of the public meetings, have been so modified and disfigured by the suggestions and intrigues of dishonest advisers and leaders, that the proceedings of those assemblies have been of no value to the cause, but have rather tended to reflect upon the wisdom and clear-sightedness of the parties by whom they have been adopted. If the different resolutions passed at any one of several public meetings were to be contrasted in opposite columns, they would exhibit specimens of almost imbecile contradictions. Thus, Sir JAMES GRAHAM and the Government are first thanked for introducing a Bill to *amend* the law relating to the medical profession, and immediately afterwards the utmost alarm is expressed at the introduction of a measure which would *operate almost ruinously* to the interests of nineteen-twentieths of medical practitioners! Numberless are the "thanks" which have been showered upon the Right Hon. the HOME SECRETARY, for introducing the Bill at the *end* of the session, and so "giving time" for considering its provisions. Obviously, the possession of the Bill, under such circumstances, is an advantage, because it *might* have been introduced and carried through the two Houses of Parliament in the course of the last session. We can scarcely conjecture what "thanks" will be considered due to Sir JAMES GRAHAM, when it is announced as an indisputable fact, that within two months of the rising of Parliament, the Right Hon. Secretary distinctly and broadly stated that "it was his decided intention to introduce the Bill, and get it passed without delay." This circumstance cannot be

too generally known; because the "time" which has been afforded to us for consideration is an accident, and certainly is not the effect of *design*, so far as Sir JAMES GRAHAM is concerned. If all parties in the House of Commons who take an interest in medical affairs had been as pressing, for the introduction of the Bill, as were certain of the members for Scotland and Ireland, it would, probably, have appeared at an earlier period of the session, and then a very unjust attempt might have been made to force it, under the auspices of the representatives of the *unlawful* members of the profession, through all its stages in parliament. No member of the House of Commons who had the substantial interests of the profession at heart could feel justified in prompting the minister to introduce a Bill before the end of the session, which he had been informed was framed with a view to serve certain insignificant classes of unlawful physicians and surgeons, and which he had reason to believe would effect the ruin of the thousands of legally-qualified practitioners of England and Wales.

The minister, therefore, was not pressed for his Bill by any representations of an English constituency until the session had become so far advanced that it was then impossible to enact it into a law, and the legal practitioners of England and Wales may now judge whether those members who were acquainted with the provisions of the Bill, and yet repeatedly pressed for its introduction, were the friends of the best interests of the general practitioners.

The organization of the general practitioners into ONE ASSOCIATION, moved by one machinery, stimulated by one impulse, and labouring for one great professional and national object, will produce a harmony of action, a consistency of operation, which has not hitherto been observable in the sphere of medical agitation. As persecuted parties, the general practitioners will acknowledge one bond of union. It would be pusillanimous not to acknowledge, that if the attempt which is now in progress for forming the general practitioners of this kingdom into ONE VOLUNTARY CORPORATION, for their own protection, *fail*, such a disaster would at once decide the fortunes of the profession, and render certain the success of the Bill. The general practitioners would no longer be enabled to declare that they belonged to a profession which was protected by law. They would be scattered over the face of the land, spoliated by the ministers of the Crown, spurned by the Colleges, and disowned as an integral portion of the legally constituted bodies of this country. If the Bill succeed, protection to the medical practitioner of this country is gone—*gone for ever*. If the Bill succeed, the medical profession of this empire is to be tacked on, *as a subordinate body*, to an office of a Secretary of State. If the Bill succeed, the question of a representative system of medical government in this country is lost for a century. If the Bill succeed, an inferior, uneducated race of medical practitioners will spring up throughout the land, and woful will be the sufferings which must thenceforth fall upon the poor.

Such reflections and anticipations assuredly are sufficient to call into determined and resolute action the members of the medical profession of this country. The great duty now imposed upon general practitioners demands that they should cast aside all merely personal considerations. Even the closest family ties, the most intimate connexions with practitioners *not* belonging to their body—with men who have proved that, for selfish purposes, they are prepared to sacrifice the best interests of a high-minded profession—ought not, for an instant, to weigh, even as dust, in the balance, while estimating what are the obligations to society which the great national question of medical reform comprehends.

In a resolution which received the unanimous approval of the meeting on Saturday evening, a determination was expressed to call upon the SOCIETY OF APOTHECARIES to step forward and co-operate with the GENERAL PRACTITIONERS in the present trying emergency. On Tuesday, the assembled deputations of the MEDICAL ASSOCIATIONS heard the answer which the Society willingly made to that demand. That Company, which exercises its functions under the provisions and sanction of an Act of Parliament, has now resolved to unite with the general practitioners, and boldly take the front rank in the endeavour to procure the legal incorporation of that body. Thus the general practitioners of the Metropolis are rapidly organizing, under the most favourable circumstances, of themselves, and by themselves, for the protection of their own and the public interests; they are rapidly constituting a voluntary association, which, quickly counting its thousands, must speedily obtain, for its just claims, the full attention of the legislature. Let us earnestly, and not fallaciously, hope that the example so nobly set by the general practitioners of London, will immediately receive its most appropriate and consistent acknowledgment in all parts of the kingdom.

A FREQUENT reference to the inconsistencies which characterize the conduct of public men, is often the means of subjecting public proceedings to a very useful analysis. In the new Medical Bill it is proposed to establish a "Council of Health." The title would certainly imply that the said "Council" was to be instituted for some useful purpose; but on carefully running through all the sections of that measure, we cannot discover a clause, a line, or a syllable, which indicates that any one of the functions properly belonging to such an establishment could be exercised by it. On a previous occasion we described the duties that are performed by the *Conseil de Santé* of Paris; but that most useful institution certainly has furnished no model for the project of the advisers of our HOME SECRETARY. The members of the "Council of Health" which is to be established in London, are, as sanatary officers, to perform no duties, so far as we can discover, but to pocket their salaries, and laugh at the public. If any persons apply to them to interfere to prevent the creation of a nuisance, their answer must be that the subject does not fall within the scope of their duty. If they be solicited to obtain the removal of a nuisance, a similar reply must be given. In a word, it is a "Council of Health" entirely destitute of all those powers and functions which could render it useful to the community.

This is the more extraordinary, as, of late years, a profundity of information has been collected relative to the causes which operate to the deterioration of the public health. The attention of many scientific men has been directed to the subject, and before the "Health-of-Towns Committee," which sat in the last session of Parliament, the evidence furnished a profusion of interesting facts. The scheme of the "Council of Health" was not promulgated until the question had been thus ripened into maturity. Still, that "Council" is a mere *title*,—a skeleton of a scheme, unsupported by any life-sustaining qualities.

We have already, on other occasions, proved that the duties of a Council of *Health* and a Council of *Medical Education*, can never be adequately discharged by one and the same institution,—that, in fact, both are greatly wanted by the public, but that neither of them should be constructed according to the plan of the

minister, which, in truth, is thoroughly defective in all its parts. The Government cannot allege that sufficient materials did not exist to enable it to construct a national establishment of great and every-day utility to the public. Many branches of the subject which the formation of such a body would necessarily embrace, must have been considered in the framing of the new Building Act; and the continuance of the Quarantine laws—a subject also mooted in the last session of Parliament—acknowledges no other justification than an attempt to preserve the public health against the introduction amongst us of contagious and destructive diseases.

As we observed at the outset of our remarks, a close examination of the inconsistencies which often signalize the conduct of public men, would be attended with a highly beneficial result to the community. Frequent repetitions of such scrutinies would be productive of more rational proceedings than are now observable in the official walks of society. The Government maintains the laws of Quarantine for the declared purpose of protecting the public against the introduction of contagious maladies The same Government proposes the establishment of a Council of Health, without supplying that institution with any power or authority to interfere, or exercise a single function to guard the sanatary condition of the community.

Anomalies of this description reflect but little credit on Parliament or the ministers of the Crown. An efficient, soundly-constituted Board of Health, empowered by law to enforce its decisions, would be productive of immense public advantage, and would rid the densely populated districts of this metropolis of many offensive, unsightly, and dangerous nuisances. At present, the mode of proceeding against them—by indictment—is expensive and tedious, and of uncertain result. Prevention is said to be better than cure; and if there existed a wisely-constituted Board of Health, numerous nuisances which now annoy society would be abated.

We are induced to make these remarks because of the numerous applications which we have received relative to the INFIRMARY FOR THE CURE OF SKIN DISEASES, situated at the north corner formed by Earl and Bridge streets, Blackfriars. We have been asked to state whether the situation is a proper one for such an institution, and whether its presence there is attended with any danger to the inhabitants of that locality. We reply, promptly and decidedly, by stating that the situation is, in all respects, a highly improper one for such an institution, and that its existence is attended with sufficient danger and annoyance to the inhabitants, to render it not only an obnoxious establishment, but positively an intolerable nuisance. We shall not question the motives of the subscribers. We may give them full credit for being influenced by purely benevolent intentions, and shall consider the subject entirely apart from all unworthy purposes. It has been contended, that a distinct establishment was wanted in this metropolis for the treatment of diseases of the skin, on the ground that such an institution would furnish to students of medicine valuable opportunities for studying cutaneous maladies. But how, we would inquire, are the pupils who attend at the hospitals throughout this metropolis—situated, as those establishments are, some miles apart—to find it possible to visit Bridge-street? And if the opportunity did exist, a hospital for skin diseases ought not to be planted in the very midst of a dense population, but should be placed at the outskirts of the town, apart from any inhabitants whom its proximity might annoy. Students, on their arrival in London, generally find that they are compelled to limit their attendance to one hospital, and to the medical school which is in immediate connexion therewith. Consequently, it would be greatly to their advantage if such an establishment were rendered complete for all the purposes of their education; and with the funds which are at the disposal of the managers of those hospitals, not the least difficulty could exist in attaching to each of them a department containing every variety of bathing apparatus, a thousand times more complete than can be found in the ill-constructed establishment which is now situated in Bridge-street. When the students, having obtained their diplomas, depart from London to discharge their duties as medical practitioners, they are required to treat all diseases. Hence, few things could be more unfortunate for them, or for society, than that they should be deprived of the opportunity of witnessing in the hospitals every variety of disease which they may be called upon to treat in after-life.

So far, therefore, as professional objects are concerned, the prospects and views of medical pupils are best consulted by including within the precincts of the large hospitals and schools of medicine and surgery, all those diseases which ordinarily afflict society.

As an establishment, therefore, in any way connected with our *scholastic medical institutions*, the Cutaneous Infirmary of Bridge-street is unworthy of notice. What, then, can it accomplish for *the poor*, which is not obtainable in all our hospitals and infirmaries? Nothing; for it has no beds for the reception of patients. Still, it is just of sufficient importance to become a pest-house to the neighbourhood, by attracting to it—quite unintentionally, we admit, on the part of the managing committee—persons who may be afflicted with malignant contagious and infectious diseases. How curious is it to observe the precaution which a Government takes to endeavour to exclude, by means of the Quarantine laws, the introduction of a contagious poison into this country, and then to notice the utter indifference with which it allows persons who are afflicted with malignant communicable diseases to mix indiscriminately with the healthy portions of the community! The majority of cutaneous maladies are not contagious. But others, of a frightfully dangerous description, are easily communicated. The uninformed portions of the public are not capable of discovering the distinctions in such cases. Should the Skin Infirmary be continued in Bridge-street, and if it be visited, in the course of a year, by any considerable number of applicants for relief, occasionally there will be taken to it children suffering from *measles, scarlet fever*, (possibly of the most malignant kind,) and that still more direful plague, the *small-pox*. The *skin* exhibits signs of disease in all these maladies; hence, the first impulse of parents would often induce them to take their infected children, with all possible dispatch, to the "*Skin* Infirmary," where the anxious relatives would be admonished as to the true character of the diseases, and be informed that they had come to the wrong place. We admit that the governors and subscribers do not *intend* that such things should happen, but we insist that these results are inseparable from the existence of such an institution.

Who, then, can contend that such an establishment, fixed as it is in the very heart of a densely-populated district, is not an intolerable nuisance to the neighbourhood? We raise a *cordon sanitaire* to prevent the introduction, from abroad, of a single particle of contagious matter, in a state of incubation, in a bale of goods; merchants and travellers are subjected to the laws of Quarantine, and are made to submit to a purifying process,

of several weeks' duration, after sailing from an unhealthy foreign port, before they are permitted to land. But when once a contagious malady has fairly attacked the inhabitants of this country, we seem to bestow upon it every conceivable preservative attention. It is nurtured, fostered, and maintained in full vigour and maturity, and, in order to prevent its exhaustion and extinction, a pest-house is established in one of the most thickly-inhabited localities of the city of London, so that malignant and destructive poisons, generated by fatal forms of contagious diseases, may have occasional opportunities of mixing with the healthy currents of society.

Viewing, therefore, the Cutaneous Infirmary in Bridge-street as an *useless* establishment, both with reference to the wants of the poor and the interests of students in medicine, and believing that its continued existence there *must* occasionally be attended with danger to the lives of the inhabitants who reside in its immediate vicinity, we earnestly and strenuously recommend that the institution be altogether abandoned, and that the subscribers devote their charitable bequests to some establishment more worthy of participating in, and benefiting by, their benevolent designs.

In a recent number of THE LANCET, we alluded to the misrepresentations which, we regretted to state, had been industriously circulated in Scotland and Ireland relative to the opinions entertained by the medical practitioners of England respecting the admission into this country of the graduates and members of the Irish and Scotch Universities and Colleges. In noticing the commentaries which we had made on those misrepresentations, the *Dublin Medical Press*, of December 4th, somewhat abruptly proposed to us the following question:—

"Do the English general practitioners object to the physicians "and surgeons of Ireland and Scotland acting as general prac-"titioners in England without an apothecaries' licence?"

This is our answer—namely, that in maintaining the protection which they at present possess, at law, against uneducated practitioners in medicine, the general practitioners of England are perfectly willing to support any measure in Parliament which should place the rights, privileges, and immunities of the physicians, surgeons, and surgeon-apothecaries of England, Ireland, and Scotland, upon a broad and general system of *perfect equality*.

A fair antagonist would require no further reply to his interrogatory. If a Bill, framed with this object, were introduced into Parliament, we firmly believe that out of the thousands of English general practitioners there could not be found one to present a petition against it. Multitudes of Scotch and Irish graduates, and members of Scotch and Irish Colleges, are practising in England, at this time, without the slightest molestation or disturbance, and are cheerfully met, in consultation, by the legally-qualified medical practitioners of this country. Look at the position which, for instance, that unlawful practitioner, Dr. HASTINGS, has been permitted to occupy. Without his possessing the slightest legal right to practise as a physician in England, he has been allowed to act as the president of an associated body of English practitioners, amounting to nearly two thousand in number. Further: the confederates of that unlawful physician have been permitted to take the lead, and thus to *mis*lead and nullify the proceedings of legally-qualified practitioners at many of the public meetings of the profession which have lately been held in this country. Facts such as these carry with them an overwhelming weight in answer to any charge of illiberality or exclusiveness which can be urged against the medical body in England. The position of the legally-qualified general practitioners of this part of the kingdom, is this:—They are *members of Colleges of Surgeons*, or are *graduates in medicine of some university*, and, in addition, they have obtained the licence of the Apothecaries' Company of London. But in order to possess themselves of the last-mentioned testimonial, they were obliged, for a series of years, to comply with the rigid and costly provisions of an Act of Parliament, by which, amongst other conditions, it was required that they should serve an apprenticeship of five years to a legally-qualified apothecary, and discharge all the costs that were contingent upon such servitude; and afterwards that they should pursue an extensive course of study, in conformity with the regulations of the Company of Apothecaries. In a word, they have rendered themselves legally-qualified members of the profession in this country, by complying with the various conditions of the law. As some security for privileges so acquired, the Act of Parliament imposes penalties against all persons, educated and uneducated, who have not obtained a licence to practise in conformity with the provisions of the statute. In this respect the law makes no distinction whatever between a member of the College of Surgeons of London and a member of the College of Edinburgh or Dublin; or between a fellow of the College of Physicians of London, or a fellow of the College of Physicians of Scotland or Ireland. All are, alike, subject to the penalties of the 55th GEORGE III. if they practise, as apothecaries, without possessing the licence which that Act directs.

That this is an objectionable state of the law is unhesitatingly admitted by the general practitioners of England, who heartily desire to see it changed. Casting aside, and utterly rejecting, every merely selfish consideration, they are anxious that all the medical practitioners of England, Ireland, and Scotland, should be regarded as members of ONE PROFESSION, having their interests firmly cemented and knit together by the provisions of a single Act of Parliament which should protect the whole of them alike against the encroachments of all classes of uneducated practitioners,—against all descriptions of quacks and other unprincipled impostors.

If this view be illiberal or unjust, it cannot be difficult to prove either the one or the other, and we would remind our contemporary, that vulgar and coarse vituperation, at all times objectionable, becomes especially so when it is used in discussing questions which comprehend so many strictly scientific considerations.

REVIEWS.

Facts and Observations in Medicine and Surgery having particular reference to Fractures and Dislocations, Gunshot-wounds, Calculus, Insanity, Epilepsy, Hydrocephalus, the Therapeutic application of Galvanism, and Fibrinous Diarrhœa. By JOHN GRANTHAM, F.R.C.S.

THIS book, the contents of which, as may be seen by the title, are sufficiently diversified, is a *rechauffée* of various essays that have been published by the author in the *Medical Gazette* during the last ten years, and is one of a class of works with which there appears to be some danger that the medical literature of this country will speedily be overrun. The only reasons that can warrant the exhumation and republication of essays that have already appeared in the pages of a periodical, are to be found in the fact of their containing either some important additions to the pathology or treatment of disease, or else in their consisting of such a series of observations on a special subject, as may materially improve, or add to, our knowledge of it.

If subjected to either of these tests, the volume before us will, we fear, be found to be most grievously wanting. The only new event of any importance that we have been able to find in the work is the substitution of air-cushions for chaff-bags in the lining of splints, which may possibly be an improvement, although we are inclined to think that the pressure to which the air-bags would be subjected is such that the contained air would slowly and gradually permeate the Mackintosh cloth, as constantly happens in the apparatus suggested by Dr. Arnott, for the compression of the mamma, and which, were it to occur in a case of fracture, would necessarily allow of displacement readily taking place. We have never seen any inconvenience result from chaff-bags when properly applied, and they are not necessarily liable to the same objection as the air-cushions. The different forms of apparatus suggested for fractures of the upper and lower extremities do not differ in principle, or materially in arrangement, from those adopted by most surgeons in injuries of those parts, with the exception of the clavicular bandage, which appears to be utterly inefficient in accomplishing one of the principal indications in the treatment of fractures of that bone—viz., carrying the shoulder backwards, outwards, and downwards.

If subjected to the second test, the work is equally unsatisfactory, no less than twenty-four subjects being treated of in the 216 pages of which it consists, those subjects being of the most dissimilar and heterogeneous character, such as fractures, gunshot-wounds, the management of lunatics, galvanism, hydrocephalus, vaccination, fibrinous diarrhœa, malformation of the genitals, &c. &c., and consist principally of cases of the kind that most practitioners are in the daily habit of seeing. The arrangement of the work is loose and careless, and the style is illogical and obscure. The following passage, taken almost at random, will convey some idea of it:—

"Pus is never secreted by the fibrous structure, and for this reason—the fibrous tissue has very few vessels. In this structure sympathies of every description are met with. All that is known of the nature of muscular fibre is, that it differs from others; that it cannot be compared either with the tissue of nerves or vessels, or with that of tendons, or of cellular tissue. Now we shall find, that in this point of view, all these systems differ essentially from each other; that, consequently, there cannot exist the slightest analogy between them in what regards their nature, from which the properties are constantly derived. In muscle, the two great sensations of life are very manifest—namely, animal and voluntary sensation. Inflammation prevents contraction in a muscle; laceration, contusion, and effusion, tend to impede animal contractility in the muscle. . . . . The cellular serum is much increased or diminished during digestion, or after sleep, in consequence of the perspiration. It is well known that in anasarca the quantity of cellular serum is increased, and that it is entirely suspended in inflammation; there is no doubt but this fluid contains particles for nutrition."—pp. 44, 45.

One peculiarity of Mr. Grantham's work—a good example of the art of book-making made easy—is, the number and the great length of the extracts from other works that it contains: thus, of the first 105 pages that relate to surgery, no less than 44 are taken up with extracts from works of Mayor, Larrey, Wigan, and Wilson. In the essay "On the effect of Fractures on their surrounding Parts," which occupies 28 pages, five pages are extracted from Mr. Wilson's "Anatomist's Vade Mecum," and no less than 13, on the Minute Anatomy of the Skin, from the same gentleman's "Treatise on Diseases of the Skin." What this can possibly have to do with fractures, we are at a loss to understand.

We cannot conclude this notice without again protesting most strongly against the practice that appears to be gaining ground with a certain class of medical men, of treating their brethren and the public with "*crambe repetita*," in the shape of reprints of unimportant and ephemeral essays, that have long since found record in the pages of a periodical, and which have, in the present instance, been consigned to that oblivion from which it is neither wise nor profitable to attempt to withdraw them.

THE GOVERNMENT MEDICAL BILL.

MEETINGS OF THE MEDICAL PROFESSION.

INTERVIEW BETWEEN THE SOCIETY OF APOTHECARIES OF LONDON AND DEPUTATIONS FROM THE MEDICAL ASSOCIATIONS.

On Tuesday, December 10th, 1844, the Society of Apothecaries had an interview with several gentlemen, who were deputed, by various medical associations, to confer with that body. The deputies, who represented the British-Medical, the East-London, the Brentford, the Glasgow, the Surrey, and the Greenwich associations, met first at the London Coffee-house, and thence proceeded to the Hall of the Worshipful Company, in Bridge-street, Blackfriars. These deputies there met a deputation from the Medical-Protection Assembly, which, it appeared, had also an appointment with the committee of the Society at the same hour. It was agreed, eventually, that the deputation of the Medical Protection Assembly should join the others in the interview, but it was reserved to each of them separately to entertain and express independent views on the subject they had met to explain, inasmuch as the deputation from the Assembly had not met the other deputies, and were ignorant of the views they entertained. Dr. Webster, therefore, on the part of the united deputies mentioned above, briefly addressed the committee, and stated the objects of the interview, but as he had previously sent a note to the committee on the subject, that note was now read. It contained the following statement:—

"We wish to ascertain—1st, Whether the society have any plan of proceeding (prepared or preparing) in regard to Sir James Graham's Bill, generally; 2nd, Whether they are prepared to take any, and what steps, in obtaining a charter and Act of incorporation for a college of general practitioners."

The Master (Mr. Wallis) now requested the secretary to read the following document:—

"The Society of Apothecaries, having regard to the position which they occupy as one of the existing medical institutions of the country, have felt that it became them to withhold the expression of any opinion of their own on the particular changes which it might be desirable to advocate in the laws affecting the medical profession, until they had had an opportunity of learning the wishes entertained on the subject by the large class of practitioners with which they are immediately connected. The single object which the society have had in view, has been to promote the true interests of that class, and they have been of opinion that the society, as a body, would be more effectually advancing that object by allowing the general practitioners to express their own views on the subject of the changes they might desire, and by afterwards lending their aid in carrying out those views, than, by a more active interference on the part of the society, in the first instance, in originating a measure of reform, and urging its acceptance on their professional brethren.

"Meanwhile, however, the society have not been passive observers of what was passing. They have laid before the general practitioners of this country the result of a careful examination of the provisions of the measure which has been recently introduced for the regulation of medical practice; they have stated their views distinctly and unequivocally, on the scope and tendency of that measure, and they have pointed out the influence which it is calculated to exercise on the welfare of their particular branch of the profession; they have invited communications from their brethren on the subject, and they have anxiously availed themselves of every opportunity of becoming acquainted with the opinions which have been from time to time expressed.

"As far as the society have been able to collect the sentiments of the profession on the subject, they have reason to believe that an opinion very extensively prevails, that the interests of the class of general practitioners would be best promoted by an independent organization of all its members by a charter of incorporation of a collegiate character. With this impression the committee have no longer any hesitation in avowing that their own observation and experience had led them to the same conclusion, and in stating that they are prepared to recommend to the Court of Assistants that the Society of Apothecaries should use their best efforts in endeavouring to secure for their professional brethren the attainment of this important object.

"The committee entertain sanguine hopes that her Majesty's advisers will be induced to recommend the grant of such a charter if they find that so large a class of the members of the medical profession, as the general practitioners constitute, are cordially agreed in soliciting it, and, if the Crown should be graciously pleased to accede to the wishes of the profession in this respect, it will be found, that so far from the grant of such a charter inter-

fering with the machinery of Sir James Graham's Bill, the existence of a College of Licentiates in Medicine and Surgery would render the Bill, as a legislative measure, infinitely more simple and complete, by applying the same principles, and adapting the same machinery, to the education, the examination, the incorporation, and the representation in the Council of Health, of the members of each of the three branches of the profession.

"As regards the absolute necessity of affording protection to the public and the profession against the practice of ignorant pretenders to medical knowledge, the society adhere to the opinion they have already frequently expressed on that subject.

"It must be understood that the committee are at present only at liberty to represent the views above expressed as those of the committee to whom the consideration of questions in connexion with medical reform has been specially intrusted by the governing body of the society, but the committee are prepared to urge these views upon the Court of Assistants, and to recommend their adoption by that body, and further to advise that the sanction of the court should be given for such steps being forthwith taken as may lead to the desired result."

Mr. Ross was proceeding to inquire the nature of the charter, when Dr. WEBSTER said, that it might be as well first to read some resolutions which the united deputies had passed, as embodying the great principles which they wished to see carried out:—

"That the time has arrived when it has become imperatively necessary for the medical general practitioners of this kingdom to adopt all legitimate means for the legal union of their body into a distinct corporation or college.

"That the proposed corporation or college shall be formed upon the representative system—that is, that every member shall have a vote in the election of the governing body or council.

"That the council of the said college should have the power to elect an examining body, who shall test the qualification of all future candidates for general practice.

"That the said corporation shall be distinct from, and perfectly independent of, the Colleges of Physicians and Surgeons, and that, for the above purposes, memorials be presented to her Majesty, praying for a royal charter of incorporation.

"That petitions be also presented to both houses of parliament, praying for an Act to grant the necessary powers, and confirm the rights and privileges of such College of General Practitioners.

"That for the carrying out of these views, we recommend that the co-operation of every general practitioner in the empire be solicited; that a general association of practitioners in medicine, surgery, and midwifery, be instituted; and that a general committee be forthwith formed in London, and in the great provincial towns.

"That the Society of Apothecaries be respectfully requested to join and co-operate with the great body of general practitioners in the attainment of a charter and act of incorporation, which shall confer upon them just and reasonable rights and privileges, in accordance with the preceding resolutions.

Mr. BACOT said, that the resolutions which had just been read by Dr. Webster were, every one, in accordance with the views entertained by the society, who were strictly in favour of the representative principle in the election of the council, and that the council should elect the examiners. The body so incorporated was to be strictly an independent body, not connected with the Apothecaries' Company—that is, not having to do with the company, though the company might wish, after its formation, to have to do with it. The society had no selfish motives, and desired to act on the wishes of the great body of general practitioners.

Dr. LYNCH said, on behalf of the Medical Protection Assembly, that having heard read the document prepared by the committee of the society, and the resolutions of Dr. Webster, he so entirely agreed with them, that, altogether independently of the society, the body which he represented would cordially work with them to form one general association of a scientific character.

Mr. RIDOUT spoke of the necessity of proceeding with caution in the steps to be taken; various difficulties were to be overcome, and a false step might be fatal; slow and sure movements were most desirable. The society were anxious that there should be perfect co-operation among all general practitioners, and would take no step without communicating it, if prudent, to the general association; they were desirous of making no movement unless it was acceptable to the great body of general practitioners. If they were assisted by the advice and co-operation of the association, the object they sought would be obtained.

Dr. WEBSTER wished, on behalf of the associations present, to declare, that in standing up for their own rights, they had no wish to interfere with other colleges, but to treat them with the respect they deserved: there would always be consulting practitioners. The general practitioners stood up for their own rights and privileges, and if formed into an independent body, there would be no jealousy with the other corporations.

Dr. LYNCH agreed in the sentiments just expressed.

Mr. BACOT observed that it was desirable that general practitioners should be an entirely independent corporation, and not attached to any other body.

It was eventually stated, that as soon as the Company had got their machinery into action, the Associations should hear from them, and means would be at once taken to go to the Crown for a charter. Expressions of gratification were made on each side, respecting the agreement among all the parties concerned in the interview, and coffee having been served, the various deputations again repaired to the London Coffee-House, and passed the following resolution:—

"That the representatives of the various associations beg to express their satisfaction with the interview just held with the Apothecaries' Company, and their desire to co-operate earnestly in carrying out the liberal views contained in the answer of the society.

THE NEW MEDICAL INCORPORATION.

Meeting of the General Practitioners of Westminster and St. Marylebone, at the Hanover-square Rooms, London, on Saturday, December 7th, 1844, for the purpose of forming an Association to obtain an Act of Incorporation for Practitioners in Medicine, Surgery, and Midwifery.

A NUMEROUS and most highly respectable meeting of the general practitioners of the city of Westminster and of St. Marylebone, was held on Saturday evening last, at the Hanover-square Rooms. The secretary, Mr. ANCELL, having read the requisition for calling the meeting, which document had appended to it the names of sixty of the most respectable medical gentlemen of the localities mentioned, Mr. PENNINGTON was, on the motion of Mr. Moore, unanimously voted to the chair, amid great applause, and cries of "Hurrah for Pennington."

Mr. ANCELL said that he had received several letters from gentlemen interested in the object of the meeting; one was from Mr. Houlton, another from Mr. Cole, of Bewdley, both having reference to details which the committee would probably find of service hereafter. He read a brief note from Mr. Bryant, of Finchley, who cordially agreed in all the opinions expressed in the admirable "Manifesto," and though retired from the active duties of the profession, he felt a warm interest in its welfare, and begged to subscribe a couple of guineas to the cause. (Cheers.) Mr. Ancell stated that, although no formal step had been taken, there was no doubt that the Marylebone Association would most probably merge into the general association then assembled. He afterwards read portions of a letter from Dr. Webster, the president of the British Medical Association, in which he expressed his approbation of the "Manifesto," and remarked, that until the commencement of the present year it had been his wish to see the whole profession united into one body, in the form of a national faculty; but the conduct of the two colleges, and the spirit in which the Bill of Sir James Graham had been concocted, had now convinced him that this desirable object could not be carried into effect, and that the incorporation of general practitioners was essentially necessary, not only to their usefulness, but, in fact, to their very existence. (Cheers.) The Chairman had also received the following communication, signed by seventeen gentlemen in general practice in Southampton, expressing their approbation of the objects of the meeting, and of their firm conviction that the late conduct of the College of Surgeons, and the Bill of Sir James Graham, had rendered incorporation essential to the general practitioners.

Southampton, Dec. 5, 1844.

SIR,—We the undersigned general practitioners of Southampton, beg to signify our adhesion to an association which may be formed, under your auspices, for the incorporation of the general practitioners of England into a distinct college.

We feel the necessity of this step at the present moment, when our existence as a distinct and recognised profession is threatened by a Bill which withdraws from us all legal protection, at the very time when the council of the College of Surgeons, instead of using the powers given to them by the new charter, of uniting us into one firm and unanimous body, have endeavoured to separate us into two classes of surgeons and general practitioners, by degrading the great body of its members into an inferior order;—we therefore, as members of that largest class of the medical profession to whom the treatment of disease is chiefly and increasingly entrusted by the public, and who have been cut off from any cordial fellow-feeling with the College of Surgeons, by an unjust, artificial, and untenable distinction, demand our incorporation as necessary to our general interests, and to the progressive scientific improvement of our body.

We beg to add, that we shall be willing to form a local committee here, to co-operate with the general association for the furtherance of this object.

We are, Sir,
Your most obedient servants,

T. R. Keele	S. K. Sampson	A. Maxfield.
J. Stace	H. Clark	J. R. Ware
W. P. Vaile	G. B. List	H. Woodbridge
R. S. Fowler	C. P. Keele	H. Dusantry
J. Bullar	W. Bullar	G. T. George
G. B. Corfe	J. A. Stace	

Mr. PENNINGTON now addressed the meeting in the following words: he was loudly cheered in several parts of his address.

Gentlemen,—We are here this evening to take into consideration a most momentous question, which arises out of a Bill that is about to be brought into parliament next session. It is a Bill in which there are good points, and out of which a Bill, connected with the Apothecaries' Act of 1815, may be made useful to all; but in its present meaning, and as now presented to us, must prove fatal to our interests and those of the public. We wish now to organize an association of the general practitioners of medicine and surgery, and shall be happy to have the assistance of all the practitioners in medicine and surgery in the United Kingdom. In the present aspect of the medical profession it appears to me to be a matter of the utmost necessity that the vast and important department of the profession—to which I have been allied sixty years, and in whose welfare I am most deeply interested—should take up a position by which they may regulate their own concerns. It becomes the more necessary that they should be thus prepared, as the state of the profession is now under the consideration of Government, and many great and important changes in the existing laws are under serious consideration—changes, gentlemen, which, if carried into effect, will most completely annihilate the entire body of general practitioners. It is important, gentlemen, that we should do our utmost to prevent such a Bill coming into action, and that we should form ourselves into an association, the individual members of which shall consist of men legally qualified and actually practising the profession in its two important subdivisions—medicine and surgery. The first important duty which the association, when formed, may feel itself called on to perform, would be, to oppose the introduction of the Bill, or any other Bill that places the education and examination of general practitioners under the control of a court of examiners out of their own body. From the peculiar connexion between the community at large and the general practitioner, this duty becomes imperative, on public apart from professional considerations. The general practitioner must retain the undoubted privilege of educating himself to as high a standard of knowledge as he is capable of attaining. You will doubtless hear this evening plans discussed for the general protection of our profession, but I trust and believe every plan proposed will advocate the necessity of a separate and independent organization—a charter of incorporation for the general practitioner, with such a modification of the Apothecaries' Act of 1815 as shall meet with the cordial concurrence and co-operation of that worshipful society. I have now, gentlemen, only to express my hope that the grave and important business we are about to engage in will be discussed with the dignity and decorum of scientific men. I shall now conclude by calling on Mr. Morrah to propose the first resolution.

A note was read from Mr. Tupper, expressing his regret that he was unavoidably absent from the meeting.—(*See* "News of the Week.")

Mr. MORRAH moved the first resolution. He spoke so low as to be heard with difficulty. He said, that were the general practitioners of this country to unite as one man, standing one by the other, they could not fail of attaining their object. They were too important a branch to be entirely thrown aside, as contemplated in the Bill of Sir James Graham. If that were passed, what would become of the highly intelligent and most importantly useful general practitioners? He spoke of the insult of denominating the general practitioner "a licensed vendor of medicine." Why, the chemist, without the aid of parliament, was a licensed vendor of medicine. The question each gentleman had now to ask himself was this, "Am I to be, or not to be?" He thought that general practitioners were indebted to Sir James Graham for having stirred them up into action, and to unanimity and determination. (Cheers.)

First Resolution.—"That this meeting is decidedly of opinion, that prior to the passing of any bill for the regulation of medicine and surgery, it is of the utmost importance to the interests of the public that the general practitioners of medicine, surgery, and midwifery should be legally recognised, and placed in an independent position; and that the executive government be respectfully and earnestly requested to suspend the further consideration of the Bill laid before parliament at the close of the last session, until this object has been obtained."

Mr. PROPERT seconded the resolution. His heart and soul were in the cause. The object was of too vital an importance to be treated with anything but zeal and determination. If it were supported properly, if each one put his shoulder to the wheel, they could not fail; if, on the contrary, they were lukewarm and indecisive, their failure would be an object of ridicule to their enemies. (Hear, hear.) The banner was now raised, and it should be recollected that the fight was to be waged, not so much for themselves, as for those that were to succeed them. They were fighting for the good of posterity. The venerable and noble-hearted chairman, and many other gentlemen around him, could not be expected to be personally affected by any changes that might take place; their position could not be affected by such changes. But they owed it to the public, they owed it to the members of their common profession, to assist in resisting the attacks which had been made, and were about to be made, upon them. Posterity would look with respect and gratitude on their labour in so good a cause. He spoke of the desire of the committee to unite with all other associations instituted with the same object. The reason why all bills brought into parliament had failed had arisen from the difficulty of disposing of the general practitioners. Government could deal well enough with the College of Physicians, and pretty well with the College of Surgeons, as had been lately shewn—(hear, and laughter)—and let the general practitioners get a charter of incorporation also, and then there would be no difficulty in legislating for the profession. (Cheers.)

Mr. NUSSEY moved the second resolution. He was quite unused to public speaking; but it required little argument or persuasion to insure the support of the meeting, and its unanimous adoption of the resolution which he held in his hand, to the effect that it was desirable to form an association of practitioners in medicine, surgery, and midwifery. We were surrounded on all sides by associations akin to that which it was now proposed to establish; the advantages of such institutions were too well known to be enlarged upon by him. The wonder was, that the general practitioners of this empire had been so long without such kind of association. (Hear, hear.) They were now, as it were, driven by circumstances to its formation. It would give them the power of managing their own affairs and the protection of their common interests. Their present position was owing to their own negligence—a negligence which might have arisen, until lately, from the idea that the corporate bodies would protect them. He would not name these corporations, except as the three estates in the republic of medicine, but every one would know by these three estates to what he alluded; and how stood the general practitioners in reference to them? What could they expect at their hands? Why, with regard to the first, they had neither the power nor the will to assist them; and the second had already conducted themselves in such a manner to their own members as to make a majority of them justly believe that a great indignity and grievous injury had been inflicted upon them. They had nothing to hope for, then, from two such bodies as these. And let him say, without the slightest disrespect to the members of the bodies to which he then alluded, many of whom, he had no hesitation to say, were his intimate friends, that the position which they were to occupy was in opposition to the interests of the general practitioners. He now came to the third estate, a body which, from its position, was most to be relied upon, and called upon for its co-operation and assistance in the present movement. That body had been wooed and courted to come forward and take its right position. The reasons it had for not doing so, he must confess, he could not understand. It had been coy and shy of moving when it ought to have placed itself in front of the general practitioners. He only hoped that it would not be like the virgin of old, who guarded her virtue so long, that when at length the favour was granted it was found not worth having. ("Hear," and laughter.) He hoped soon to see them evince their knowledge of having a duty to perform, not only to their own licentiates, but to all the general practitioners; and that he would shortly have to communicate something respecting them that would be agreeable and acceptable to the profession. He spoke as a licentiate and member of that body, and having been more or less officially connected with it, he claimed some share of the approbation which they merited for having improved the education of the general practitioner. The Court of Examiners had raised the general practitioners to a position which they had never previously held, and he could not think that, having put them in such a position, they would now forsake them—a position which, it must be recollected, gave the

general practitioners a commanding influence over the entire empire. He begged to say, that the Apothecaries' Company had fully carried out the Act of 1815. He seconded, cordially, all that had been addressed by the president to the meeting, and he implored the assembly to give the subject therein touched upon their calmest and most serious consideration. Let there be no violence of manner or of speech, but let them act as men having grievances to redress, and shew a calm, firm, and manly bearing, and a full consciousness that what they asked for was just and necessary. It was a noble and a holy cause in which they were engaged, and if true to themselves, in the event they must be triumphant. They were actuated by one of the strongest of all motives, which was implanted by instinct, by the Almighty, even in the meanest animal—that of self-preservation. (Cheers.)

Second resolution,—"That in furtherance of the object of the former resolution, it is the opinion of this meeting that an association should be immediately formed, under the title of 'The Association of General Practitioners in Medicine, Surgery, and Midwifery.'"

Mr. SQUIBB seconded the resolution. He concurred in all the opinions expressed by the last speaker. He trusted that a well organized and powerful association would be speedily formed. This only was required to ensure success. (Cheers.)

Mr. FULLER moved the third resolution, which was,—

"That this association use its best efforts to obtain a complete organization of the general practitioners, for the purpose of petitioning for a charter of incorporation, to be sanctioned by act of parliament, and for taking such other steps as circumstances may from time to time render necessary for the protection of their interests."

This resolution was so self-evidently necessary to the well-being of the general practitioner, that it required little speaking on his part. It would be carried. He shewed that general practitioners had existence previous to the formation of the colleges. He alluded to the emancipation of the surgeons, who were previously mere menials at the beck and call of the other college, and appointed to do menial offices by its members. The general practitioners had now been cut off as a tail from the College of Surgeons, that they might look out for themselves. The public, as well as themselves, would reap advantage from a college of general practitioners. He believed, from the heads of Sir James Graham's Bill, that that statesman was desirous to benefit mankind from its operation, but, unfortunately, his advisers in the matter knew nothing of the wants of the public or of the general practitioner. (Hear, hear.) Should such a Bill pass the legislature, it would have the effect of reducing the position of surgeons in general practice below what it ever had been within these two hundred years. He could not help thinking, that if the truth were told to Sir James, he would see the error he had committed, and not again introduce his Bill. It was necessary for the general practitioner that he should be incorporated, that he should superintend the education of his own class, for it would be his object to raise its standard. To give the superintendence of this to the colleges of physicians and surgeons would be placing these bodies in a false position if they were not aided and sanctioned by the general practitioners themselves; and this could not be. He called upon general practitioners everywhere throughout the kingdom to sign a petition in favour of incorporation, and he had no doubt, that if it were shewn that such opinion was unanimous, government would grant the charter. (Cheers.)

Mr. TEGGART seconded the resolution. The proposition contained in the resolution was founded in justice, and was essential to the interests of the general practitioners. He spoke of the necessity of their education, and the management of their own affairs being in their own hands. The laws, as at present constituted, had unfortunately too local an effect, some of them having influence only a few miles beyond the metropolis. The result had been, that in the provinces, the interests of the general practitioner had been compromised. (Loud cries of hear, hear.) This was another proof of the necessity of incorporation. If incorporated, the general practitioner would take a more decided and more important position than he ever could do while a mere pendent of any society or college. We must be unanimous in our efforts, and no petty details must separate us. We must enrol, petition, and subscribe, and exert our influence in every way, to excite inquiry in every quarter. If they could excite inquiry, they had nothing to fear; their success was certain; the cause, if known, was of too righteous a character to fail. It was not an unimportant feature in this struggle, that they were supported by such men as Messrs. Pennington, Tupper, Nussey, Fuller, Freeman, Moore, and others that were around him. These men could not be personally interested; they had the interests of their professional brethren at heart. Their counsel ensured calmness and decision in their conduct, while it ensured ultimate success. (Cheers.)

Mr. WEBB now rose from the body of the meeting, and said he rejoiced at the effort made by the medical men of Marylebone and Westminster, whom he thanked for their exertions on behalf of the class to which he had once belonged—that of medical students. The members of the Association would recollect, that the effects of these efforts would not only be felt in their own generation, but would be fraught with benefit to those who came after them. The Home Secretary, in making a present to the medical profession, had forgotten the general practitioner, but if he were called upon to make a present in return to Sir James Graham, he would give him *a telescope*, and shew him how to use it. Sir James Graham had looked through his telescope at the general practitioners at the wrong end, and they appeared to him small and insignificant, but he would direct Sir James to use the instrument so that they might appear in their proper magnitude. Mr. Webb expatiated warmly on the intention which the Bill exhibited to deprive the poor of medical relief, and the public of able medical aid; and he added that the liberal principles advocated by the Association were the same that had been embodied in a petition which he and some of his friends had signed, and got presented to Parliament in the last session. He asserted, that "being a man of no weight or influence," he had had no anticipation that his petition would have any weight with the legislature, but this consideration did not slacken his zeal in the cause for which they had met. (Mr. Webb was heartily cheered in some parts of his address.)

Mr. CLAYTON proposed, and Mr. N. GRANT seconded, the next resolution,—

"That the Society of Apothecaries be solicited to co-operate with this association, in furtherance of the objects of the preceding resolution."

Mr. ASBURY addressed the meeting. He was one of the oldest licentiates of the Company of Apothecaries, and could well recollect the condition of the general practitioners previous to 1815. So ignorant were they in the country, that he recollected an instance of a man of fortune and of influence having to send thirty miles for a surgeon, to pass a catheter for him. He contrasted this with the present elevated and enlightened condition of medical practitioners. He spoke of the great difficulties which had been experienced in carrying the Bill of 1815, from the opposition of the colleges.

The CHAIRMAN well recollected the struggle of 1815. He had approved of the Bill then passed, and of the manner in which it had been carried out. It was true, they had difficulties then, but they overcame them; they must exert the same energy at the present crisis, and their efforts would be successful. (Cheers.)

Mr. FREEMAN proposed the fifth resolution,—

"That a provisional committee of thirty-one members, with power to add to its number, and of which not less than seven shall form a quorum, be elected by this meeting to carry the objects of the foregoing resolution into effect; also to frame laws for the constitution and government of the association, to be submitted to a general meeting for its approval." The resolution was seconded by

Mr. MOORE, who did not see such great difficulties in carrying out their object as some speakers appeared to do. He felt convinced that the Government would attend to the united request of the general practitioners. He exhorted to union.

A gentleman now rose in the meeting, and said he was editor of the *Medical Directory*, and that he would assist the cause of reform by exposing persons who had forged foreign diplomas, and who had obtained them in any other improper manner.

Mr. COOPER addressed the chair, and spoke of the necessity of forming other associations, and co-operating with the general practitioners of Scotland and Ireland. To shew the kind of opposition the general practitioners met with in some quarters, he read to the meeting a low and brutal article from a late number of the *Dublin Medical Press*, a journal edited by Dr. Maunsell, a member of the College of Surgeons of Ireland. It contained the most disgraceful attack on the medical profession of England he ever read. Speaking of THE LANCET and the general practitioners of England, that journal said, "The articles in THE LANCET, both original and communicated, afford a melancholy proof of the brutal and degraded condition of the lower order of medical tradesmen in England. (Laughter.) We are now quite satisfied that the safety of the community demands that such fellows should be placed under efficient control and surveillance, as the temper and spirit they display fully prove that they are an ignorant, uneducated, ungovernable race, utterly unfit to be entrusted with the duty of soberly and honestly treating disease, or to have the lives of people placed at their mercy." (The reading of this paragraph was received with shouts of derision and laughter.)

This was certainly a pretty description of the general practitioners of England to go before Sir James Graham; and, therefore, it was the duty of the profession not only to disabuse the mind of that minister on the point, but also that of every member of the legislature. (Hear, hear.)

The CHAIRMAN said that the association would be glad to co-operate with associations in Scotland and in Ireland, notwithstanding what Mr. Cooper had just read.

Mr. ISAAC B. BROWN, of Connaught-terrace, moved the next resolution. He remarked, that the effect of the resolution which he had the honour to propose was, that an union of all existing societies, and all individual members of the profession, as general practitioners, throughout the country, was most desirable, to assist this association in obtaining the objects it had at heart; that the country practitioner was, in every sense, a most efficient member of the profession, competent to attend all cases in medicine, surgery, and midwifery; that he was not only the officer of the hospital or infirmary, but the constant attendant on the nobility and gentry of property throughout the country; that the poorest of the poor in the provinces had the same attendance, in every case of accident or disease, as the highest nobleman in the land, from the general practitioner, whose hand, heart, and purse, were always at the disposal of the sick and distressed. That it was most desirable, at the present juncture of affairs, that every member of each branch of the legislature should be made acquainted with the requirements of the profession before he came to London, where the turmoil, hurry, and excitement of business would prevent his giving attention to the subject, and consequently he might vote against our true interests. Still, truth and justice being on our side, we must eventually triumph. Experience having taught us wisdom, we should studiously guard against any member of the other classes in the profession being joined with us in our present struggle; that such junction had hitherto prevented our obtaining that which we now sought for; that we must not forget much labour would be required to accomplish our object, and that we therefore called on all our fellow-brethren throughout the country to co-operate cordially with us in our new association, and assuredly God and man would approve our just efforts, and we should occupy our proper position, as men of science and useful members of society. He said that the general practitioner was the constant attendant upon every member of society, from the Queen down to the poorest peasant. Mr. B. trusted that all the leading general practitioners in the provincial towns would imitate those at Southampton, who had sent up seventeen names to be added to this society, and who would form an auxiliary society to act in concert with this.

"That the provisional committee be empowered to form an union with this association of the different societies of general practitioners in town and country, instituted for similar objects.

Mr. NORTON seconded the resolution.

Mr. PEREGRINE proposed, and Mr. BAKER seconded, the seventh resolution.

"That, upon its formation, one of the first duties of this association shall be, to petition the legislature against the re-introduction of Sir James Graham's Bill, and to use every legal means to prevent its passing through Parliament."

Mr. DANIELL, of Ramsgate, in moving the next resolution, declared that the country practitioners were most anxious and ardent to co-operate cordially in the task of obtaining the incorporation of the general practitioners. He contended for the necessity of joining with the Apothecaries' Company in the struggle, in order to attain their object with the Government. An union of the metropolitan and provincial practitioners would succeed in its efforts.

Mr. PEREGRINE, jun., seconded the resolution—

"That the following gentlemen constitute the committee:—

Mr. Pennington	Mr. Lucas	Mr. Vickers
— Tupper	— Brown	— Craddock
— Propert	— Norton	— Perry
— Moore	— Peregrine	— Fincham
— Nussey	— Baker	— Bryant
— Squibb	— Hammerton	— Webster
— Fuller	— Dodd	— Drew
— Tegart	— Morrah	— Stocker
— Clayton	— Bird	— Wakefield
— Freeman	— Ancell	

Mr. Julius, of Richmond; Mr. Cooper, Brentford."

A gentleman present (under a mistaken view of the case) regretted that the meeting had been confined to practitioners in Westminster and Marylebone, and did not include other parts of London. He had been a member of the College for forty years, and proceeded to shew that the "fellows" and council had neither by money nor influence contributed one-fifth part to the present prosperous condition of the institution.

It was explained by the secretary, that it was by no means the wish of the association to limit its operations to any locality; the present meeting had been convened in order to lose no time in setting the plan in action. They would be glad to receive the aid of all the metropolitan districts.

Dr. A. T. THOMSON was proceeding to comment upon the proceedings, but his observations meeting with much disapprobation, Mr. COOPER inquired if the present were "a meeting of general practitioners or physicians?" The pertinence of the question appearing generally acknowledged by the meeting, Dr. Thomson sat down.

Thanks having been voted to the chairman, the meeting separated, but not until many names of new members, and subscriptions, had been received.

FINSBURY MEDICAL ASSOCIATION.

A MEETING of the GENERAL PRACTITIONERS resident in the borough of Finsbury was held at the Finsbury School-rooms, City-road, on Friday, Dec. 6th,—NATHANIEL CLIFTON, sen., Esq. of Islington, in the chair. Amongst other preliminary measures, it was resolved,—

"That a MEDICAL ASSOCIATION for the borough of Finsbury be immediately formed.

"That a public meeting of the GENERAL PRACTITIONERS within the borough be convened, early in January next, at the Freemasons' Tavern.

"That resolutions be prepared, to express an *unanimous disapprobation of the details of the Bill introduced into parliament by the Right Hon. Sir James Graham, at the close of the last session*, and that a petition, based on such resolutions, be drawn up for presentation to parliament by the hon. members for the borough of Finsbury."

The meeting was fully attended, and the most cordial concurrence of all the gentlemen present was given to the preliminary proceedings.

GENERAL MEDICAL PROTECTION ASSEMBLY.

EXETER HALL, DEC. 8, 1844.

GEORGE ROSS, ESQ. IN THE CHAIR.

LETTERS, enclosing subscriptions, were read from various parties, including Mr. Messeena, Poplar; Dr. Jones, Brompton; Mr. Smith; and Mr. Twetching, Tysoe-street, Clerkenwell. Letters received by Dr. Lynch, from provincial associations, were also read: they were all expressive of readiness to strenuously co operate with the Assembly, and to appoint delegates to meet at the conference suggested by the committee; also, highly approving of the liberal principles and enlarged views of medical reform promulgated by the Medical Protection Assembly throughout its career, and much regretting that any members of the profession should have been misled by treacherous parties into approbation of any parts of the ruinous Bill of Sir James Graham.

The committee were informed that meetings for the election of representatives had already been convened at Leeds, Gravesend, Chatham, and Maidstone,—Mr. Day, the late mayor, and Dr. Power, being appointed for Maidstone, by the unanimous resolution of the meeting there, which had originally been called at the Infirmary, but the pure surgeons thereof ungraciously refused its use.

An animated discussion upon these letters ensued, as also a debate on the necessity and importance of incorporating the general practitioners of this country, the unanimous opinion being, that the corporation should be formed upon the broadest basis possible, every legitimately qualified practitioner being entitled to admission. It was also contended, that all party or sectional feeling should be abandoned, as injurious to the cause of medical reform—as, in fact, tending to foster that disunion and jealousy which has ever been the bane and opprobrium of the profession.

The meeting then adjourned to next Monday evening.

MACCLESFIELD.

AT a meeting of the members of the Medical Profession, in Macclesfield and the neighbourhood, held on Wednesday evening, November 20th, Dr. SWANWICK, president, in the chair; present, Dr. Bennett, Mr. Milner, Mr. Lallemand, Mr. Bland, Mr. Firth,

Mr. Turner, Mr. Newbold, Mr. Mayers, Mr. Hopkins, and Mr. Cleveland; it was

Resolved unanimously,—

"That this meeting regards with respectful consideration the intentions of Government, in the Bill of Sir James Graham, for elevating the character of the medical profession; though it deems the measure seriously defective in respect to some of its provisions.

"That it considers the constitution of the 'Council of Health and Medical Education' incomplete and unsatisfactory; inasmuch as it contains no direct recognition of the great body of general practitioners.

"That the claims of the Worshipful the Society of Apothecaries on the respectful attention of the very numerous class of licentiates practising in this country, demand from this meeting a special notification, in any suggestions that may be offered by it to the Government, for the modification of the said Bill.

"That the registration clauses of the Bill are likely to be virtually inoperative, because they embody no compulsory enactment, in order to a general adoption.

"That the withdrawal of existing restrictions on unqualified persons, together with the omission of a summary mode of punishment in respect to unaccredited practitioners, is regarded as a capital defect in the said Bill, as it tends materially to affect the interests and respectability of the profession, and the health and well-being of the community at large.

"That a petition, expressive of these opinions, be by this meeting adopted, and forwarded to the county and borough members, to be by them presented to the House of Commons."

MALTON.

A meeting of the medical profession of Malton, and the neighbouring towns, convened by circular, was held at the Savings' Bank, Malton, on Friday, the 22nd ultimo, to take into consideration Sir James Graham's "Bill for the better regulation of the Medical Profession;" Mr. Copperthwaite in the chair. The usual "resolutions" relative to the measure were moved and seconded by the following gentlemen, and carried unanimously:—Dr. Borton, Mr. Teesdale, Dr. Wright, Dr. Wood, Mr. Colby, Mr. Jones, Mr. Bartliff, Mr. Mennell, Mr. Dewsland, Mr. Atkinson, Mr. Wilcock, and Dr. Rogers.

*** We advise the gentlemen who adopted at this meeting the milk-and-water memorial to Sir James Graham, to read the speech of Mr. Pennington, delivered on Saturday night. Assuredly, such a noble-hearted Octogenarian Reformer will shame some of the young men of the profession out of their present miserable, twaddling course of policy.—Ed L.

DORCHESTER.

At a meeting of the members of the medical profession, resident in the county of Dorset, convened by public advertisement, and held at the committee-room of the Dorset County Hospital, on Friday, Nov. 29th,—Dr. Jackson in the chair,—resolutions similar to many that we have already published, were proposed and seconded by the following gentlemen, and adopted by the meeting:—Dr. Lees, Mr. Sweeting, Dr. Smith, Mr. Fookes, Mr. Curme, Mr. Gilbert, Mr. Daniel, Mr. Panton, Mr. Spooner, Mr. Reeks, Mr. Gunn, and Mr. Good.

We were delighted to observe, that amongst the resolutions the following was adopted; and Mr. Spooner and Mr. Curme fought for it splendidly:—

Proposed by Mr. Spooner, of Blandford; seconded by Mr. Curme, of Dorchester—

"That in the absence of any provision in the new Bill (which is much regretted) for the admission of general practitioners, on terms honourable to your body, into the corporate privileges of either of the Colleges of Physicians and Surgeons, it would greatly tend to the welfare, respectability, and usefulness of the profession, to unite the general practitioners into a separate college or body corporate, with power to manage their own affairs upon the representative principle."

TAUNTON.

At a special general meeting of the members of the Taunton and Somerset Branch of the Provincial, Medical, and Surgical Association, and of the medical practitioners generally, residing in and about the county of Somerset, held at Pattison's Hotel, Taunton, on Wednesday, the 4th of Dec. inst.; Dr. Macmullen in the chair; the usual resolutions were moved and seconded by the following gentlemen, and adopted unanimously:—Mr. Wallis, Mr. Billett, Dr. Reginald Burridge, Mr. Stuckey, Dr. Gidley, Dr. Coster, Dr. Sewell, Mr. Alford, Dr. Sully, Mr. Prankerd, Mr. Symes, Mr. Axford, Dr. Catlett, Mr. Rossiter, Dr. Woodforde, Mr. John L. Burnard, Mr. F. Flower, Mr. Poole, Mr. Randolph, Mr. Smith, Dr. Toogood, and Mr. Gillett.

In addition to the customary resolutions, the following were unanimously passed at this meeting. We refer to them with strong feelings of satisfaction:—

Moved by Dr. Stoddart, of Comeytrowe, near Taunton, and seconded by Mr. Higgins, of Taunton—

"That inasmuch as there appears to be no prospect, at the present time, of the legislature consenting to the union of the *whole profession* into one body or faculty of medicine, and in the absence of any provision for the admission of the general practitioners into a participation, on terms equal and honourable to that body, in the corporate privileges of either of the Colleges of Physicians and Surgeons, it is absolutely essential to the well-being of this, the most numerous and influential body of the profession, that it should be united into a separate college, or body corporate, (under some such name as 'The College of Medicine and Surgery,') with power to manage its own affairs independently, upon the representative system, and that the interests of such corporation should be fully and equally represented in the Council of Health and Education."

Moved by Dr. Brock, of Wellington, and seconded by Mr. Mosse, of Taunton—

"That this meeting deeply regrets not to find a recognition of the representative principle in the formation of the governing bodies of the profession; hence it is of opinion that a direct provision ought to be made, either in the shape of a distinct principle of the proposed Bill, or by amending charters to be granted to the Colleges of Physicians and Surgeons, for enforcing the representative system in the governing bodies of those corporations."

After the resolutions had been carried, the meeting agreed to present a petition to the Houses of Parliament. We quote from it the concluding sentence of the first paragraph:—

"But your petitioners are fully convinced that this Bill, if passed into a law, without undergoing considerable amendment, will prove highly injurious to the public welfare, and ruinous to the best interests of the great body of medical practitioners."

This is pungent and true. But why "*hail with satisfaction*" such a disposition of the legislature in the first resolution? Fie! fie!

A vote of thanks was bestowed on us at this meeting, but we scarcely know how to acknowledge it, as a similar compliment was conferred on the editors of journals which have given to the vile Bill a strenuous support.—Ed. L.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASES FURNISHED BY THE CLINICAL-REPORT SOCIETY.

IDIOPATHIC TETANUS—EXHIBITION OF EXTRACT OF INDIAN HEMP—DEATH.

(*Reported by* Mr. Arnold.)

W. W——, a married man, forty years of age, a carpenter by trade, residing in the Old Kent Road, in person middle-sized, well made, and muscular, was admitted into Lazarus-ward, under Dr. Babington, May 2, 1843. For the five previous years he had been subject to scrofulous ulcers on the legs, though these had never discharged much, nor had the discharge ceased suddenly. Even when in health he had been subject to cramps.

Four days before admission, he had been suddenly seized with pain and stiffness between the shoulders, and inability to draw forward his arms, together with much stiffness at the back of the neck. He was at the time occupied in planing, in a room where a very strong draught of air was playing upon his back. The pain gradually extended along his back, and the jaw soon became fixed. On admission at ten o'clock A.M., he presented a characteristic morbid aspect, and the symptoms were as follow:—

Integument and appendages.—Temperature natural; skin perspiring.

Digestive system.—Deglutition difficult; neither nausea nor vomiting, and defæcation is not impeded; but the bowels are generally very costive, and are confined at present.

Respiratory and circulating systems.—He speaks well enough; but much talking causes pain and spasm of the affected part; the ribs are fixed and almost motionless, the breathing being abdominal, and 28 per minute. He can take a deep inspiration when desired to do so; the diaphragm acts well; no hiccup; pulse 96, intermitting, and small.

Urino-genital system.—Can pass urine freely.

Nervous system.—Pain and stiffness at the back of the neck, and between the shoulders; intellect and articulation clear; no numbness; motions of eyes unaffected; angles of the mouth drawn backward slightly; head drawn backward, and also slightly to the right side. He cannot open the eyes wide, and the orbicularis palpebrarum is corrugated; the alæ nasi and some of the facial muscles are contracted; the jaw is not quite closely locked; and he has the free use of his legs and arms, in which there are no spasms; he can turn in his bed.

The abdomen is found tense chiefly about the upper parts of the recti muscles; in other parts soft, or but little altered to the touch. The back arched, from contraction of the muscles.

Ordered three pills of calomel and extract of colocynth immediately.

At half-past eleven o'clock (an hour and a half afterwards) it was determined to administer the *Cannabis Indica*, and Dr. Babington accordingly prescribed—Extract of Indian hemp, three grains; rectified spirit, half a drachm. Mix for a dose, to be taken every half hour in a spoonful of barley-water. *The effects of each dose to be carefully watched.*

The *first dose* was taken at twelve o'clock. At half-past twelve the pulse was 92, and intermitting. In a quarter of an hour after the *second dose*, the patient shewed symptoms of excitement; his eyes brightened, and the masticatory muscles seemed to him to be less rigid; no priapism, but some little flushing of the face; pulse 102. A moisture on the face and hands now appeared, amounting, on the latter, to profuse perspiration, accompanied with tingling. Just before the third dose the pulse was 107, and still irregular; the rigidity, however, was decidedly less.—*Third dose.* He swallowed this better than the preceding.—*Fourth dose.* Respiration twenty-two; pulse 128; disposed to sleep.—*Fifth dose.* Respiration the same. He complains of pain in the back and occiput, and of lying, as it were, on something very hard; but he rests motionless, with composed features, and is drowsy. He swallowed this dose without much difficulty. At a quarter past two (fifteen minutes after taking the dose) he fell into a quiet sleep. The dose of Indian hemp was now augmented to five grains in fifty minims of spirit, to be taken in barley-water every two hours. The *sixth dose* was taken at three o'clock. Respiration twenty; pulse 110, full and strong. He had a general perspiration, swallowed well, and said that the pain in the back and occiput was relieved; bowels not yet moved.

Ordered, at half-past four, a turpentine enema, and to continue the extract; and at eleven P.M., twelve grains of calomel.

May 3rd. Ten o'clock, A.M.—No dose had been administered from eleven o'clock on the preceding night, until two; and again at four, one was given. He has had in all forty-eight grains of the extract up to the present time, and has now just taken another dose. He dozed all night, but had no sound sleep. Bowels still constipated. Ordered, in the afternoon, an enema of turpentine, with two ounces of castor oil. To repeat the extract of Indian hemp every hour, and to have one plaster of this material placed on the chest, and another along the spine. The patient was at this time in nearly the same state as when admitted, but complained of greater pain in the lumbar and dorsal regions. No spasm in the extremities, but some numbness in the fingers. He feels that he has less power over himself than before, and cannot now turn in his bed. Perspires a great deal on the face and forehead, as well as on other parts; and the skin is warm, as well as moist. Pulse about 80, (though it varies considerably at different times,) regular, and strong. The patient does not swallow better than he did yesterday; there is a catching in the epigastrium when he swallows or speaks, though the ordinary breathing is more free than yesterday.

4th. Ten o'clock, A.M.—Bowels freely opened last night, and again this morning; motions are solid and shapeless, "just like a piece of liver" in appearance, and smell strongly of the remedy. He passed a very restless night. Great pain is induced by attempting to speak; the mouth is quite closed, and the disease appears to be slowly gaining ground; pulse 100, with less power than before. The patient complains of the medicine as burning his throat. Ordered six ounces of wine, and to continue the extract. Two P.M.—Spasms in the trunk have grown stronger since the morning, and increased in frequency, occurring now about every five minutes, and sometimes apparently extending down the left leg, causing violent pain throughout the whole body, and occasionally jerking the patient off his back; pulse the same. At four, P.M., Mr. Stocker saw him, and ordered the extract of Indian hemp to be administered, in an injection of a pint of beef-tea and wine. This was done at the hours of four, six, nine, and twelve, (the last time with the addition of an egg;) and on the 5th, at two, four, and six o'clock, A.M.

5th. Eleven, A.M.—The injections have all been retained. He got a little sleep, at intervals, during the past night, and says that he is in less pain than yesterday, yet still complains of much pain about the mouth. The muscles of the face are less contracted, and the teeth can be separated to the width of about a quarter of an inch. He has a control over his arms and legs, and can draw the latter upwards; spasms less violent, though more frequent, occurring every two or three minutes; bowels confined; pulse about 100; more feeble; breathing easy. Ordered four ounces of brandy, with two eggs, in a pint of beef-tea, and a little decoction of starch, to be administered, as an injection, every four hours. This was done at eleven, A.M., two, six, and eleven, P.M.; and on the 6th, at two, half-past five, and ten, A.M.

6th. Three, P.M.—Injections retained. Very restless all the past night; complains of feeling cold this morning, and drowsy; could not sleep, however, for the spasms, which have become stronger; there is more difficulty of breathing; but he retains the free use of his arms and legs. His mind has wandered at intervals during the day, but he now answers questions rationally; pulse 110, with some sharpness; much less perspiration to-day. He had, a little while since, requested to have a little brandy in barley-water, but the first gulp of it brought on a violent spasm, that prevented its being swallowed. Complains of the light and noise of the ward.

7th. Half-past twelve, P.M.—The injections have been continued. He craves after brandy, and the previous night some was given him in water, which he contrived to swallow; his mind rambled during the night, as it has during the day, but he answers questions rationally; perspirations returning, and spasms diminished; he can open his mouth better; pulse 120; bowels still constipated. Ordered the enema of turpentine and castor oil, as before, and to continue the Indian hemp. Two, P.M.—One injection had returned; the rest were retained. At six o'clock Mr. Stocker visited him: the spasms were again more frequent; the thoughts of the patient still wandered, but he protruded his tongue when told; pulse 160; powers rapidly declining; and at half-past two the next morning (May 8th) he died.

The exact quantity of the extract of Indian hemp administered, whether by the mouth or per anum, is ascertainable from the dispensary book, which shews that the following quantities were made up for this patient:—

May 2nd. Eleven, A.M.—Twenty-four grains. Four, P.M. twenty-four grains.

3rd. Nine, A.M.—Twenty-four grains. Four, P.M.—Forty-eight grains.

4th. Ten, A.M.—Forty-eight grains. Ten, P.M.—Twenty grains.

5th. Seven, P.M.—Forty-eight grains.

6th. Ten, P.M.—Forty-eight grains.

But, of the last-named quantity, thirty-six grains remained after the patient's death.

It thus appears that the total quantity taken amounted to two hundred and forty-eight grains. It was obtained from three several sources, in nearly equal proportions—viz., the first from Mr. Squire, of Oxford-street; the second, through Mr. Pearce, from a gentleman who brought it from India; and the third from Mr. Rouse, in the Borough. The gentleman who supplied the second portion tested the effects of *one grain* on his own person: it produced the symptoms of intoxication, with the excitement common in that state, to such a degree, that it was found necessary to call in medical aid—a sufficient proof of the potency of his specimen of the extract.

Post-mortem examination, by Mr. Hilton, thirty hours after death.—Body rigid. Two small ulcers, the size of shillings, just above the internal malleolus of each leg. Cadaveric redness of the back part of the body, and numerous small irregular purple spots, simulating bruises, in the skin. No laceration of muscle noticed anywhere.

Lungs and pleuræ.—General vesicular emphysema at the anterior part of both lungs; posterior portions of both slightly congested. No effusion into either pleural cavity. The pleura covering the lungs and pericardium dry, more especially between the lobes.

Pericardium and heart.—Fluid in the pericardium tinged with blood. Right side of the heart contained a considerable quantity of blood, the greater part dark coloured and fluid, with loose fibrous coagulum. In the left side was found some dark-coloured fluid, like black currant jelly, with a little loose coagulum.

Larynx.—No evidence of congestion about it.

After the removal of the viscera, a large quantity of dark thick blood flowed from the lumbar and intercostal veins.

Liver.—The concave surface of the liver of a dark-green tinge, from the presence of sulphuretted hydrogen.

Gall-bladder distended.

Stomach.—The summits of the rugæ, towards the cardiac extremity, congested.

Kidneys.—Venous congestion, otherwise normal.

Bladder, containing very little thick urine, highly albuminous, and tinged with blood.

Intestines.—The ascending colon passed in its right position towards the left side, overlaying the stomach, then turned upon itself towards the umbilicus, then back into the hypochondriac region; during its course much distended with flatus, became contracted in the left hypochondriac region, and continued so; crossed the root of the mesentery, just below where the ileum passes into the cæcum; then ascended on the right side, close to the cæcum and ascending colon, as high as the epigastric region, from whence it turned downwards, towards the left iliac fossa, (having all the small intestines towards its left side,) then in its natural course into the pelvis.

Cæcum distended with fæcal matter. (N. B.—Drawings were made of the position of the intestines.)

On the removal of some of the bodies of the lumbar vertebræ, very great congestion of the spinal canal was noticed; the blood dark coloured and thick.

Cerebro-spinal fluid in large quantity, and of a pale straw colour. The whole of the spinous processes of the vertebræ were next removed; the spinal cord enclosed within its membranes exposed, then taken out.

Spinal cord (posterior part.)—Bloodvessels on the spinal marrow very much congested; frequent adhesions between the layers of the arachnoid, from about the seventh dorsal vertebra upwards; arachnoid lining the dura mater presents a minutely granular appearance. Several plates of bone upon the free arachnoid, chiefly opposite the seventh dorsal vertebra. [These plates of bone are confined entirely to the posterior surface.] *Anterior part.*—Upon inflating the arachnoid of the anterior surface, it was found more opaque on the upper dorsal and cervical region than elsewhere, and also presented a minutely granulated appearance. Adhesions between the two free surfaces not so extensive as at the posterior aspect.

Brain.—Nothing abnormal noticed except slight opacity of the arachnoid at the base. The veins in the medullary sheath were congested. No marbling of the white matter, and the grey of natural appearance. The ventricles did not appear to have been distended with fluid. The large veins on the brain and sinuses were filled with blood.

SINGULAR SPECIES OF PUFFS.

To the Editor of THE LANCET.

SIR,—Permit me to ask, through THE LANCET, whether Mr. Chisholm, of Devonshire-street, Portland-place, is aware that scarcely a week elapses without some highly laudatory encomium on his talents appearing in the *Weekly Dispatch*, in answer to the oft-repeated and tender inquiries of one of its correspondents. In the paper of last Sunday it is stated, in answer to "J. C., of Dover," that the case referred to is just a case for Mr. Chisholm, of Devonshire-street, "whose practice is chiefly amongst the upper classes," but whose "charges are not exorbitant, particularly to those whose means are limited." This is so much in the style of the "SILENT FRIEND," "MANLY HEALTH," &c., in another column of the paper, that, provoked by its repeated appearance, I feel compelled to ask, 1st. Is it paid for by him directly or indirectly? 2nd. Is this advertisement introduced with Mr. C.'s sanction? 3rd. Is he aware of its constant repetition? I will presume that all these questions are negatived. There is but one course *now* left for Mr. C. to pursue —i. e., to protest against and prevent this disgusting blazon of his merits in future. If he be passive on this occasion, he will be a discredit to the profession with which he claims kindred. In conclusion, I beg to say that I do not know, nor did I ever hear, of Mr. Chisholm, till he was assaulted in mistake for the Editor of the *Satirist*; and have but one motive, that of compelling an observation of those rules of propriety and decency in our profession, which it is an injury to the body politic, at this time especially, to violate. I am, Sir, your obedient servant,

ARGUS.

Nov. 13th, 1844.

THE PAYMENT OF SURGEONS BY THE COMMISSIONERS OF POLICE.

To the Editor of THE LANCET.

SIR,—As it may not be generally known to your professional readers, that the metropolitan commissioners of police pay the medical men who may be called to an accident in the street by one of the police, or if a policeman meets with an accident in the exercise of his duty, and applies to the nearest surgeon, I beg to inform them, through the medium of your journal, that they do so in the following manner. If the accident happen in the daytime, the commissioners pay the medical man three shillings and sixpence; if at night, seven shillings; and night is considered to commence at nine o'clock in the evening, when the policemen commence night duty. The bill must be made out to the commissioners of police, and the number and letter of the constable by whom called, or attended, mentioned.

I trust, for the benefit of those who are not aware of the rule, that you will allow a space in your excellent journal for this notice of it. I am, Sir, your most obedient servant,

H. HODSON RUGG.

Broadley-terrace, Nov. 28, 1844.

NEWS OF THE WEEK.

GUY'S HOSPITAL.—Mr. John Hilton, lecturer on anatomy and physiology at Guy's Hospital, has been appointed assistant-surgeon to that institution.

THE WEIGHT OF THE BRAIN OF THE LATE DR. ABERCROMBIE was not forty-six ounces, as announced in the biography which we gave, but sixty-four ounces, which is considerably above the average weight of that organ.

HOMŒOPATHY IN LEEDS.—The town of Leeds has recently, it appears been favoured with the presence of a homœopathic doctor, called Irvine. That individual, we are sorry to say, covers his pretensions with the Edinburgh M.D. degree, and on its strength has most imprudently endeavoured to thrust himself on the intimacy of the Leeds physicians. Dr. Chadwick, physician to the Leeds Infirmary, has forwarded to us a correspondence which has taken place between the Hanhemanist and himself. Wishing, no doubt, to shield his own ignorance by the sanction of an acquaintance with Dr. Chadwick, who stands deservedly high in the opinion of his fellow-townsmen, this Dr. Irvine, after making several calls, which were, very correctly, not noticed by Dr. Chadwick, was at last received by the latter, when an explanation ensued. Dr. Chadwick stated to him, in the most gentlemanly, but the most positive manner, that he could not possibly associate with a person professing homœopathy, even were that person in possession of the same medical degree as himself. The homœopathic charlatan, not satisfied with this mild private rebuke, subsequently insisted on receiving in writing from Dr. Chadwick the castigation which he so richly deserved, in order that he might shew it to his friends—a rather singular step on his part. We very much approve of the conduct of Dr. Chadwick, who has acted in this instance with judgment and firmness, and we recommend it to the imitation of his professional brethren. We may remark, that such people as this Leeds homœopathist must now be fully convinced that the University of Edinburgh does not in any way sanction their proceedings, since that University has recently deprived Dr. Henderson of his post as clinical professor at the Royal Infirmary, owing to his having treated some of his patients according to the absurd doctrines of Hahnemann.

THE FELLOWSHIP.—The first examination for the Fellowship of the Royal College of Surgeons took place on Tuesday, Dec. 3, and Thursday, Dec. 5, when, out of thirty candidates, the following had the unenviable title conferred on them:—Mr. R. Martin, Holbrook; Mr. Ward, Huntingdon; Mr. Rix, St. Neots; Mr. Sodon, jun., Bath; Mr. Boil, Arundel; Mr. Cotton, Lyme; Mr. Cheeseman, Sheffield; Mr. Rumsey, Gloucester; Mr. Ellison, Chester; Messrs. Robarts, Smith, and E. Enfield Barron, of London, together with three others, whose names have not been forwarded to us.

THE SURGEONSHIP TO THE CITY POLICE FORCE.—A petition against the election of Mr. Childs having been made to the Common Council, on the ground that he was not properly qualified, not having a recognised *medical* diploma, the matter was discussed in the court of Common Council on Thursday, the 5th instant, when a division took place, of which the following is the result:—"Petition of Thomas Abraham, and others, against the election of Mr. Childs as surgeon to the police, read." Motion—"To refer it to the police committee." Amendment—"To lie on the table." Court divided:—For the affirmative: The lord mayor, 3 aldermen, 46 commoners, 2 tellers—52. For the negative: 1 alderman, 19 commoners, 2 tellers—22. Majority in favour of Mr. Childs, 30. The petition ordered to lie on the table accordingly." The words of the Act of Parliament require that a surgeon shall be elected, and Mr. Childs being a member of the Royal College of Surgeons, was chosen by a considerable majority, from ten candidates, to fill the office. Mr. Abraham, the surgeon of Old Broad-street, in communicating to us the above facts, adds, that "this is not to be wondered at, because the police committee consists of the aldermen, the deputy aldermen, and a common councilman, from every ward, making altogether about seventy, who attended

in a strong muster to defeat the objects of the petitioners. It is the duty of the surgeon to the police force," says Mr. Abraham, "to attend the policemen in all their illnesses, and supply medicines, which Mr. Childs does from his own shop in Fore-street, and yet he is not licensed to practise by the Company of Apothecaries, who, therefore, are in duty bound to interfere, for the protection of their licentiates, and thereby shew themselves worthy of retaining the rights and privileges which Sir James Graham is trying to take to himself. The petitioners were afraid that their appeal to the corporation to redress an injury done to them by a committee of that body was like appealing from 'Philip drunk to Philip' *drunk*; but they preferred adopting that course before they called upon the Apothecaries' Company to prosecute Mr. Childs for illegal practice."

Miss Martineau and Mesmerism.—Mr. Greenhow, the medical attendant of Miss Martineau, has addressed the following note to the editor of the *Medical Gazette*:—

"In the notice of Miss Martineau's case, which appeared in the *Medical Gazette* of last week, it is assumed that an erroneous judgment has been formed as to the nature of her complaint, and that her age is different from what it really is.

"As the medical adviser of Miss Martineau during the last five years, I have to request that you and other members of the profession may suspend your judgment till a future period, when I shall probably be able to prove that neither in diagnosis nor prognosis (as to the final issue) of her complaint, have I been incorrect."

Royal College of Physicians, Edinburgh.—At the Annual Election Meeting of the Royal College of Physicians, held on the 5th inst., the following gentlemen were elected office-bearers for the ensuing year:—Dr. William Beilby, President; Dr. Robert Renton, Vice-President; Drs. J. H. Davidson and James Wood, Censors; Dr. Charles Ransford, Treasurer; Dr. David Craigie, Secretary; Dr. William Seller, Librarian; Dr. Robert Spittal, Fiscal; Dr. James Stark, Keeper of the Museum; Mr. Kenneth Mackenzie, Clerk; Mr. John Small, Under Librarian; and Dr. William Beilby, Dr. Robert Renton, Dr. J. H. Davidson, Dr. Robert Christison, Dr. David Craigie, Dr. Charles Ransford, Dr. George Paterson, Examiners of Foreign Graduates.

At the St. Marylebone Infirmary, Mr. J. E. Huxley has recently succeeded Mr. Whitwell in the office of out-door surgeon to that establishment.

Dr. Dalton has left the munificent sum of £2000 to found a Chair of Chemistry at Oxford.

Death of Mr. Tupper.—The newspapers announce the melancholy death of Mr. Martin Tupper, of New Burlington-street. Mr. Tupper was one of the oldest and most respectable general practitioners in the metropolis, and was formerly in partnership with the late Mr. Chilver. Mr. Tupper was to have moved one of the resolutions at the Marylebone meeting, but was unavoidably absent, in consequence of the alarming illness of the Earl of Limerick. He had repaired to the residence of that nobleman, on whom he had attended for forty years, and was found dead in bed on Sunday morning last. The earl had died on the previous night. We have reason to believe that Mr. Tupper felt strongly on the important questions discussed at the Marylebone meeting, and had he not been so unexpectedly removed from this scene of action, he would have devoted his energies and his purse to the protection of that class of the practitioners of medicine whose ruin is at present meditated.

St. Marylebone Infirmary.—At the present time, the guardians of St. Marylebone decline to fill up the vacancy caused by the resignation of Mr. Benjamin Phillips, one of the late surgeons to the Infirmary. Extensive alterations in the medical department of the institution are meditated.

The council of the College of Surgeons, during the days of the examination for the fellowship, closed the library and museum to the so-called "members" of that body.

The next meeting of the Royal Medical and Chirurgical Society will not be held until the second Tuesday in January.

The Marylebone and Westminster Association.—At the first meeting of the provisional committee, the sum of nearly two hundred pounds was subscribed by a few of the members present, and of this sum Mr. Pennington gives one hundred pounds.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Gentlemen admitted members on Friday, December 6th, 1844:—G. F. D. Evans, E. Hutchinson, J. A. Walmsley, T. H. Watt, W. H. Meadows, R. Thornton, H. Douglas.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who obtained certificates to practise as apothecaries in England and Wales, 5th Dec. 1844:—Robert Quigley Wallace, Dublin; Henry Douglas, Grantham; John Gerveys Grylls, Cornwall; Robert William Sanneman, Hounslow; George Gardiner, Bristol; Robert Scott.

THE MEDICAL SERVICE OF THE ARMY, NAVY, AND EAST INDIA COMPANY.—(November.)

Army.

War-Office, Nov. 1.—90th Foot—Assist. surg. M. W. Murphy, from 32rd Foot, to be assist. surg. vice Tardrew, appointed to 1st regt. of Life Guards.

DEATHS.

Aug. 3rd, at Kurachee, Dr. Stewart, 86th Foot.—Aug. 7th, Dr. Erly, inspector of hospitals.—Sept. 26th, Dr. Colclough, 1st Life Guards.—Oct. 6th, Surgeon Wallace.

Navy.

APPOINTMENTS.

Deputy Inspector of Hospitals and Fleets—Gilbert King, M.D. (1841), to Minden.

Surgeons—Peter Leonard (1829), to Eagle; David Dess (1836), to Amazon.

Assistant Surgeons—John Forbes, James Cronium, G. Simpson, and J. Wade, to Victory; D. J. Duigan (1844), and J. Collings, to Agincourt; D. Lyall, M.D. (1839), and J. A. Miller (1835) (addit.), to Formidable; G. Yeo (1842), to Penelope; Andrew Moffit (1839), to the Eagle; John Laffer (1837), to Linnet; Robert Wilcox (1815), to Volcano; D. Coulter, M.D. (1839), to Penelope; John S. Davidson (1837) (addit.), to Volage; T. Crawford (1838), to Eagle; N. L. Dalling (1841), to Cambrian; Walter Lawrence (1841), to Amazon.

East India Company.

BENGAL.

Civil.—Dr. P. Rolland assumed charge of med. duties of Kotah political agency on 29th Aug.—Surg. T. A. Wise, principal of Dacca college, assumed temp. char. of office of inspect. of colleges and schools, on 24th Aug.—Mr. assist. surg. W. Brydon, appointed to medical charge of Bhopal, conting. and political agency, in room of Dr. Inglis, prom.

Staff.—Surg. J. T. Pearson, M.D., app. surg. to gov. gen.

Medical.—Assist. surg. R. Dane, M.D., H. M. 29th foot, app. to med. ch. conval. depot at Landour.—Surg. H. Bonsfield, perm. to ret. from serv. on pen. of rank.—Assist. surg. H. M. Elton, app. to offic. as civ. assist. surg. of Malda.—Assist. surg. R. H. L. Bird, app. civ. assist. surg. of Boolunshehur, and assist. surg. T. A. Wethered, civ. assist. surg. of Shahjehanpore.—Assist. surg. H. Cope, dir. to do duty with right wing 61st N. I. at Kallinger.—Assist. surg. W. Crozier, placed at disp. of Lieut. Gov. N. W. Prov., for the purpose of accompanying his honour on his tour through the provinces.—Assist. surg. R. H. Irvine, M.D., Gwalior residency, placed at disp. of the comm.-in-chief, and posted to 21st N. I., at Barrackpore.—Surg. W. Mitchelson, rem. at own request from 11th cav., and posted to 11th N. I. at Cawnpore.—Assist. surg. J. Inglis, M.D., prom. to surg. v. Bonsfield, ret.—Surg. M. Lovell, transl. from 72nd to 12th N. I., and surg. A. Wilson, from latter to former corps.—Assist. surg. G. F. Thomson, M.D., posted to 12th N. I.

MADRAS.

Staff.—Assist. surg. W. B. Thompson, app. superint. of eye infirmary

Medical.—Assist. surg. Don, dec. at Kamptee, 2nd Sept.—Assist. surg. W. Trail, M.D., app. to do duty with the 4th N. I.—Assist. surg. J. Dorward, app. to med. ch. on Neilgherries.—Surg. T. Lane dec. at Madras, 26th Sept.—Assist. surg. J. Tait, app. to med. ch. of local corps in Tenasserim Prov.—Assist. surg. W. B. James, dec. at sea, 4th July.—Assist. surg. G. E. Edgcome, prom. to surg. v. Lane dec.—Assist. surg. C. Daubeny, app. to do duty under superin. surg. cen. div.—Assist. surg. B. G. Evans, to do duty under superin. surg. ceded dist., and assist. surg. B. S. Chimo to do duty with 1st Madras ins.—Assist. surg. E. Jopp, M.D., dir. to do duty under superin. surg. ceded dis.—Assist. surg. G. E. Edgcome, att. to collectorate of Bellary, replaced at disp. of comm.-in-chief for reg. duty.

Assistant Surgeon admitted to the Service.—Mr. G. Smith, M.D.

DEATHS.

At Madras, Sept. 26th, Thos. Moore Lane, Esq., priv. sec. to the Governor, and physician to H. H. the Nawaub.—At sea, July 4th, Assist. surg. W. R. James, M.D., med. dep.

BOMBAY.

Assist. surg. J. P. Malcolmson, rec. charge of post office at Aden from Lieut. C. J. Cruttenden, on 20th Sept.

Civil.—Assist. surg. C. Thatcher declared qualified trans. of public business in Guzerathee language.—Assist. surg. C. Morehead to be superintendent of the Grant Med. College, and surg. to Jamsetjee Jerjeebhoy Hospital.—Assist. surg. Thatcher, civ. surg. at Kaira, rec. charge of duties from assist. surg. Pitman, on 21st Oct.

Military.—Surg. A. Graham app. surg. to European general hos. staff.—Assist. surg. F. Ellis, app. to med. ch. 12th regt. N. I.—Assist. surg. G. Dickinson, app. to Balmeer outpost.—Assist. surg. E. Mahaffy, M.D., dir. to proceed to Hursole, and assist. surg. D. Wyllie, M.D., to Cutch, both for gen. duty.—Assist. surg. G. McKenzie, dir. to proceed to Bombay.—Assist. surg. E. Sabben, all. to proc. to Eur. on med. cert.—Assist. surgs. E. Wallace and J. H. Carter passed colloquial examin. in Hindostanee.—Assist. surg. E. Wallace, dir. to accomp. 4th comp. 2nd batt. artill. to Baroda.—Surg. F. Manisty, dir. to proc. to Poona for duty under sup. surg.—Assist. surg. C. Thatcher, civ. surg. at Kaira, passed prescribed examin. in Guzzeratiee, and assist. surg. F. Broughton that in Hindostanee—Assist. surg. G. Maitland, perm. to proc. to Eur. for benefit of health.—Assist. surg. Dimock, dir. to proc. to Malligaum, and relieve assist. surg. Thompson, ord. to join 5th N. I.

Assistant Surgeon admitted to the Service.—Mr. W. Fraser, M.D.

NOTICE.

In the present number we have reprinted, at the end of the correspondents, the title of Mr. Underhill's paper, which was erroneously given at page 252. We beg of our subscribers to cut out the correct title, and paste it over the erroneous one, in The Lancet for December the 1st, page 252.

THE ANNUAL VOLUMES OF THE LANCET.

A GREAT number of our subscribers have complained, at different times, of the inconvenience they suffer, in referring to the various annual volumes of this journal, in consequence of the dates not being in conformity with the calendar year; and, since the enlargement of THE LANCET, the complaints on this subject have increased in proportion to the addition which has been made, and is still being made, to the number of our readers. The complainants also state that in giving orders for the back numbers of the work, mistakes are sometimes made, from the Volumes being labelled, for instance, 1841-42, 1842-43, portions of two calendar years being thus included in two volumes which really only embrace a period of twelve months. Having maturely considered all the suggestions that have been offered to us on this subject, we are quite willing to make the proposed change; and, in future years, to commence the volumes in the first week of January, and close them in the last week of December. With regard to ourselves, and the machinery of our office, the arrangement is one of comparative indifference; but we naturally feel anxious to consult the convenience of our subscribers, and attend to their wishes. Should this plan, which has been so strongly pressed upon us, not be opposed by substantial objections, number ONE of the Volumes of THE LANCET, for the year 1845, will be published on SATURDAY, the 4th of JANUARY next.

CORRESPONDENTS.

Medicus Juvenis.—The pay of an assistant-surgeon in the East India Company's service is,—In a cavalry regiment, in garrison, 28*l.* 4*s.* 9*d.*; in the field, 30*l.* 5*s.* 10*d.* a month;—in an infantry regiment, in garrison, 18*l.* 13*s.* 4*d.*; in the field, 21*l.* 3*s.* 4*d.* The assistant-surgeon goes out to India at his own expense, and his pay does not commence until he lands in India. The cost of the passage is, on an average, about 100*l.* Since the withdrawal of the medicine allowance, instruments are provided for the medical officers by the company. There cannot be said to be any opportunities for dissection in India. There is no particular time of the year for making the appointments.

We had marked the energetic "appeal" of *Unus* (Kensington) for publication, but as the resolutions which were passed at the Hanover-square Meeting embody the views therein expressed, and echo the appeal to all the general practitioners throughout Great Britain, it would now be superfluous to insert it.

A General Practitioner, in a sensible and intelligent letter, which we regret not to have room to publish, expresses his surprise "that there has not yet been a meeting of quacks to thank Sir James Graham." We agree with him that the vote of thanks would come better from such an assembly, than from the medical practitioners of this country. We also think, with him, that the registration scheme would prove no check whatever on quackery, and no protection to the medical profession.

L. H.—So far from any additions having been made to the pay of assistant-surgeons in the East India Company's service since 1829, considerable reductions have been effected by the withdrawal of medicine-allowance money. We recommend L. H. to refer to Churchill's *Medical Almanac*, where he will find the information which he requires.

J. C. (Birmingham) says, "I am a graduate in medicine of the University of St. Andrew, a member of the London College of Surgeons, and a licentiate of the London Apothecaries' Company. With these qualifications, could I register under Sir James Graham's Bill as a physician, or only as a surgeon and licentiate? Clause twenty-eight speaks, in connexion with this subject, of 'any person legally practising as a physician, &c., *in any part* of the United Kingdom, &c.' Is not the graduate of St. Andrew's legally qualified to practise in St. Andrew's, or in any part of Fifeshire? Surely it would not be necessary for him to take the licence of the Edinburgh College of Physicians, which he is entitled to, if he like, by their charter." We reply, that he would be entitled to register as a physician in Scotland, and as a licentiate of medicine and surgery in England.

A Practitioner in the City of London is anxious to learn whether a surgeon of Cheltenham, or elsewhere, has succeeded in destroying the vitality of nasal polypus by touching it frequently with, or dropping upon it, the vinum opii, previous to its removal by the forceps.

The communications of *Dr. Craig*, of Paisley, and *An Assistant*, (Southport,) have been received.

The "Fatal Case of Uterine Phlebitis, recorded with daily notes, with Observations, and another, of Phlebitis after venesection," mentioned by Dr. James, of Sark, will be inserted.

Chirurgicus can recover at law a proper charge for attendance and medicines in a surgical case, although he be not a licentiate of the Apothecaries' Company. In consequence of his being a member of the College of Surgeons, the judge and jury may consider that his position in the court entitles him to the whole weight of authority which the law can furnish in such a case.

A correspondent says, "If a member of the College of Surgeons be called to examine a person, say a pauper, and a certificate be demanded from him as to the state of health of such person, he charging 10*s.* for it, can he recover as a surgeon, he not being an apothecary?" Our answer is, that he could not recover, either as a surgeon or as an apothecary, unless the persons employing him had given to him a legal undertaking to pay the demand.

A correspondent requests us to insert the following queries:—Is hydrophobia a violent excitement of the nervous system? Is the action of prussic acid on the nervous system precisely to the contrary effect? If so, might not a dose of prussic acid be administered to a person in an advanced stage of hydrophobia, sufficient to destroy life in a given time,—say, half an hour; and, having been allowed to operate for half that period in quieting the nerves, might not the protoxide of iron be then administered to neutralize the acid by converting it into Prussian blue! In an early stage, the mouth might be occasionally washed with a weak solution of the acid? Would it not be worth while to try experiments with prussic acid on rabid animals in the several stages of the disease? Is it not probable that diluted prussic acid might prove an efficacious ingredient in external applications, by rubbing the parts affected in all cases of neuralgia?

Some information has been sent to us relative to a death which, it is alleged, occurred, rather strangely, in a hydropathic establishment at Hampstead Heath, last summer. It is stated that a gentleman was taken to that receptacle, and died within a few hours after the departure of his relatives. A distantly connected member of the family has very earnestly requested us to ask whether any of the practitioners of Hampstead are acquainted with the circumstances of the catastrophe.

Epidermis.—Biett never wrote a didactic work on skin diseases. All that he has written on the subject is comprised in various articles which he contributed to the "Dictionnaire de Médecine et de Chirurgie." His clinical lectures were written by M. Cazenave, and form the groundwork of the latter's Manual, which has been translated by Dr. Burgess. M. Rayer's work has an atlas, and has been translated by Dr. Willis. Professor Grant has published a work, entitled "Outlines of Comparative Anatomy," one vol., 28*s.* Dr. Carswell's work can only be got by accident. Longmans have not any complete.

Axygos.—The two books are on different subjects. One is on practical surgery, the other, on anatomy. Both are good works, but it would be folly to expect to learn anything that is useful from either volume away from the bedside of patients, or out of the dissection-room. The prize essay referred to by our correspondent, was published by Mr. Churchill. As regards the remaining question, it is sufficient to reply, that the subject is discussed in most general works of reference on the practice of medicine and surgery.

Interrogator.—Is the coroner for Salop a member of the medical profession? Should our correspondent fail to answer this question, we hope that a reply will be forwarded to us by some other gentleman who resides in the neighbourhood.

A General Practitioner (Manchester).—The original resolutions, as they were printed in THE LANCET, were actually sent, officially, from Worcester, by Dr. Streeten, to Dr. Webster. This is an undeniable fact. We are glad to find that our correspondent is "undeceived." Hundreds of members of the association have derived an equal benefit from recent events. The "picture," however, of the imposition that was practised is not yet complete, but the artist will keep steadily to his work.

The letter of *A General Practitioner*, relating to the meeting at the Hanover-square Rooms, reached us too late to allow us to say, this week whether it can find a place in our pages.

The paper of *Dr. Robert H. Powell*, on "The Nature of Puerperal Convulsions and their Therapeutic Connexions," and the letter of *Mr. Pope*, have been received.

A Constant Reader.—If the report in *The Times* be correct, Mr. Baron Gurney was wrong in his law, and not the coroner for Salop. This we will prove by quoting a section of an Act of Parliament in the next LANCET. If the judges were aware of the injury which is often inflicted upon individuals, official persons as well as others, by the rash and inconsiderate declarations which they are frequently in the habit of uttering on the bench, we cannot believe that they would continue to pursue a course of conduct that is so irrational and objectionable.

A Practitioner out of Town.—Mr. H. S. Harris, of Windsor-place, City Road, is secretary to the Finsbury Medical Association.

The communication of *Dr. Fergusson* will be published.

We have received a second copy of the report that *Mr. T. V. Oates* (West Kent Infirmary) was so good as to send.

We shall probably notice, in a leading article, the remarks made in the journal mentioned by *J. A.*

The cases and letters forwarded by *Mr. T. E. R. Jones* (Gravesend), *Mr. George Harvey* (Castle Hedingham), and *Dr. Robert Hall* (Norwich), have been received.

Communications have been received from Mr. Thomas Leithead—Dr. R. M. Glover—Mr. Jones—Mr. Lambert—Mr. Manley—Mr. Porter—Mr. B. Smith—Mr. D. Meadows, and Mr. B. Fowler.

THE HYDRATED PEROXIDE OF IRON AN ANTIDOTE FOR ARSENIC.

MEDICAL.

A GENTLEMAN of suitable age and experience, amply qualified, and who can command the highest recommendations, is desirous of purchasing a Partnership, or the succession to a general practice of high respectability. The neighbourhood of London would be preferred. No agent need apply.—Communications to be addressed to F.R.S., care of Mr. Churchill, Medical Publisher, Princes-street, Soho.

TO THE FACULTY.

A GENTLEMAN and his Wife, of limited income, residing in a cottage a few miles from town, offer to a Medical Gentleman, of staid habits, a Bedroom and use of Parlour, furnished, rent free, in consideration of his Professional Advice to themselves.

Address, real name, &c., to A. B., Lancet Office, 46, Princes-street, Soho.

TO MEDICAL PRACTITIONERS.

A YOUNG GENTLEMAN, a Member of the Royal College of Surgeons, is desirous of obtaining a SITUATION as VISITING and DISPENSING ASSISTANT to a Surgeon in the country. The highest testimonials can be given as to qualifications, &c.

Apply by letter, (post paid,) to A. B., care of Mr. Pritchard, Chemist, King-street, Westminster.

MEDICAL.

A GOOD OPPORTUNITY now offers for a Gentleman of active habits and limited capital to join a Surgeon who has been in large practice nearly Thirty years in an extensive agricultural district, or the Practice to be disposed of altogether. There are two public appointments connected with it.—For particulars, apply, before Jan. 1, to Mr. Sagg, Surgeon, Sheriff Hatton, near York.

A YOUNG MAN is Desirous to engage himself as Visiting and Dispensing, or as a Dispensing Assistant, to a Private Practitioner, either in Town or Country. Satisfactory references will be given. Address, C. L., Post Office, Shrewsbury.

TO SURGEONS AND CHEMISTS.

THE Establishment of a Surgeon, with a handsome Retail Shop attached, to be disposed of, situated in the largest thoroughfare from the Strand, and has been established nearly twenty years. Terms about £300.—Apply to John Scott, Esq., solicitor, 8, Chancery-lane, or at 30 A, Park-street, Grosvenor-square.

TO any MEDICAL GENTLEMAN desirous of forming a Genteel Practice, a favourable opportunity now presents itself by taking a neatly fitted-up shop of a Chemist doing a snug family medicine trade, situate in a quiet, respectable neighbourhood, in the vicinity of several squares. Coming in £300.—Apply, T. S. P., Messrs. Davy and Co., wholesale druggists, 100, Upper Thames-street.

TO SURGEONS.—To be Disposed of immediately a Practice with an old established Retail attached, situated in a populous neighbourhood. Receipts about £500 per annum. This is a bonâ fide offer, as the business is to be Sold, under peculiar circumstances, and presents an excellent opportunity for a Surgeon to establish himself in a good practice. — Address, post paid, to Y. Z., Messrs. Davy and Macmurdos, 100, Upper Thames-street.

TO CHEMISTS AND DRUGGISTS.—An excellent opportunity presents itself to any party desirous of purchasing an old established business in the above line, in a large manufacturing town. The situation being first-rate, premises convenient and at a low rent. None need apply who cannot command £800. Reference required.—Address, S. S., 127, Blackfriars-road, London.

TO DENTISTS, &c.—To be Disposed of, in a large commercial town in Lancashire, the practice of a DENTIST, who wishes to retire, on account of bad health. The practice will be sold for a year and a-half purchase, including the house furniture and business fittings-up, which are very complete.—Letters, post paid, to be addressed to B. C. Bells' Fancy Repository, 9, Burlington-place, Old Kent-road.

WANTED A SITUATION as ASSISTANT to a General Medical Practitioner, in Town or Country, by an M.R.C.S., who has been some time in private practice.—Address, B. T., Post Office, Douglas, Isle of Man.

WANTED, by a Gentleman in good Practice in the Country, an ASSISTANT who has been accustomed to Visit, Dispense, keep the Books, and take the charge of Union patients. He must either be a Licentiate of the Hall, or Member of some College. As the situation is one in which he will be treated as a gentleman, it is quite indispensable that his character will bear strict investigation. To save trouble, replies will only be sent to those applications which appear likely to suit. Salary £30 per annum. — Apply, by letter, to Mr. Wood, wholesale druggist, 25, St. Mary Axe, London.

MEDICAL ASSISTANT.

WANTED by a GENERAL PRACTITIONER in the County of Essex, a Visiting and Dispensing Assistant, fully competent to attend Midwifery Cases, and Union Practice. He must be a neat Dispenser, a member of the Hall or College; not under twenty-five or twenty-six years of age, or above thirty-five. Such person will receive gentlemanly treatment in the family of the advertiser. A Salary of £40, with an annual increase.—For particulars apply to Mr. Thomas Smith, Chemist and Druggist, Colchester, (if by letter, post free.) Strict inquiries will be made as to honesty, sobriety, and good moral conduct.

TO SURGEONS.

MR. BATEMAN offers for immediate Disposal a Practice (Country) of about £275 per annum, (average.) It would suit a beginner well. The introduction would be short, yet effectual, as there is no one else near in the profession.—Mr. Bateman notifies that at this season of the year he posts medical books, makes out accounts, settles partnerships, and conducts arbitrations. References given.—Address, Mr. Bateman, Haricyford-road, Kennington.

MEDICAL PUPIL.—A duly qualified General Practitioner, engaged in a business which has been established for nearly forty years, and to which an extensive public appointment is attached, has a Vacancy for an In-door Apprentice. A gentleman who has served part of his time, might also find this an excellent opportunity to complete his education. The advertiser, residing within a few minutes' walk of one of the largest metropolitan hospitals, and having, by a public appointment, great practical advantages to offer in all branches of the profession, and especially in Midwifery.—Apply, by letter, to M. R. C. S., 36, Houndsditch, City.

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LECTURES
ON
ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE

University of Giessen.

BY JUSTUS LIEBIG, M.D., PH. D., F.R.S., M.R.I.A.
Professor of Chemistry in the University of Giessen.

CYANOGEN AND ITS COMPOUNDS, CONTINUED.—FERROCYANIDE OF POTASSIUM.

GENTLEMEN,—At the conclusion of my last lecture, I told you that cyanide of potassium forms double compounds with many of the insoluble metallic cyanides,—as, for instance, with cyanide of zinc, cyanide of nickel, cyanide of silver,—and that many of these double cyanides may be prepared by treating the sulphurets of these metals (such as sulphuret of copper, nickel, or zinc) with cyanide of potassium. I told you, also, that the sulphurets of iron and of cobalt comport themselves in a similar manner with cyanide of potassium, but that the double compounds which the latter substance forms with these two metals, differ entirely and absolutely in their deportment and properties from the double cyanides of zinc, copper, nickel, &c. &c.

We will now proceed to examine more minutely these double compounds which cyanide of potassium forms with iron and with cobalt, and in the first instance, the

FERROCYANIDE OF POTASSIUM.

If you heat sulphuret of iron, together with cyanide of potassium, you obtain a colourless solution which, upon cooling, or evaporation, yields yellow quadrilateral tables, consisting of ferrocyanide of potassium. To judge from its component elements, this compound contains two atoms of cyanide of potassium (2 Cy K) to one atom of protocyanide of iron, (Cy Fe,) but its deportment and properties evidently shew that it contains neither cyanide of potassium nor protocyanide of iron. The above-mentioned double compounds, formed by cyanide of potassium with cyanide of silver, of nickel, of zinc, manifest an alkaline reaction, and are decomposed even by acetic acid, with evolution of hydrocyanic acid, whilst the ferrocyanide of potassium is perfectly neutral, and does not undergo decomposition by acetic acid. Moreover, the double cyanides of potassium and silver, potassium and zinc, &c. &c., do not contain any water in their crystalline state, whilst the crystals of ferrocyanide of potassium contain three atoms of water, the oxygen and hydrogen of which is sufficient to convert the metals contained therein into oxides, on the one hand, and the cyanogen into hydrocyanic acid on the other; this water of crystallization escapes at the temperature of boiling water. The following is, however, the most remarkable reaction of this double compound of cyanide of potassium with iron:—If a cold saturated solution of ferrocyanide of potassium be mixed with one fourth its volume of common hydrochloric acid, and then half its volume of ether, perfectly free from alcohol, added, and the mixture well agitated, a white pappy and crystalline substance will be observed to gather on the surface of the fluid, which may be collected on a filter, and purified by washing with ether. The crystals composing this mass, exhibit, when dry, a silky lustre; they are soluble in water and in alcohol, and crystallize readily from their alcoholic solution. The composition of this crystalline substance has been ascertained, and we know that it contains the same amount of iron as ferrocyanide of potassium, but is free from potassium, containing hydrogen in its place. The following is the formula of this substance compared with that of ferrocyanide of potassium:—

Ferrocyanide of Potassium.	New substance.
$Cy_3\,Fe + 2\,K$	$Cy_3\,Fe + 2\,H$

Now, what is the nature of the new substance thus obtained from ferrocyanide of potassium by means of hydrochloric acid and ether? It has evidently been formed by the transposition of the ferrocyanide of potassium with two equivalents of hydrochloric acid. Two equivalents of chlorine (of the hydrochloric acid) have combined with the two equivalents of potassium, whilst the hydrogen of this acid has replaced the two equivalents of potassium.

$$\left.\begin{matrix} Cy_3\,Fe + 2\,K \\ + \\ 2\,Cl + 2\,H \end{matrix}\right\} = \left\{\begin{matrix} Cy_3\,Fe + 2\,H \\ Cl_2 + K_2 \end{matrix}\right.$$

It is quite obvious that any intelligible notion respecting the chemical constitution of this hydrogen compound can only be derived from a knowledge of its properties; now, these properties are very remarkable.

This compound of cyanogen, hydrogen and iron, has a highly acid taste, reddens litmus-paper, is crystallizable, decomposes the carbonates, with lively effervescence, and likewise the acetates, and expels hydrocyanic acid from cyanide of potassium. You will readily conceive, therefore, that this substance is an acid, and, indeed, a far stronger acid than hydrocyanic acid; the latter does not decompose the carbonates, and the reaction of cyanide of potassium is invariably alkaline. This new ferronaceous acid neutralizes the alkalies completely; when neutralized with potass, it forms again ferrocyanide of potassium. The compounds which it forms with the alkalies are not in the slightest degree poisonous, but exercise simply a purgative action, like many other salts, whilst the compounds formed by hydrocyanic acid are highly poisonous. At a certain manufactory, where ferrocyanide of potassium was prepared on a large scale, I found, upon analyzing the water of the well which supplied the manufactory, ferrocyanide of potassium in solution to such an amount, that upon simply mixing this water with an iron salt, it yielded immediately a precipitate of prussian blue; and yet this water was used as drink, and in the cooking and preparation of all the food consumed by those connected with this manufactory: this must certainly be considered as a striking proof of the utter innocuousness of ferrocyanide of potassium.

One glance at the formula of this ferronaceous acid is sufficient to shew that it contains the element of hydrocyanic acid and of protocyanide of iron.

$$\left.\begin{matrix} Cy_3 \\ Cy \end{matrix}\right\} + \left.\begin{matrix} H_3 \\ Fe \end{matrix}\right\} = Cy_3\,Fe\,H_3$$

But it can hardly be called in question that the hydrocyanic acid exists no longer *as such* in this compound.

We may assume this new compound to be formed by the conjunction of hydrocyanic acid with protocyanide of iron; but it is evident, at the same time, that it contains no longer any hydrocyanic acid or protocyanide of iron, although both these substances may be obtained from it by decomposition.

Protocyanide of iron, according to the rules of analogy, cannot be considered *per se* as an acid; it is impossible that it should possess acid properties, like hydrocyanic acid; and yet here we see that its combination with hydrocyanic acid gives rise to the formation of an acid far more powerful and decided in its acid character than the latter—an acid capable of neutralizing bases completely, and of expelling hydrocyanic acid from its combinations with bases. These altered properties may be explained by assuming that this new acid contains a new radical, formed by the conjunction of three equivalents of cyanogen with one equivalent of iron; this new radical would then form, in combination with two equivalents of hydrogen, a new acid, (and this a bibasic one,) which would consequently contain in one atom three atoms of cyanogen, exactly like cyanuric acid. Cyanuric acid, assumed anhydrous, contains three atoms of oxygen, and these three atoms of oxygen would thus be replaced in this new acid by one atom of iron and two atoms of hydrogen. The whole deportment and all the re-actions of this new acid shew that its hydrogen may be replaced by its equivalent of potassium, lead, and many other metals; but its iron cannot be replaced by metals; we must therefore assume this iron to exist in the acid in a state of combination different from that in which the hydrogen exists therein; and the clearest and most intelligible supposition illustrative of this different state of combination, seems certainly to be that, according to which we consider the iron to form a constituent element of the radical of the new substance.

Indeed, the common re-agents, such as tincture of gall-nuts, or sulphuret of ammonium, &c. &c., do not indicate the presence of iron either in the new acid or in any of its compounds: it is only upon the destruction of the acid that the iron may be proved to form one of its constituents.

We will assign to this new acid the name of *ferrocyanide of hydrogen*, or *ferrocyanic acid*, and to its compounds with metals, the name of *ferrocyanides*. (For instance, ferrocyanide of potassium, ferrocyanide of lead.)

It is not easily conceivable or explicable in what manner the ether acts in the preparation of ferrocyanic acid: the part which it performs in the production of this substance is certainly very striking and curious. There is no doubt but that, upon the addition of hydrochloric acid to ferrocyanide of potassium, ferrocyanic acid is liberated: now, upon adding ether, and agitating the mixture strongly, this ferrocyanic acid separates from the water and gains the surface of the fluid in a crystalline state, together with the ether, but *without dissolving in this latter substance.* This non-solution of the ferrocyanic acid in the ether is a circumstance which deserves our particular attention. If we agitate the aqueous

solution of a volatile oil,—such as oil of roses, for instance, with ether,—the volatile oil separates from the water, being withdrawn from this menstruum by the ether. But this separation of the volatile oil from its aqueous menstruum is owing to the solubility of the oil in ether. Now the separation of the ferrocyanic acid from its aqueous menstruum takes place without subsequent solution of the acid in the ether. It seems, therefore, in this instance, as if the separation of the ferrocyanic acid from its aqueous menstruum were dependent upon the insolubility of this acid in water saturated with ether; it is, however, possible, also, that the ether forms with the ferrocyanic acid a compound insoluble in water and ether, and which compound yields up its ether upon being dried in the air.

Dried ferrocyanic acid is anhydrous; it remains unaltered in a dry atmosphere, but in moist air it becomes converted, with loss of hydrocyanic acid, into a blue powder, very much like prussian blue. Ferrocyanic acid, when heated in carbonic acid gas to the boiling point of water, decomposes into hydrocyanic acid and white protocyanide of iron. I have already stated that ferrocyanic acid dissolves in alcohol. This alcoholic solution is of the consistence of a syrup, and when brought under the exhausted receiver of an air-pump, it solidifies into a solid, hard crystalline mass.

Ferrocyanide of potassium is manufactured, on a large scale, by exposing dry carbonate of potass, together with calcined blood, horn, hoofs, and bristles, in iron vessels, to a red heat, until the whole mass is in a state of fusion, and evolves no longer any gas; the mass is then removed from the vessels and washed, after cooling, so as to dissolve its soluble part; the solution is then evaporated. The ferrocyanide of potassium which crystallizes from it, upon this evaporation, is not quite pure; it is therefore purified by re-crystallization. The method adopted at several manufactories is to fuse the mixture of carbonate of potass with animal charcoal, with a bright fire in stoves, similar to soda stoves.

It is only recently that the theory of the formation of this salt has been more closely studied, and its true nature apprehended. From the manner of preparation of cyanide of potassium, which I have described to you on a former occasion, it is self-evident that a mixture of ferrocyanide of potassium with carbonate of potass, after having been exposed to a red heat, can no longer contain any trace of ferrocyanide of potassium, but simply cyanide of potassium; it has, indeed, been found that the crude mass, obtained upon fusing carbonate of potass together with animal charcoal, contains no ready-formed ferrocyanide of potassium, but simply cyanide of potassium, and that the ferrocyanide of potassium forms only upon the solution of the crude mass in water.

The formation of this salt, under these circumstances, rests upon the deportment of cyanide of potassium with sulphuret of iron and metallic iron. The carbonate of potass employed in the fabrication of ferrocyanide of potassium, is never free from sulphate of potass, which at a red heat becomes reduced by charcoal to a mixture of bisulphuret of potassium with potass: this bisulphuret of potassium yields part of its sulphur to the iron of the iron vessel in which the fusion is effected, sulphuret of iron is formed, and this dissolves in the fusing mass. Upon the subsequent solution of the fused mass in water, with the application of a gentle heat, the sulphuret of iron dissolves in the cyanide of potassium and ferrocyanide of potassium and sulphuret of potassium are formed. It is owing to the formation of sulphuret of iron that the iron vessels become perforated and useless, after having been for some time employed in the preparation of ferrocyanide of potassium. The tendency of cyanide of potassium to become converted into ferrocyanide of potassium when in contact with iron, is exceedingly great.

Upon heating metallic iron with a concentrated solution of cyanide of potassium, taking care to preclude the access of air, the iron dissolves, hydrogen gas being evolved at the same time. Ferrocyanide of potassium and oxide of potassium are formed; upon moistening metallic iron with a solution of cyanide of potassium, oxygen is absorbed with great rapidity, and this oxygen combines with part of the potassium. The oxide of potassium which is thus formed, separates, and the portion of potassium which it withdraws from the cyanide is replaced by an equivalent amount of iron.

Ferrocyanide of potassium is decomposed at a red heat into carburet of iron and cyanide of potassium. This decomposition, as well as the deportment which I have just now described, proves evidently that the crude mass obtained by fusing carbonate of potass at a red heat, together with animal charcoal, cannot contain any ferrocyanide of potassium, but must consist simply of cyanide of potassium. From a due consideration of these facts and circumstances may be derived a few useful hints concerning the fabrication of ferrocyanide of potassium: thus, for instance, as cyanide of potassium absorbs oxygen with avidity at a red heat, and becomes thus converted into cyanate of potass, it is necessary to exclude the access of air very carefully upon exposing to a red heat animal matter, together with carbonate of potass; fusion in well-closed iron pans must therefore be preferred to fusion in stoves, at a blazing fire.

Further: were sulphate of potass excluded *entirely* from the mass, this would completely prevent the formation of sulphuret of potassium, and consequently that of sulphuret of iron, and thus the iron pans used for the fusion of the animal charcoal with carbonate of potass would not suffer any deterioration. To transform the cyanide of potassium, which the crude fused mass contains, into ferrocyanide of potassium, it is sufficient to treat this mass with cold water, so as to dissolve its soluble part, to mix the solution obtained with iron turnings or iron filings, and to expose the mixture, in flat iron vessels, for some time to the action of the atmosphere. Under these circumstances the iron becomes dissolved in a very short time, and ferrocyanide of potassium is formed, corresponding in amount to the quantity of cyanide of potassium present. This ferrocyanide of potassium crystallizes out of the solution, upon the concentration of the latter; the remaining decanted mother liquor is evaporated, and used as potass.

It has been asserted by several chemists, that the transmission of atmospheric air through a mixture of charcoal and carbonate of potass, at a white heat, gives rise to the formation of cyanide of potassium, and, in explanation of this asserted fact, these chemists have given it as their opinion, that at this high temperature the nitrogen of the atmosphere combines with the carbon, forming cyanogen. This assertion, and the inference drawn from it, have, however, been contradicted and disproved by the experiments of other chemists, who state that they did not observe the formation of cyanide of potassium under these circumstances. Yet upon this but slenderly supported assertion, a method has been devised of producing large masses of cyanide of potassium for the fabrication of ferrocyanide of potassium; manufactories have been established for this purpose at Paris and at Newcastle, where the production of cyanide of potassium by this method has been attempted, but the results obtained have hitherto proved unfavourable. The experiments made in these manufactories will, however, at any rate, decide the question whether the nitrogen of the atmosphere is capable of entering into chemical combination in presence of potassium and charcoal—a fact which has hitherto been, with reason, disputed.

It is a remarkable circumstance, that the black mass which, in the production of potassium from calcined tartar, passes over together with the potassium, as I had occasion to remark, in the course of a former lecture, leaves upon its rectification, for the purpose of obtaining the potassium which it contains, a residue which yields a copious amount of prussian blue when brought into contact with hydrochloric acid and an iron salt. It is evident, therefore, that this residue contains cyanide of potassium, the nitrogen of which cannot proceed from the atmosphere, but must exist in the carbonate of potass prepared from purified tartar.

The further consideration of the properties and reaction of ferrocyanide of potassium I will defer till the next lecture.

POINTS CONNECTED WITH SMALL POX AND VACCINATION.

The following replies were made by Mr. Marson, at a late meeting of the Westminster Medical Society, to questions put to him by various members:—The Small-pox Hospital was nearly full at the present time, seventy patients a month having of late been received. With two exceptions—viz., 1781 and 1838—the hospital has never, since its foundation, contained a greater number of patients. The character of the disease presented nothing unusual, and was fatal from the same causes as formerly. As a proof of the increase in vaccination, as many protected patients, as unprotected, had of late been received into the hospital—a circumstance quite new in the history of the institution. Of the patients admitted after vaccination, five out of six were between the ages of eighteen and twenty-three. In those whom the cicatrix of cow-pock was perfect and well-marked, the small-pox was three times less fatal than when the cicatrix was imperfect. The new vaccine lymph left a better cicatrix than the old matter. He had re-vaccinated about three thousand persons; the vesicle seldom went through its proper stages; the areola was irregular, and the progress of the vesicle subsided about the fifth day. Females about nineteen seemed to be most susceptible of the influence of re-vaccination.

Dr. Ayres had found, in two cases, that the blood of small-pox patients was remarkably thin, the clot being so loose that he could draw his finger through it.

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BY ROBERT LISTON, ESQ., F.R.S.

Senior Surgeon to the University College Hospital, and Professor of Clinical Surgery in the College.

LECTURE XIV.

Extirpation of the breast.—Necrosis of the clavicle.—Removal.—Wounds in the axilla.—Aneurism at the bend of the arm.—Spontaneous aneurism.

WHEN we last met here, I pointed out some of the fibrous and other tumours of the mamma, and contrasted their appearance with that of true cancer. There are here before you some very good specimens of these diseases. Here is a tumour under the mammary gland, and it is surrounded by a dense cellular cyst. It looks almost like tubercular matter; it is a sort of nondescript tumour: one could not, before its removal, tell exactly what it was made of, for the gland of the mamma was spread completely over it. There are also before you some of these cystic tumours. Here is a very good one, containing a number of cells, some of large size. Here is one, again, composed entirely of an interlacement of fibres, these forming a vast number of compartments. This contained a quantity of very dark fluid, and lay underneath the mamma. I have before shewn you the appearance of the malignant disease in its commencement, and also in its more advanced stages.

True cancer, then, generally commences in the centre of the gland, and involves the lactiferous tubes; or it may, as you have seen, develop itself in a part removed from the centre of the gland, perhaps towards the axilla; in the end, it generally involves the rest of the structure. The disease often leads to the destruction of the nipple, comes to the surface, and tubercles begin to project externally, as represented in these casts and drawings. The tumour adheres to the deep-seated parts, then the glands become affected towards the axilla, also towards and above the clavicle. Ulceration commences in some of these tubercles, and at last a large cavity is formed, pouring out a bloody, fœtid, sanious fluid. A fungus is now and then thrown out, and the edges of the sore become everted. The patient then begins to have a tickling cough; there is difficulty of breathing, effusion takes place into the chest, and she soon perishes. Perhaps the disease commences in the skin—this becomes discoloured, dark-red, condensed, and tuberculated—and is, after a time, communicated to the gland; but it does not make such rapid progress in this case, as when it commences under the surface. Cases are seen, where the skin, covering both sides of the chest, and all round the back, is affected. The parts are hard and unyielding, and are extensively pervaded by tubercles. I saw an instance of this the other day, in a woman under thirty years of age: the motions of the chest, and of the upper extremities, were much impeded by the indurated state of the skin. The disease, whenever it commences, may advance so far before the patient sinks under it, that the internal organs become affected, the glands, the lungs, the liver, the uterus, and very frequently the bones, become diseased. The latter become exceedingly brittle, and now and then give way.

At a very early period, the lymphatics are disposed to take on disease. I made the same remark in speaking of cancerous affections of the lip; and here also, although the primary disease may be early removed, and the patient apparently recovers, yet the disease is exceedingly apt to recur. It may do so in the cicatrix, or that may remain sound for some years; but then you find cancerous affection of the axillary glands, with œdematous swellings of the corresponding arm.

Some of the tumours of the mamma may be made to disappear by the application of pressure. Pressure, I told you, had been much recommended and employed by Dr. Neil Arnott. Even in malignant disease, where it is considered that it has advanced too far for the operation to be had recourse to, great relief has been afforded by pressure well applied, and the tumour has to a great extent disappeared. In many other cases, again, the pressure causes great suffering, and cannot be submitted to long. The diseased action in the part is, of course, not permanently arrested, nor can any reasonable person imagine that the patient can be freed from the constitutional tendency, that the cancerous action can be prevented from shewing itself in the lymphatics around, or in organs far removed from the original seat of mischief. Although the fatty matter around the mamma is absorbed, and the tumour lies flat on the ribs, yet the disease goes on as if nothing had been done. I have seen several cases treated in this way; and there have been some in the hospital under the care of Mr. Quain. On a post mortem examination of patients so treated, I have found the cancerous degeneration extensive enough, both in the mamma and in other parts.

In all these cases of cystic and fibrous tumours, the operation of removing the mamma may be undertaken with a very fair prospect of success; but sometimes the disease returns, and it is sure to do so if the whole of the tumour is not taken away. I believe that the whole of this tumour was removed—the one I have already shewn you as having been overspread by the mammary gland; there is every appearance of it, from the preparation, but some twelve months afterwards, this patient returned with a fungous tumour in the cicatrix. That was taken out by a

very free excision of the part, and, so far as I know, there was no return of the disease. I watched the case for a considerable time afterwards.

You meet with tumours which, upon careful examination, you scarcely think can be malignant, and are led to suppose that there will be no return of the disease. Here is a tumour of that description. I thought there was a great chance of the patient remaining free from the malady. She was a young woman, not much over thirty; the tumour was very loose, there was not the least trace of disease of the lymphatics, and she was in excellent health. It was excised: there was a great quantity of fatty matter about it; but on cutting into it, it was very different in structure from what I had anticipated. It is a kind of tumour

of which you will scarcely find a description in books. It was a strange, soft-looking mass, and there was a great deal of coagulated blood in it, and a quantity of clot, without the colouring matter; but there was also some curious pultaceous stuff amongst it. I was therefore not very much astonished, when the patient returned, some months afterwards, with a re-appearance of the

disease. There were three or four fungous buds in the cicatrix. The patient was still anxious to submit to anything for a chance of cure; and looking to the state of her health, seeing that there was still no affection of the lymphatics, and that the glands were quite natural in the axilla, I determined on taking the diseased parts away a second time. The patient was a stout and corpulent woman, and I cut out an immense quantity of the surrounding tissue —skin, fat, and even pectoral muscle,—for the tumour adhered firmly to the fascia of the pectoral muscle, and was incorporated with its fibres. Here are still some of the fibres adherent to the morbid mass. This operation was perfectly and permanently successful: it was performed, I think, nine years ago, and, a twelvemonth since, there was not any trace of the disease whatever. This you cannot expect to be the case where the disease is decidedly carcinomatous. You do find, however, that in some few cases, where, upon examining the tumour taken out, there is every trace of carcinoma, there is still no return of the mischief; but these are the exceptions to the rule.

In the non-malignant diseases, you will now and then have recourse to the operation for removing the mamma, and, in general, you will be obliged to take away the whole of the gland along with the tumour. There are, however, some cases in which you can cut below the mamma, and take the tumour away, leaving the gland behind. I have had occasion to do this more than once; but if the tumour adheres to the gland, you cannot get it clean away, and it is better to remove that also; for you must not, in any instance, leave a trace of the disease behind. If you should ever operate for malignant disease, in order to insure, as far as possible, immunity from its recurrence, you take away the whole of the gland, and dissect out a large mass of fatty tissue, that may appear sound. You can remove the whole of the mammary gland, when involved in disease, much more easily than sound portions of it. In all cases, especial care must be taken to go very wide of the disease. There are, as you know, white bands spreading out from the central portion, here and there, into the fatty matter, and you must keep at a distance from these. After taking out the tumour, wash it, scrape the surface, and see that there is no indurated matter upon it; if there is, you must take out those parts which correspond with that portion of the tumour.

Suppose you have got a case of tumour of the breast, which you think you may, with propriety, remove; you must consider the way in which that operation can be done most effectively, and with the least suffering to the patient. It is, under any circumstances, a horrid-looking operation, and one which a surgeon would not undertake willingly, and certainly not unless he had very strong hopes indeed of ultimately freeing the patient entirely from disease, and saving her much misery. You must, of course, use a knife large enough to make an incision cleverly—a broad-bladed, full-sized bistoury; you must be provided with a small hook or two, blunt, and sharp-pointed; and you must provide, also, means to stop the bleeding—artery forceps and ligatures. Much of the old apparatus was sufficiently coarse. I have here the large clasp-knife with which old Boyer used to cut out breasts. In some of the old books there are represented the knives which were used, and also the forks. The tumour is represented by Parmannus, an old Silesian surgeon, with a huge flat-pronged fork stuck through it, and there is a great knife by the side of it, with which the breast was to be shaved off, integuments and all! Some used to transfix the tumour with a couple of coarse ligatures, by means of which it was pulled forcibly from the ribs, and then it was cut away with a large-bladed knife, —the parts being thus left to heal by granulation, as they best might. Even in Heister's "Surgery," you will find some very strange apparatus described for holding and shaving off diseased mammæ—instruments upon the same principle as some of those of late so much in fashion for taking off enlarged tonsils. The examination of the plates alone is enough to make one's blood run cold. In those days they cut off tumours, instead of cutting them out, as we do now.

You must, as I have told you, take away the whole of the disease; but you can generally do that, and yet leave integument enough to cover the wound, or nearly so. Sometimes, however, this cannot be effected; but if you are to remove the affection at all, the whole must be removed, at whatever cost. When the disease involves the entire gland, and whenever you purpose to take the whole of the mamma away, you will be obliged to make two incisions, embracing the nipple and more or less of the integument around it. Having the arm carried out, and put the parts on the stretch, you commence the wound, towards the axilla, and draw the knife right over the gland. Make the lower incision first, in order that the parts may not be obscured by blood. You then make the upper incision, which is by no means so long a one, in such a way as to surround the nipple. You then take hold of the skin with the fingers of the left hand, dissect it from the tumour, and detach it thoroughly. Having thus got the mass exposed, you will begin to dissect it from the pectoral muscle. It is always well to take away the fascia of the muscle. You very frequently find that the disease has some connexion with it; and it very often seems to re-commence in this tissue. You have a good deal of bleeding, and you find that most of the vessels spring from immediately under the corner of the pectoral muscle. The assistant puts his finger there; and there may also be some branches from above, which must be stopped, in the same way, from pouring out their contents. You then go on detaching the tumour, taking care, as I have said, to keep wide of it. By proceeding thus, you may, with perfect safety, remove such tumours of the mamma as you see here, of seven, ten or twelve pounds, without being obliged to tie a single vessel till after the dissection is quite completed. Having got it out, you look at the tumour carefully, to see that the whole is removed, and being satisfied on that point, you commence tying the vessels, placing some ligatures upon them, and then cover the wound, for a time, with pieces of lint, dipped in cold water, and frequently renewed. A bit of tissue, such as the goldbeater's skin is made of, may be laid over the raw surface, and the lint upon that; thus the lint is prevented, in the first instance, from adhering; after discharge has been established, the dressings are easily enough changed, and without pain. It has been recommended to place the edges of the wound together at once, to keep them in apposition by sutures and strips of adhesive plaster, to put in dressings, and retain these by a bandage passed round the chest; it has been advised, also, that a second roller should be applied very tightly, for some hours, to prevent hæmorrhage. But if this be done, in nine cases out of ten the patient will be subjected to intense pain; the blood will ooze under the bandages in spite of all the pressure, and you will be under the necessity of pulling all off, turning out the coagula, and perhaps tying more vessels. If you should, after all, persevere in this plan, you will find, at the end of four or five days, that there is great distention of the wound; it is filled up with a putrid clot, and, for a considerable time, there is a frightful discharge of very fœtid matter and slough; whereas, if you apply merely a pledget of wet lint for five or six hours, then put in one or two sutures, (these even may not be required,) and put the edges together with isinglass plaster, in all probability the greater part of the wound will heal by the first intention, and the cure will be thus much abridged; there will be very little discharge, and no pain to complain of. Of course, unless the parts come readily together, and without strain, no attempts should be made to hold them in apposition; anything but good will come of such practice.

You are obliged now and then to remove the male breast. It becomes affected, much less frequently, to be sure, but in the same way as the corresponding organ in the female. Here are specimens of the disease, and it runs exactly the same course—lymphatics become affected, ulceration takes place, and the patient will probably perish in the end, in consequence of internal malignant disease. You sometimes, by taking it early, prevent the disease following this course, but it is very apt to recur here or in other parts. In cases where the operation has been performed, on account of malignant disease, you scarcely ever have an opportunity of interfering again to advantage. If, in these

cases, there is any reason to think that the lymphatics are affected, of course you cannot meddle with them.

The clavicle is sometimes the seat of disease. Now and then, but not often, necrosis takes place, generally in consequence of violent injury. It may occur to a slight extent, or the whole of the bone may be destroyed—mortified. You must wait till nature has completed the process, and then make an incision and take out the sequestrum. I have a specimen in my collection of the whole of this bone thus taken away. There was, in this instance, as you will easily understand, no reproduction: the arm fell forward, and the motions above the head were lost.

This bone is now and then the seat of osteosarcoma, and is affected by a sort of cartilaginous tumour. The disease commences in the bone, or in the medullary canal. Again: you meet with softish tumours affecting the clavicle, of a bad kind, what have been called "*tumores mali moris.*" These cannot be interfered with, especially if the glands are affected; but where the disease is of the same nature as that I described as occurring in the upper jaw—fibro-cartilaginous—then you may remove that part of the bone which is affected, or even the whole bone. This has been done a very few times. I once took out the collar-bone affected by a very large soft sarcomatous tumour, very much against my will, for I was well satisfied that the disease was of a very bad kind. It had attained a large size in four months, yet the patient was in very good health. I at first declined the operation, but I was assailed with great importunity by the patient's friends, and by two medical men who had attended him. I refused over and over again to interfere, but at last they came back, fortified with the *written* opinions of two of the most experienced surgeons in town—both most deservedly respected and looked up to for advice in surgical matters—that the disease must be taken out, and I was told that I must do it. Like a great simpleton, I at last consented to perform the operation, on the condition that one of these gentlemen should be present to assist me. He did attend, and assisted most admirably: the whole of the disease was extirpated, but, as I suspected, in three or four months the patient returned with a tumour in the axilla, and tumours in other parts, which very soon made frightful progress, broke out, and carried him off. In other cases—those of fibrous or cartilaginous tumour—I should have no objection to remove the clavicle, because, although it is a formidable operation, it is not attended with immediate risk to life, and you are therefore justified in having recourse to it. It is attended with some little difficulty; there are very important parts under it; but by dissecting close upon the bone and tumour, you avoid the nerves and vessels.

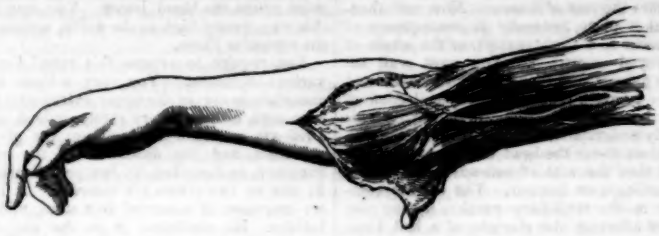
You expose the tumour, and get hold of the external extremity of the bone; or if the tumour is towards the shoulder, you may cut it through, near the clavicular articulation. You first cut down upon the bone, and divide it with as little disturbance of the parts as possible, with the view of avoiding hæmorrhage. Having cut the bone through by means of a small saw, you detach it thoroughly from the soft parts. Small copper spatulas are of immense use in this operation; for part of the dissection requires to be made at some depth, and you must have the parts well held asunder, in order to get a proper view of the organs you are amongst. Here is an old fashioned instrument, which I found exceedingly useful in this operation. You must be prepared for the difficulty of managing the clavicle, after you have cut it through; you therefore fix this screw into the bone, and cut in the way I now do. You see the advantage this proceeding gives you over the tumour; but for this the bone would have been slipping out of my fingers: it is a capital lever. So much for taking out the clavicle—an operation that you will not be called very often to perform.

Then you may meet with cases of wounds in the axilla, or under the clavicle, and in circumstances of this kind you will be called upon to cut down and tie the vessel where it is involved. If you are called in within a few days of the injury, and blood has been bursting out from time to time, it will be better at once to tie the vessel where it is wounded, above and below. You are well aware that were you to tie the vessel only at one point, and that close to the wound, you would almost certainly have profuse hæmorrhage from the other. Instead of tying the subclavian, in cases of recent wounds in this region, you must cut down and tie the axillary portion of the artery. You can tie it immediately under the clavicle, in the first part of its course, or low down. In the middle it is difficult to get a ligature round it, in consequence of the nerves interlacing and covering it. You get down upon the vessel by dividing freely the fibres of the larger pectoral muscle; you divide them as much as possible in their course. When you have got into the space, you find the vein, which is rather troublesome in this neighbourhood; but you can avoid it easily enough, and pass a ligature round the artery. If the artery is wounded in the lower third of its course you would cut down under the border of the pectoral muscle, throwing the arm uncommonly well back. You can then trace the vessel up to the point where the blood issues. You may tie it easily enough in this way, pretty high in the axilla, without interfering at all with the muscular fibres.

You require to expose this vessel lower down, and that on various accounts. You very seldom meet with spontaneous aneurism lower in the upper extremities than the axilla. It has been seen, although very rarely, indeed, at the bend of the arm; I refer to aneurism arising from the giving way of the internal coats, and the dilatation of the external ones—the true aneurism, as described by Scarpa. Scarpa mentions one case of it; one or two others are recorded. It has been my fortune to see one case: it occurred in a stout, middle-aged man, a shipbuilder. He attributed it to the use of the arm in wielding a mallet in driving bolts. Formerly aneurism occurred at the bend of the arm, very often, indeed, as a consequence of incautious bloodletting, and it is still occasionally met with, resulting from this cause. When it has attained a large size, you may be called upon to tie the humeral artery for it. Aneurism does not follow as a necessary consequence from the vessel being wounded during the attempt to bleed. If the person who bleeds knows what he is about, he will not wound the vessel; but if the accident take place, and he knows something of his profession—and if he did, you will say, he could not commit such a blunder,—or if any one who is properly informed interferes at the time, and adopts proper measures, the effusion of blood into the cellular tissue—in other words, the formation of a cyst—may be prevented. After the blood has escaped in any quantity into the cellular tissue, or has been suffered to gain access to the neighbouring vessels, and has caused a condensation of the cellular tissue, then it is impossible to prevent the formation of aneurism. If you are called in early enough, and bandage each finger separately, put a compress on the palm of the hand, carry the bandage up to the wounded part, place over it a very small compress, and then three or four others, raising them to a sufficient height, and twist the bandage tightly over them in the form of the figure 8, in all probability you will prevent an aneurism. I have seen several cases treated in this way very successfully. You will easily ascertain that the vessel has been wounded by the position of the wound, and the exit of arterial florid blood in jets—it soon tells its own tale.

Supposing that an aneurism is formed, and it is astonishing how rapidly the condensation of the cellular tissue takes place, and a regular cyst is produced. I have a preparation of an aneurism of two or three days' growth, with as regular and beautiful a cyst as you would wish to see in any aneurism. The patient was brought to the hospital, and died, from an injury of the head and chest, in four days: on the first day of admission she was bled. It was ascertained that the vessel was wounded, but means were not taken promptly enough to prevent an effusion of blood around the wound.

If the tumour goes on increasing, and attains the size represented in this cast, a large pulsating tumour, which diminishes only on pressure at the upper part of the arm, on the trunk of the humeral, and from which the blood can be squeezed, in some measure, then you have to consider what treatment you would adopt. These aneurisms are, I believe, sometimes to be cured by pressure. By bandaging the lower part of the limb, pressure may be borne on the humeral artery, and maintained by a proper apparatus, a sort of ring tourniquet. This should be put so far under the patient's control that he may relax the pressure at pleasure. It is only necessary to retard the flow into the tumour, so as to favour coagulation of its contents; and this is to be effected by continued, but not violent, compression. I have seen more than one aneurism disappear in consequence of the application of pressure. One of the first cases of any importance which we had in this hospital, when it was opened to the public, was a case of brachial aneurism. Pressure was made on the tumour itself; the patient had experienced considerable pain in consequence; the tumour began to be reduced, the pulsation became indistinct, and by letting it alone it dispersed. There is a preparation in the museum, presented by Mr. Oldknow, who had an extensive practice in Nottingham. It was obtained from a patient who had suffered a wound of the brachial. He had aneurism formed, but it was cured by pressure. There is no doubt that much is to be done for aneurism, in some situations, by pressure well applied. But suppose that the tumour still increases, and the patient cannot bear pressure, you may then be called upon to tie the humeral artery inside the arm. Sometimes this has not answered the purpose. This may have arisen in consequence of the proper vessel not being tied, in consequence of there being a high division of the humeral. This, as you are aware, is by no means uncommon.



Suppose that in opening a vein the radial artery has been wounded, the surgeon may, in taking the edge of the biceps as his guide, have gone down and tied the ulnar. A surgeon who has his wits about him would not do that, because he would take care, before tightening the ligature, or even passing it under, to ascertain, by pressure against the needle, that it produced the desired effect. But it has happened, where the humeral has been tied, that the anastomosis has been so strong, that the tumour has not been permanently diminished, and there you may be called upon to cut down and tie the vessel above and below the wound. If you perform an operation for a recent aneurism, this is undoubtedly the best plan to pursue: at once make an incision at the bend of the arm, pass a probe into the opening in the artery, and separate the vessel a little above and below, and then put on ligatures. You would have recourse to this where pressure had been applied imperfectly, as I have seen every now and then; and where ulceration has taken place over the tumour, bleeding has occurred to an alarming extent, or has been threatened.

You will be called upon to tie the humeral on other accounts—for instance, for accidental or intentional wounds, as in suicidal attempts, or where there is a wound about the hand, with secondary hæmorrhage. You will very often meet with cases where persons have received punctured wounds in the forearm, or in the palm of the hand. A man falls down among a quantity of glass; or, in a state of intoxication, he may thrust his hand through a pane of glass. The parts are, perhaps, a good deal lacerated, and there is profuse bleeding at the time. It is checked, and the part bandaged up, but bleeding takes place from time to time, the parts become much swollen in consequence of inflammatory action, unhealthy abscesses form here and there, blood is extravasated in the cellular tissue and fills the cavities of the abscesses, and the hand becomes at last enormously distended. The fluid blood now and then bursts out impetuously from the ulcerated openings, in spite of all the pressure that can be applied. In cases of that kind, you will be warranted, in the first instance, in enlarging the wound and trying to secure the vessel where it is divided; the more so if it is a portion of the superficial palmar arch. It is from the deep parts that the most troublesome bleeding takes place. But when the hand has become greatly swollen, and is full of matter and blood, you cannot expect to discover the vessel, or, if you did, it would not hold a ligature long enough to arrest the bleeding permanently. In some cases, I have dilated the wound, turned out the coagulated blood, put in a compress, retained it there four or five days, and this has proved effectual. This plan, however, may fail, and then you have no alternative but to tie the vessel at a distance from the wound. It will not do to tie either the radial or the ulnar, or both together, because the blood may be furnished from the deep arch, by means of the interosseous, and after all you may be obliged to do what you ought to have done at first—tie the humeral, which is certainly the most effectual proceeding, and one which will not often disappoint you.

I have a good case here in the case book of Mr. Potter, one of my former house-surgeons. The injury was produced by the explosion of a flask of gunpowder. This is an accident you are sometimes called to treat. Boys are fond of making a train of powder; one goes along with a powder-horn, and some one of his companions sets fire to the train before, perhaps, it is completed. It runs along, and away goes the powder-horn, and part of the boy's hand with it. Two or three fingers are pulled off, perhaps only the thumb. In some of these cases, the hand is taken clean away; I think I have somewhere a thumb which was blown over a house, with its flexor and extensor tendons. You often see these pulled out with a finger. Here is one which was torn off by a horse, also with the whole length of the tendons separated from the muscular fibres. You often meet with accidents where the thumb is pulled off, and the hand, with the bloodvessels and nerves, extensively torn. Now and then the articulation is exposed, but the thumb is not quite removed. You clean the wound as much as you can, take away the end of the bones, if broken or bruised, and put them down in their place. Accidents of this kind are attended with all sorts of varieties. Sometimes only the soft parts are involved; sometimes the joints are injured. In this case, the man was holding a flask of gunpowder. "The flask was an old one, (copper,) and the patient believes that there was a small hole at one end, which allowed a few grains of powder to fall through on the fire, near which he was standing at the time of the accident. He states that he was holding the flask very lightly, in the hollow of his hand, at the time; that the pieces were blown backwards, without entering, as he supposes, the palm; and that the wound appeared to be produced by the forcible tearing asunder of the thumb and palm of the hand. The hand was much scorched and blackened by the explosion; the cuticle partly stripped from the cutis; the fleshy part of the ball of the thumb was deeply lacerated, and the thumb almost thrown upon the forearm. The pain was very severe; the bleeding was comparatively slight, and soon ceased altogether. The whole hand and forearm ached violently and felt numb and heavy.

"On admission, some days after the occurrence, the patient was suffering from the violent inflammation which had already commenced in the injured parts. The whole hand, but more particularly over the outer and back part of the thumb, was very much swollen, hot, red, and excessively painful; the lower part of the forearm and wrist were also red and œdematous, pitting on pressure, and very tender. A deep, ragged laceration existed between the thumb and forefinger, which appeared to extend nearly down to the carpal end of the first metacarpal bone. The sides of this wound were blackened, and covered with foul and fœtid sloughs. A small quantity of thin, bloody discharge, of a very offensive odour, escaped. A little behind this laceration, another larger but more superficial wound appeared, which extended from nearly the middle of the palm, round the root of the forefinger, to the dorsum of the hand. The cuticle was partially separated from the palm, leaving the raw and tender cutis exposed. Pain, burning, and throbbing; pulsations of radial artery full and quick; tongue dry and coated."

The case went on very well; it was treated carefully. The thumb was put in its place, the hand and arm were elevated, and fomentations employed. But ten days afterwards, Mr. Potter was called down to see the patient in the evening. The nurse said he was bleeding profusely. He found him pale and faint, and lying in a quantity of half-coagulated blood, some of which had run over the floor. As near as he (Mr. Potter) could calculate, from the coagula which he afterwards took up, the patient had lost sixteen or eighteen ounces of blood, which appeared to be arterial. The hæmorrhage had partially stopped, but the patient had become faint from the bleeding. Bandages were put on, and the patient went on very well for a day or two more. This occurred on the 23rd; on the 27th, Mr. Potter was again sent for, hurriedly, on account of great pain, which had come on suddenly, about a quarter of an hour previously, and was rather increasing. The patient said that the pain was of a throbbing, bursting character, and complained of the bandage now feeling tight, though it did not feel so before. Mr. Potter continues:—

"I gently removed the bandage and compress; but this did not lessen the feeling of tightness which the patient complained of. There was no bleeding. On examination, I found an elastic, rounded, pulsating swelling, on the outer aspect of the hand, between the first and second metacarpal bones. There was no redness of the skin of this part, although the back of the hand appeared somewhat inflamed. The finger could be pressed into the swelling, which was very elastic, but on removing the pressure, the tumour instantly regained its rounded form. The pulsation could be felt over a space of about one and a half or two inches square, and was quite as evident when the finger and thumb were pressed laterally on the swelling, as when they were

pressed directly on the most prominent part of it." All the characteristics of false aneurism. "On pressing over the course of the radial artery at the wrist, so as to stop the flow of blood through it, the pulsation in the tumour was considerably diminished, and the patient instantly exclaimed that the pain was relieved. It was evident that a diffused false aneurism of the termination of the radial artery had occurred." Many people would, from this circumstance, have thought that tying the radial artery was sufficient.

"Mr. Liston arrived about half-past eight in the evening, and immediately proceeded to apply a ligature round the brachial artery." That was the right course to pursue; it saved the patient a great deal of trouble, and us a great deal of difficulty. The operation is now described. "The patient was brought down rather lower in the bed than usual, and the arm somewhat abducted, and supported on a hard pillow. Mr. Liston sat on the outer side, and commenced by making an incision about three inches long on the inner edge of the biceps. This incision entered the muscular tissue, so that the skin and fascia were completely divided; the biceps was then held to the outer side by means of a silver retracter, and by this means the median nerve was exposed; the cellular membrane over this was divided with the scalpel, and the nerve drawn gently to the inner side with a flattened and blunt hook. On sponging out the wound, two parallel elevated blue lines, about a quarter of an inch apart, appeared, marking the situation of the venæ comites of the brachial. The cellular membrane between these two points was carefully pinched up with the forceps and divided by the scalpel, and the brachial artery—rather of a violet pink colour—was distinctly seen, somewhat tortuous, and forcibly straightening out at each pulsation of the heart. The sheath of the artery was separated slightly from its coats, and a strong silk ligature passed round it by means of an aneurism needle; this was tied in the usual manner, and the wound brought together by two points of interrupted suture and isinglass plaster. Immediately on tightening the ligature the pulsation in the tumour ceased altogether, and the patient was quite eased from the acute pain which he was the minute before suffering in the hand, and which he declared was much worse than that caused by the operation. The wound in the hand had burst out bleeding, but this also ceased when the brachial was secured."

The patient then went on very satisfactorily. This is one of many cases which I might detail to you. There is another case or two here, where there was laceration of the thumb, with less serious consequences. These are cases which you must be prepared to meet with, and to treat properly and scientifically. I believe that the rule of tying the brachial is the proper one in such cases.

ESSAYS ON GENERAL PATHOLOGY.

By J. Bower Harrison, Esq., M.R.C.S.L., &c., late Surgeon to the Ardwick and Ancoats Dispensary, and formerly one of the Resident Medical Officers of the Manchester Royal Infirmary.

No. V.

OF THE VITIATED STATES OF THE BLOOD—WITH CASES.

Though the solids and fluids of the body are generally contemporaneously diseased, as we shall hereafter point out, it is proper to consider separately the vitiated conditions of the latter, inasmuch as they may exist, at least for some time, independently of any palpable change in the former, and give rise to characteristic phenomena which are not in any measure ascribable to alterations in the solids. We shall consider these states briefly under three heads. In the first place, it is manifest that the presence of foreign matter in the blood must induce a state of derangement. In the next place, it is equally clear, that if the blood do not undergo those changes which it is destined to receive in its transmission through the lungs, it can no longer preserve its healthy constitution. In the third place, it may be easily supposed that the blood itself may be imperfectly elaborated, or be defective in its vito-chemical affinities, so that it may be incapable of preserving its homogeneous nature.

It must be obvious that there are many ways in which foreign matter may be admitted into the circulation, but it would not be possible in this place to enter into the consideration of the effects produced by all those poisonous substances which are either accidentally or voluntarily introduced into the system. There yet, however, remains an important subject of inquiry in the investigation of these impurities, which originate immediately in the operations of the animal economy. We may regard the natural secretions or excretions of the body in the light of poisonous agents, when we find them in situations where they were never designed to exist. Thus, if the bile or some of its constituents be taken into the circulation, it produces much disturbance; and doubtless, many other secretions of a less palpable nature are admitted into the system, and set up morbid actions, the causes of which may never be suspected. In other instances, mischief may arise from secretions being imperfectly formed or altogether arrested, so that constituents which ought to have been separated remain as poisonous agents in the blood. The complaint called ischuria demonstrates the existence of such an effect, and it is supposed that the jaundice which accompanies the yellow fever arises rather from the non-elimination of bile, than from its obstruction and absorption.

As to the precise changes which are produced by poisons in the composition of the blood, it is in most instances impossible to offer anything satisfactory. It is a curious fact, that certain organs and structures are especially obnoxious to particular poisons, whilst others seem less sensible to their influence. This is known to be the case in respect to the stomach, when we introduce the emetic tartar into the blood; and the same principle holds good in relation to the poisons of disease. Perhaps particular poisons only affect those structures which are alive to certain impressions—that is to say, which have a specific impressibility. We know that the secretions which are perfectly harmless to the organ by which they were produced, occasion the most violent inflammation when in contact with other organs, and this is the case even when we cannot distinguish any great diversity in their physical appearances. On this subject, Dr. Holland makes the following remarks, which may not be uninteresting, and may probably throw some light on the question:—"That as the blood reaches the capillaries and secreting vessels of every organ and part of the body in the same state as to quality, whatever this be; and as these several parts, from essential differences of tissue, vascular or otherwise, are capable of modifying differently the passage of the blood and the products therefrom in the healthy state; so it is to be presumed that every change of the quality in the blood will produce different effects, according to these respective varieties of texture. One part may be little affected by alterations which will excite great disturbance in another. We can scarcely entertain any other view than this, looking at that delicate balance in the composition of healthy blood, which, whether it be the cause or effect of its proper vitality, has manifestly relations so important to every organ of the body."*

In the same way Mr. Hunter endeavours to account for the elective operation of the venereal virus. "Thus," says he, "we have the venereal disease appearing in different parts at different intervals in the same person, arising from the natural susceptibility for action in some parts being greater than in others. The skin and tonsils, being most susceptible of contamination, as also of action, are therefore affected soonest; the bones and tendons less so, and are therefore later in taking on the action."†

Much obscurity attends the inquiry into the manner in which the *morbid poisons* are produced; but it is to be hoped that the progress of organic chemistry, and the increased attention which is being paid to statistical information, may in time throw some light on the subject. The origin of the specific fevers has attracted considerable attention, but there is yet wanting precise information on this point. The intermittent fevers which occur in certain localities appear evidently traceable to the miasms of marshes, the production of which seems to be favoured by the gradual evaporation of stagnant water, especially where it exists in uncultivated lands, and where the ground is not entirely covered with water. The disease which is thereby produced, called the ague, is characterized by the cold, hot, and sweating stages, and particularly by its periodic return after definite intervals. The latest inquiries, however, have served to shew that, even as to the manner in which this complaint is produced, there is yet some doubt, "because all the conditions which are as yet ascertained for its development" may exist without it, on the one hand, and the disease may be absent where it might from analogy be expected to prevail.‡ In many instances a poison is clearly transmitted from one body to another either by the secretions or exhalations of the body; but in what precise manner the poison originates in the first instance is by no means certain. There seems, however, to be some grounds for believing that in the case of scarlatina and varicella, the complaint may arise independently of communication with the sick.§ In the eruptive fevers, to which we now more particularly allude, it is a curious fact that the poisonous agent appears to be capable of multiplying itself in the blood by a process which has been aptly compared to fermentation, and when the blood has once undergone this change, it

* Holland's Medical Notes, p. 526.

† Palmer's edit. of Hunter's Works, vol. i. p. 310.

‡ See Alison's Pathology.

§ Alison, op. cit.

seems no longer susceptible of being affected in the same manner; at least, this is not the case until a certain period has elapsed.

There appears to be little doubt, that the diseases we term *idiopathic fevers* arise from the influence of a peculiar poison. Their duration, as well as the tendency to spontaneous recovery which they exhibit, and their symptoms, which cannot be ascribed to the sole operation of the common causes and conditions of disease, point to the existence of some subtle agency which originates and modifies these complaints. In particular, the depression of the nervous system, and low state of vital action denominated the typhoid state, are strongly indicative of such presence. It has never, however, been satisfactorily determined in what this principle consists, nor, indeed, how it is produced. It has always been common to suppose that the decomposition of animal and vegetable matter, especially the latter, is concerned in its production, but it is well known that many instances of fever arise where there can be no suspicion of such decomposition, whilst other causes, especially those of a depressing nature, are certainly found capable of producing an analogous affection. It has been a question with pathologists, whether the febrile poison be taken into the circulation, or produce its peculiar influence entirely on the nervous system. The truth does not, perhaps, lie in either of these views, for there can be but little doubt that there is a contemporaneous change, and that whilst the nervous system receives a shock, the fluids are actually vitiated by the reception or production of a poisonous agent. In reality, it may be impossible to estimate the extent to which these conditions influence the result, or to say to which the effect is mainly attributable; we may be allowed, however, in obedience to the plan we have adopted, to separate each element by a process of mental analysis, and recognise them as separate conditions, notwithstanding the intimacy of their union. The effects of the febrile poison are commonly indicated in the first instance by shivering, often attended with giddiness and a trembling of the limbs; a quivering of the tongue is frequently noticed; afterwards an aching sensation is experienced in the back and limbs, which is peculiarly intolerable. On the brain its influence is rendered evident by a confusion of the mental powers. Sometimes delirium, and even stupor, attend the very commencement of fever. During the winter of 1837, when fever prevailed very generally in Manchester, the attack was often very sudden, especially in the case of persons who came fresh from the country into the crowded lodging-houses in the west ends of the town. In many of these instances the patient sank into a comatose state, in which he remained many days, but eventually recovered with little or no treatment.

When the blood is not exposed intimately to the air, it does not undergo the changes which are necessary for the purposes it is intended to effect. Venous blood, or blood approaching to that character, cannot sustain the animal economy in a state of salubrity. The blood does not furnish a proper stimulus to the nervous system, and sensation is consequently impaired, and the muscular energy is likewise diminished. In all these cases the cerebral functions are greatly embarrassed; there is drowsiness or giddiness, with loss of mental activity, and frequently deafness; the circulation of the blood is also greatly enfeebled, and it has with reason been supposed that in this state it is not capable of permeating the pulmonary capillaries with equal facility. Mr. Hunter seemed to suppose the exposure of the blood to the air in the lungs to be intimately connected with what he called the *vitality of the blood.* "This blood, however," says he, "must be such as has undergone some change in the lungs; for if the blood did not undergo this change it would probably soon die, therefore would not be capable of keeping up the living principle in other parts. This effect, arising from the want of fresh blood, is so evident, that it needs no illustration, I may therefore conclude that it is the only cause and support of life, the nerves having no other part in it than to produce some of the actions—not life itself—for without this support the nerves themselves die."*

The external appearances of the body are deserving of attention, as indications of this imperfectly arterialized condition of the blood. The lips have a livid blue colour, and the cheeks, if previously red, assume a dingy and dirty purple tint; but though this state of the circulation is easily recognised by a practised eye, it is well to bear in mind that its full extent is not always manifest to a superficial observer. The lips, though generally of a blue colour, do not thereby indicate the intensity of the condition, for it must be borne in mind that the local action of the air on the blood may partially restore it to its healthy state, and therefore not give us a true insight to the general condition of the bronchial membrane, just as we find, in examining the congestions of the internal parts of the body, that the colour is changed after a short exposure to the air. However, much information is always to be gained by looking to the state of the brain; the mind is greatly influenced by the quality of the blood; there is a kind of stupor, with a degree of insensibility to external impressions. This condition, existing in a greater or less degree, is found to mix with many affections of the chest, especially those of a chronic nature, and to give them some of their characteristic symptoms. Every one must have noticed that kind of partial delirium to which old men are subject—what the poor people call "*rambling*"—in which they are lost in a kind of dream, until they are interrupted by the inquiries of their friends. It is accompanied by an audible muttering, so that it is impossible not to recognise it. Now this state is chiefly to be ascribed to the condition under consideration, and probably arises from the peculiar impression of the venous blood on the brain. We often notice in those who are the subjects of it the blue colour of the lips and the congested state of the veins, whilst the dry and glazed appearance of the tongue shews how greatly the mucous membrane is shut out from the proper influence of the air. The patient is constantly talking to himself, and the friends, if in humble life, declare that he is perpetually "*romancing*;" the name by which they describe this peculiar kind of delirium. It must be allowed, that besides the presence of imperfectly arterialized blood, something is, in many of these cases, attributable to those structural changes in the brain which arise in the more advanced stages of life. "The vague dozing state," says Dr. Holland, "which steals gradually upon the aged, without any acute disease, seems in the end to turn life into a mere dream."* When two or more conditions contribute to a common effect it is not always easy to appreciate their individual importance. The more perfect instances of senile delirium may depend on the combination of structural changes in the brain with a vitiated condition of the blood.

The third morbid state we mentioned is far less definitely understood than the preceding, because the consideration of its nature involves many questions which do not admit of any very satisfactory answer. But yet it appears a step gained to approximate some little towards an idea on the subject; and if we should include under a general head many dissimilar states, or even be mistaken altogether as to the nature of some pathological phenomena, it cannot be denied that something may still be achieved by the separation of the more obscure conditions from those with which we are better acquainted. When we approach discussions which concern vitality, it is no reflection to acknowledge ignorance, and we may be pardoned some conjecture, if we are always ready to distinguish what we really know from what are mere suppositions or ingenious speculations. The next morbid condition of the blood is mostly found connected with some of those molecular changes in the solids to which we have already briefly adverted, but seems to be immediately occasioned by the change progressing more rapidly, or originating in the fluids. We suppose it to arise from an error in the vital, or, if we may be allowed the expression, vito-chemical constitution of the blood. Hunter insisted greatly on the life of the blood, and there is probably no part of the body which can be said to be more highly vitalized; at the same time this agency seems to be only accessory to ordinary chemical affinities, and thus the life of the blood and its chemical constitution may be simultaneously impaired. When this is the case the blood can no longer maintain its homogeneous character, and, instead of separating into the healthy tissues, degenerates into masses which have no capability of organization. In this manner arise the heterologous structures, as they have been called; but it will only be possible in this place to glance hastily at the subject. The deposits named tubercles have always largely occupied the attention of the pathologist, and of late years the researches of Carswell and others have done much to establish correct views on this department of knowledge. It would appear that the separation of tubercular matter is favoured by all those causes which depress the energy of the system. The well-known disease which is pre-eminently termed consumption is occasioned by the formation of tubercles in the lungs, but there are other diseases which seem attributable to the same curdy deposits, which are less frequent, and have not attracted the same degree of attention. I may briefly allude to some interesting cases which came under my own notice when clerk to the physicians of the Manchester Infirmary. I remember inspecting the body of a lad (with my friend Mr. Furnival) in whom we found a quantity of scrofulous matter, about the consistence and appearance of udder, in the mesentery, and near the small curvature of the stomach. The chief mass was about the size of an orange, but apparently composed of smaller masses, which were the size of large filberts. He was of a pale, leucophlegmatic appearance. During the latter part of his life

* Vide Palmer's Hunter, vol. i. p. 229.

* Medical Notes.

he had been affected with obstinate vomiting, especially when moved, being at other times tolerably exempt. This case occurred on the 18th of May, 1838, and on the 28th of August, in the same year, I accompanied Mr. Furnival to examine the body of a girl who appeared to have died from a similar affection. We found scrofulous tubercles in the small omentum and mesentery, but especially in the former, also at the bifurcation of the trachea, and in the bronchial glands. There were small miliary tubercles in the lungs. She also had enlarged lymphatic glands in the neck, and had been troubled with vomiting. In another case, which was inspected on the 25th of January, 1840, there was a quantity of scrofulous matter in the bronchial glands, which made pressure on the descending vena cava. The upper half of the body had been œdematous, and Mr. Gaskell, the resident officer of the Infirmary, had often relieved the patient from violent asthmatic attacks, by opening the superficial veins of the neck—a plan which immediately removed the congested appearance of the face. Dr. Baillie relates some cases of similar scrofulous tumours which occurred in a lad "who died after a long tract of bad health." "On opening the abdomen, a layer of firm scrofulous matter was found under the parietes. The mesentery, and the whole surface of the intestines under the peritoneal coat were studded with small rounded tumours of cheesy, scrofulous matter."* The boy was descended from parents who were scrofulous, and all the other members of the family were more or less affected. He had often had complaints in his bowels, being sometimes costive and sometimes the contrary. There is another case related by Dr. Baillie, of a like kind. This was in a young gentleman, aged 21, who died of pulmonary consumption. "On the inside of the pericardium there were two small scrofulous tumours, each about the bulk of a hazelnut; a very uncommon occurrence."† The abdominal viscera were sound.

Carcinomatous deposits are sometimes found to be very general throughout the body. I remember a singular case, which I visited with Mr. Yorke Wood, of Bury. The man was covered over with small cutaneous elevations, from the deposition of cancerous matter in the cellular tissue beneath. On inspection, after death, we found the body to be filled with similar matter. We thought the case to be quite anomalous, but some time afterwards I met with another case exactly like it, so that I called upon Mr. Wood, and requested him to see the patient with me. He also was struck with the similarity, and subsequently the identity of the diseases was established by *post-mortem* examination. It occurred to me that an instance of the same affection had presented itself in the practice of Mr. Sumner, of Lymm, in Cheshire, and I accordingly wrote to him on the subject, and found that I was correct in the supposition. Mr. Dorrington, in whose practice the second case occurred, drew up some remarks on the subject in the "Medical Gazette," for the 4th Feb. 1842; and afterwards I added some further observations in the same journal.

According to the microscopical observations of Müller, and others, it would seem that the cancerous deposits are composed of minute cells, possessing an inherent vitality, and capable of propagation. When the blood is no longer under the influence of its proper affinities, there is much disposition to the formation of parasitical growths.

In some cases, where the malignant deposits are of a soft, brain-like consistence, the term encephaloid is more properly applied to express them. They are often mixed with bloody extravasations, or tinged with the colouring matter of the blood. Melanosis seems to be quite of a kindred nature, and to be perpetually mixed with encephaloid matter. It would appear that the blood is no longer able to preserve its homogeneous nature, and then arise heterologous deposits, parasitical cells, and sanguineous effusions. There is some analogy to be traced between melanosis and purpura, and often a disposition to ecchymosis, and hæmorrhage accompanies the malignant affections. In all these cases the blood is incapable of preserving its vital cohesion, if I may so speak in relation to a fluid.

Broughton, near Manchester.

REMARKS ON AN "IMPROVED" METHOD OF MANAGING BLISTERS.

By J. J. Kelso, M.D., Lisburn.

In the number of the very valuable journal, The Lancet, for October 5th, I perceive a communication from Dr. Robertson, of Glasgow, respecting what he calls, and doubtless very justly calls, "an improved mode of managing blisters." As your correspondent seems to be desirous of information as to whether the method of managing the cantharides plaster recommended by him may have been practised anywhere, or by any one else; and, if so, whether it be not possessed of very superior efficiency, as a local irritant, to what he believes to be the more ordinary method; and moreover, as the point, though but a trivial, is certainly, in a practical point of view, not altogether an unimportant one; you will permit me perhaps, in reply, to offer, through the medium of your widely-circulated pages, one or two observations in reference to it.

In the first place, then, allow me to state that the method of *spreading* the emplastrum lyttæ of the Pharmacopœia, not on sheep's-skin or leather, but on paper, or, still more commonly, on calico or linen, is as old as my apprenticeship, now twelve or thirteen years since, and, indeed, very much older, as it was then usually adopted by at least more than one medical practitioner in Belfast. It long used to be the practice, too, if indeed it be not so still, of an extensive medical charity, in the north of Ireland, to issue most, if not all its blisters, for out-door patients at least, on some one kind of paper or another. It is now a considerable time since I myself made trial of paper for the formation of blisters; but, for reasons too obvious to be here specified, I found it to be much inferior for this purpose to the *common adhesive plaster* of the shops, to which, consequently, I have long given the preference. Any one who may have tried the one and the other—and many, I have no doubt, have ere now done so—can scarcely fail, I think, to be satisfied with the justness of this preference. At all events, it is not unworthy a trial by your evidently practical correspondent.

In the next place, permit me to remark, that though it is sheer superfluity to lay on the cantharides plaster *thickly*, still I find that this substance, as commonly procurable in the market, will scarcely ever act as a thorough vesicatory if spread so *very thinly* as recommended by Dr. Robertson. From several experiments instituted a number of years since, with the view of ascertaining, both for the sake of economy and otherwise, the precise thickness, as near as might be, of the blistering plaster necessary for the most perfect and expeditious vesication, I have found in general that a layer, about equal to a *thin silver sixpence*, is absolutely essential. If the plaster were prepared carefully from the best materials, a thinner layer than this, I have no doubt, would be an equally powerful irritant; but as this can scarcely ever be calculated upon with any degree of certainty, I always order to be laid on, regardless of the paltry economy, a stratum of the plaster not less than that just now specified.

In the third place, I would beg to note, that the besmearing the surface of a newly-spread blister with sweet or olive oil, or some other fluid, is anything but a novelty, in this part of the world at least. However, after a comparative trial of oil and turpentine for this purpose, I have been led to consider the latter as decidedly preferable. The *spirits of turpentine* I consider to be a much better solvent of the active property of the Spanish fly than any of the fixed oils; but whether this be so or not, the blister acts, according to my experience at least, with much greater certainty, or at all events, with greater *celerity* and *intensity*, when sufficiently moistened with this fluid. Nor is strangury with me by any means of usual occurrence; indeed, this casualty, unless in the instance of a second blister being quickly applied after a first, is, in my practice, equally with that of Dr. Robertson, extremely rare. Furthermore, with every respect to Dr. Robertson, I must say, that I have never known any medical practitioner of the least experience to commit the absurdity of dusting the surface of a newly-spread blister with powdered flies: so far from this being the case, there are none of our old women here who would not know better.

October 9th, 1844.

By J. Pidduck, M.D., London.

Acting according to the precept of the poet—

"——— Siquid novisti rectius istis,
Candidus imperti; si non, his utere me cum—

I send you the following improvement upon Dr. John Key Robertson's improved mode of managing blisters.

Observing Dr. Robertson's rules for spreading the blistering ointment very thin, on thin paper, and oiling the surface, to dissolve the acrid principle of the cantharides, that it may operate more speedily and certainly upon the skin, the blister should be laid on for three or four hours, or until the skin is reddened; it should then be taken off, and the warm water-dressing (wet linen rag the size of the blister, covered with a somewhat larger piece of oil-skin) applied. In six or eight hours, the dressing should be removed, and the vesications clipped, to let out the serum;

* Baillie's works, by Wordrop, p. 208, vol. i.
† Ibid., p. 220.

and the water-dressing renewed, night and morning, till the skin has healed.

The advantages of this mode of managing a blister are—1, That it causes little or no pain. 2, That it excites no febrile action in the system, which is apt to be produced by the absorption of the acrid matter of the Spanish fly, which goes on rapidly, if the blister remains on after the cuticle is raised and broken; and for the same reason, it never gives rise to strangury. 3, That it produces a much more copious discharge of serum; and the warm water-dressing acts very beneficially, as a fomentation, after blistering, over an inflamed part. 4, That the skin heals rapidly, and as it never occasions ulceration, it leaves no scar; and as the suffering to the patient is so slight, and the relief it affords so signal, the blistering may be repeated every third or fourth day, according to the urgency of the case. For children, and persons whose skin is peculiarly irritable, to whom a blister is a severe and sometimes a dangerous remedy, this mode of management is particularly valuable.

A blister covering the whole back, managed in this way, in a case of double bronchitis, so extensive as to place the patient in imminent danger from orthopnœa, afforded permanent relief, followed by perfect recovery.

Montague-street, Russell-square, Dec. 1844.

SEVERE COMPOUND DISLOCATION OF THE ELBOW-JOINT, SUCCESSFULLY TREATED.—REMARKS ON INJURIES OF BONES FROM ACCIDENTS.

By James Prior, Esq., M.R.I.A., F.S.A., Deputy-Inspector of Hospitals and Fleets.

The communication of facts in medical and surgical science, which exhibit useful practical results, is found to be so generally advantageous, and more particularly so where promptness of decision in the treatment is required, that no apology will be necessary for placing the following case on record; and if it have no other effect than to induce young practitioners, when called to severe accidents, to pause before having recourse to an operation for removing what assiduity, patience, and reasonable skill, may save, the purpose of its publication will be fully answered.

It is the junior class of the profession, chiefly, whom it may be necessary to caution against precipitancy on such occasions. Whatever they may have heard upon the subject of the remarkable powers of nature to repair some of the most serious injuries of the body, they have rarely, perhaps, had sufficient opportunities for observing the fact themselves. They are, therefore, in some doubt how far they can safely trust her, and may be tempted to sever, at once, the knot of difficulties presented by a complicated injury, rather than slowly and patiently endeavour to unloose it.

Some allowance must be made for the natural alarm of the moment, felt often by the more inexperienced, or those of more sensitive temperament, at the sudden exposure of large surfaces, bleeding vessels and fractured bones frequently accompanying such accidents. There are some, however, who deem it a species of slur upon their acquirements, not to be, what they are pleased to call *decisive*, in their practice—that is, to hesitate little as to the steps to be taken, from an impression not uncommon among young men, that it exhibits energy, at least, if not talent. Others, who possess some skill in operating, are, perhaps, not averse to the display of it; though suspicions are often thrown out by the class of persons most commonly operated upon, if an operation be attempted immediately, that a wish either to shew their dexterity, or to acquire it, more than the necessities of the case, forms the chief reason for resorting to extreme measures. It has likewise chanced to come under observation, that surgeons of some eminence, who *professed* extreme reserve in recommending operations, exhibited less of that quality, when called upon to *act*, than might have been expected, and thence gave rise to an impression unfavourable to their popularity. It is not from patients only that I have heard something like the following observation: "Were an operation absolutely necessary, I might employ Mr. So-and-so; but I should consult some one else, as to whether such an operation *were necessary*."

Here I beg to express myself a very sincere admirer of what, for want of a better term, I shall venture to call, *conservative* surgery. By this term, I mean the desire to save all that it is possible to save from excision; and without the smallest objection to an operation, where such is absolutely necessary, I would run some risk, and possibly lose some time, in order to prevent it, with the conviction impressed upon my mind, from some experience, that even in very bad cases I shall often succeed; or that, where the removal of a diseased or injured part may be eventually necessary, the mind of the patient will be fully reconciled to by the assurance that all milder measures have failed.

I am never deterred from this attempt by the attendance and labour required by the process. Every surgeon knows that it is by far the most troublesome and anxious mode of proceeding. Half an hour's work, and a moderate portion of skill, are sufficient for the removal of a part; but months may be required, and no ordinary share of judgment and ingenuity displayed in its preservation. And I sometimes fear, that for all this sacrifice of time, of ease, and of patient diligence, the surgeon does not always receive that meed of praise which is fairly his due.

It must be confessed, there is something imposing to the uninformed or inexperienced mind in the flourish of a cutting instrument enlisted in the cause of science. Its use implies something of boldness, of hardihood, and at least a certain portion of knowledge in the operator. It is an obvious, a tangible, remedial agent, whose effects are seen, unlike that of the most skilfully-devised or powerful medicine, the mode of operation of which is hid from us. It is repulsive to the feelings of all, whether mere spectators or patients, when applied to the human body, and therefore creates not merely awe, but terror; and he who wields so formidable a weapon comes in for a share of these emotions, in addition to that portion of professional credit which is fairly due to success.

It is scarcely, therefore, surprising, if some, from temperament, some, from questionable motives, and some, from the excitement it occasions, resort to its use more frequently than others. But this disposition should be restrained, and has been, in fact, very much checked by the advance of *conservative* surgery, within the last twenty or thirty years. No reasonable person can believe it otherwise than a good, when, for example, the necessity for lithotomy is prevented, or diminished in frequency, by crushing or dissolving calculus in the bladder; when free bleeding and other agents avert the use of the trephine; when an improved and diligent taxis saves the operation for hernia; or a shattered limb or joint is saved by that combination of coolness, judgment, and care, of which Sir Astley Cooper set the example. To any who, by habit, or the tenets of their professional school, may be more rashly disposed,—especially in naval and military life, where young men are often unavoidably placed in stations of responsibility,—the precept cannot be too often enforced, that the knife is not the first resort of good surgery, but the *last*.

December 9th, 1843, half-past eleven, A.M.—E. E——, aged thirty-four, labourer in the steam-boiler factory, in the Royal Dockyard, at Woolwich, when winding up a weight of some tons, (the flue of an engine, he says,) by means of a crane, the chain supporting the weight suddenly broke, the handle of the machine was made to revolve violently the reverse way by the falling body, and in doing so struck him unexpectedly on the under side of the left arm, at the elbow-joint, producing so severe an injury that he was brought at once to the Naval Hospital, with a view to ulterior measure.

On examining it, about an hour after the accident, I found a large wound on the under surface of the joint, occasioning a general disconnexion of its parts—muscular and otherwise—excepting immediately in front. All the ligaments also were obviously torn asunder; the heads of the radius and ulna were driven wholly from their situations, upward and forward, on the humerus; the condyles of the latter bone, and part of its shaft, to the extent of two and a half or three inches, projected behind, from the wound, at nearly a right angle with the forearm, and so thoroughly denuded of all ligaments or muscular attachments, as to draw from one of the gentlemen who had first seen it, the observation, that he could scarcely have cleaned it so thoroughly by a quarter of an hour's work with the scalpel. The head of the radius, I was informed, had been at first partially exposed, and the olecranon was said to be fractured. Hæmorrhage had now pretty well ceased; considerable portions of lacerated muscle hung from the wound. Altogether, the injury seemed so formidable, and so little short of actual dismemberment, that I was not unprepared for the opinion of four medical officers, who had previously seen it, that the limb could not be saved.

The first object being to reduce the dislocation, in order to see what further remedial means might be used, the extreme severance of parts enabled me to accomplish this without difficulty or assistance. No enlargement of the wound was necessary to return the protruding humerus to its natural position; the muscular substance was likewise replaced; the brachial artery and nerves of the arm seemed uninjured; and two fingers introduced into the joint could trace no fracture, though the olecranon had at first been considered broken. With the bones replaced as nearly as possible in their natural positions, I found sufficient integument, though torn, to cover them, by nice adaptation; and this decided me on attempting the preservation of the limb. The

patient was likewise, as may be supposed, anxious on this point, as a labouring man, though informed that, even if successful, he must expect a stiff joint, and that the experiment was not unattended with danger.

The skin was therefore drawn as closely together as possible, without the assistance of sutures; a pledget of lint, dipped in the blood, was applied over the wound; a second, and longer one, to keep its edges more firmly together; over these a few turns of a roller; the whole supported by a padded splint, resting on pillows. A moderately flexed position only was given to the limb, from finding that a greater degree of bend was likely to place the lips of the wound on the stretch, and consequently interfere with their union. Upon the system the shock had been obviously great. The pulse was down to 60; his countenance pale, anxious, and depressed; and a tremor he could not conquer, though evidently a man of resolution, pervaded his frame. An anodyne was ordered, with the constant application to the limb of the following lotion:—Rectified spirit, six ounces; solution of diacetate of lead, half an ounce; water, twenty ounces. Mix.

When the dressing was finished, and the patient carefully placed in bed, I learned, for the first time, that he had formerly served in the Royal Marines, and was invalided from the corps on his return from the coast of Syria, two years previously, for scrofulous disease of the glands of the neck. This intelligence damped considerably any sanguine hope of success; for with a constitutional taint so often indisposed to the healing process, the preservation of a joint, after such an injury, seemed exceedingly unlikely.

Seven o'clock P.M.—Has had frequent and severe rigors during the afternoon, some of them of twenty minutes' duration, which distressed him much; thirst; no great pain, as he says, though in this avowal I believe he is trying to subdue his feelings, or to allay what he may consider my apprehensions, lest recourse should be had to removal of the injured limb, of which, of course, there is no idea. Pulse as before, 60. Let him take an ounce and a half, every three hours, of the following mixture:—Solution of acetate of ammonia, two ounces; spirit of nitric ether, wine of potassio-tartrate of antimony, of each two drachms; nitrate of potass, two scruples; water, five ounces and a half. Mix. An anodyne again at bedtime.

10th.—Sleepless during the night; considerable heat in the limb, with tumefaction, unattended by severe pain; thirst; no stool, but bowels uneasy; countenance cheerful; tongue white; pulse 64, with something of an oppressed beat. A slice of bread in addition; fluids only for diet, though little disposed for food of any kind. Let twenty-four leeches be applied on and around the joint. Continue the mixture, and add half an ounce of sulphate of magnesia.

Two P.M.; Seven P.M.—No bad symptom. Directed two anodynes, one to be taken at eight o'clock, the other four or five hours afterward, if awake. Reliefs of nurses to keep the limb freely saturated day and night.

11th.—Re-action had now set in, the system having recovered from the shock; pulse, from 64 last night, has jumped to 108; skin hotter; tongue white; tumefaction and heat in the limb increased; several dark-coloured vesications around the joint; no stool; slept pretty well after the second anodyne. Bleed to thirty-two ounces, guided by the pulse. Let him take chloride of mercury, five grains; extract of colocynth, (compound,) ten grains. Two P.M.—Apply twenty-four leeches on and around the joint. Give sulphate of magnesia, half an ounce; compound infusion of senna, two ounces, for a draught. Seven P.M.—No stool. Ordered another opening draught; and two anodynes for the night, as before. Pulse 120, but compressible.

12th.—Bowels very freely opened during the night, which prevented him having more than three hours sleep. Pulse 112, diminished in volume; arm, he says, pretty easy, and free from great heat; spirits and countenance good. Two P.M.—Ordered him beef-tea, having had little but common tea and some milk since his admission, with a small portion of bread. Seven P.M.—Pulse 120, fuller; otherwise unchanged. Anodynes as before; mixture and potion unintermitted.

13th.—Slept about five hours; pulse 112; several purple vesications of threatening character around the joint; considerable pain extending upward to the axilla, along the inner edge of the biceps, and over the whole of the pectoralis major, which is swollen, gives him much uneasiness, and presents a blush of inflammation; some discharge from the wound. Added thirty minims of liq. opii sedat. to the diaphoretic mixture. Two P.M.—Spirits and countenance depressed, contrary to his usual state. Seven P.M.—Considerable discharge now issuing from the wound, with some tension of the limb, I was induced, though with some reluctance, to change the lotion hitherto unceasingly applied for fomentations and poultices; pulse 120. Anodynes and mixture as usual.

14th.—Had about four hours' disturbed sleep; tongue more coated; fresh vesications continue making their appearance; pulse 112. The profuse nature of the discharge rendering it necessary to change the whole of the dressings, his bedding and linen were likewise shifted, having carefully avoided, hitherto, all disturbance of the limb, conceiving that by perfect quietude only could I hope for success. The wound, when uncovered, presented a healthy, granulating appearance. Arranged splints and pillows so as to leave a space opposite the wound for the discharge to ooze away, without being under the necessity of disturbing the joint in the process of dressing it. Ordered him an ounce and a half of the following mixture thrice daily:—Aromatic spirit of ammonia, two drachms; compound tincture of bark, an ounce and a half; sedative solution of opium, thirty minims; water, six ounces: mix. Diet—Rice-pudding, beef-tea, half a pint of wine, and, in the evening, sago. Two P.M., Seven P.M.—Pulse at its usual evening rate, 120; no stool. To take five grains of the compound quicksilver pill daily; two anodynes for the night.

16th.—Yesterday no material alteration. To-day the swelling, tension, and pain in the pectoral muscle increasing, and threatening an extensive abscess, which, in that part more particularly, will complicate the case seriously; covered it with a poultice, and substituted a pint of porter for the wine.

18th.—Tumefaction and pain in pectoral muscle diminished. Pulse down to 100, for the first time since the 10th. Diet—Fowl, pint of ale, and sago in the evening.

20th.—Pulse 90; discharge improved in colour and consistency; sleeps well by the aid of two anodynes, which are taken every night, one at the beginning, the other about the middle of it. Diet—Mutton-chops, at his own request, ale, and sago.

23rd.—Pulse, for two days past, up to 104, an effect no doubt of the irritation of the abscess, which has formed about half-way up the humerus, directly over the brachial artery; it was punctured to-day, and discharged freely; wound at the joint looks well, though not contracted in size, which is owing most probably to the limb unavoidably resting upon it, several contrivances to prevent this having failed.

25th.—Found the inner condyle of the humerus forcing its way through the thin integument covering it, simply by the effect of its own gravity, in consequence of being unable to change the position of the limb without the risk of doing more mischief than it was likely to prevent. One of the modes to obviate the disadvantage of the position of the wound, was to give full support to the upper and fore arms, leaving as much space between the cushions used for that purpose as possible, in order to avoid pressure on it, and thus give vent to the discharge with as little disturbance as possible. The bone, however, dropped by its own weight, added to the involuntary muscular twitchings and jerkings during sleep, common after such accidents, or the frightful dreams to which they so usually give rise. A thick, continuous cushion of poultice was therefore obliged to be resumed, so placed, that the elbow was slightly raised upon it, while the hand was depressed. An abscess has been forming for two or three days past near the head of the ulna.

26th.—Punctured the abscess, mentioned in the report of yesterday, which discharged largely. Free discharge also from the other, on the inner edge of the biceps; these, with the pus secreted by the original wound, make together the quantity issuing from the limb very large; pulse 102. Medicines and diet as usual.

27th, 28th.—Pulse on both days 82, reduced, no doubt, from the cessation of irritation produced by opening the abscess, shewing the effect of such formations upon its frequency.

30th.—Willing to avoid the irksome and inconvenient operation of moving the limb daily for the application of fresh dressings and poultices, it was yesterday omitted, in order to try whether every second or third day might not be sufficient. The results are not encouraging; little or no sleep; the arm uneasy; discharge considerable; and from that of the previous day being but imperfectly removed, in consequence of retaining the old poultice, the odour from the injury is offensive; it must therefore be disturbed daily; pulse 88. Another abscess forming about the middle of the radius.

1844, Jan. 2nd.—Punctured the last-named collection of pus, about two ounces of which came away. Part of the condyle of the humerus bare, both of integument and granulation; wound generally healthy. Two or three strips of soap plaster have been passed round it for support, in addition to resting on a cushion of poultice.

6th.—A threatened abscess near the olecranon has dispersed; much derangement of stomach and bowels, a large quantity of green matter having been thrown up; discharge from the wound

and abscesses diminished. Let him take chloride of mercury, five grains; compound extract of colocynth, ten grains: mix.

10th.—From the smallness of the discharge, did not disturb dressings or poultice to day, this being the second time only such process has been omitted since its commencement; abscess at the head of the ulna, which had discharged freely from the 26th ult., closed to-day; pulse 76.

17th.—Substituted dressings, and a soft cushion of wadding for the poultice. The latter had been continued longer than I wished, in order to forward the granulating process on the bare portion of condyle—an object which it has been slowly accomplishing. Elbow gaining strength, and some slight degree of motion. Omitted anodynes.

25th.—Walking about in the ward, the arm supported by a pasteboard splint and a sling, being somewhat more than six weeks from the occurrence of the accident.

Nothing further of moment occurred to interrupt the cure of the wound. It proceeded, indeed, slowly, as I had anticipated, from the difficulty of skinning over the condyle, the small granulations on which occasionally assumed an irritable character, though watched with great care; nor was it completed for several weeks more. During much of this time, however, it was but a mere speck, not more than a third of the size of a four-penny piece, for which he would not have been retained in a civil hospital. But in cases of injury received in the public service, it is but right that the sufferer should have every benefit which time and surgical care can bestow, though he is more desirous, from the irksomeness of confinement, to quit such an establishment voluntarily, than is the surgeon to discharge him. The arm was gradually brought into use. Liniments, friction, steaming, warm-bathing, &c., were freely used. Before quitting the hospital, March 22nd, he could swing a weight of seven pounds with the injured limb, and had even attempted one of fourteen pounds. He was discharged again to the dock-yard, from which he had been received; has resumed his station in the factory, and continues there at work with a very efficient limb, which daily improves in freedom and power.

A termination so satisfactory is of course very gratifying; and it is more so, perhaps, from the consideration, that in addition to the impression entertained by those who saw it, of the necessity for the removal of the arm, I am informed that an eminent professor in London, to whom the particulars were related by some of the young men acquainted with the circumstances, while the cure was in early progress, likewise expressed the opinion that amputation should have been performed. This is another proof of the cautious treatment which such injuries demand at the hands of the most eminent and most experienced; and furnishes sufficient evidence that the introductory remarks made in this paper are not uncalled for.

In reviewing the case, one of the peculiarities in such an extensive severance of parts is the fact of the olecranon not having been fractured; for though at first reported to be so, I did not observe it in replacing the bones in their natural positions. It was not loose in the wound, and is now fixed in its place without any particular effort having been made for that purpose, which, on the supposition of being detached or broken, must have been absolutely necessary. Its escape from such an injury can only be explained by the arm having been bent, which it appears really was the case, at the moment of the blow being received, the violence of which, with the joint in that position, drove it from its usual position and connexions, simply by laceration of the softer parts. I have since tried to produce a similar injury, that is, such as I first saw it, on the dead subject, and could succeed only by dividing nearly all the muscles and ligaments forming the articulation, excepting a very small portion. But this is only one of the many anomalies to which accidents give rise.

One of the chief difficulties of the treatment, as has been already adverted to, arose in the management of the wound, which, from its situation on the under surface of the joint, had to sustain the natural weight of the limb resting in the prone position. This unavoidable source of irritation not only retarded cicatrization, but added something at first to the extent of broken surface in consequence of the pressure, besides being attended by the serious disadvantage of having daily to raise the arm from the pillows, in order to cleanse the wound and replace the poultices and dressings. Any disturbance in such an injury was obviously so great an evil that several contrivances were adapted to obviate it without success. Great care, however, was taken in the process. Two nurses (men) properly instructed, raised the upper and fore arms simultaneously while the dressing took place; and for several weeks I was always present to superintend it, though placing perfect confidence in the care and zeal of the gentlemen who assisted me, Messrs. Hunter and Loney, by whom my views were most satisfactorily carried out. Had the breach of surface been more favourably situated, we should have had a more manageable case, and no doubt a still more speedy cure, although, considering the circumstances, this was accomplished sooner than could be expected.

In successful cases, of more interest than ordinary, the remedial means employed naturally win some favour in the eyes of the practitioner, and as naturally form the chief object of consideration with the reader. Of these, I deem the first place due to the local and general abstraction of blood. The latter may appear, from the nature of the injury, to have been large at the first recourse to the lancet, more particularly with the patient in the recumbent position; but the pulse was narrowly watched, so as to ensure that no undue impression should be made upon it, nor, in fact, did the quantity taken cause much reduction in its volume. The aim of such a measure is, of course, to prevent inflammation running too high, as well as to avert the variety of unpleasant consequences to which it usually gives rise; and this object promises to be best accomplished when done as soon as decided symptoms of increased vascular action set in. To bleed freely before re-action has commenced after serious injury, is manifestly injudicious; to delay it for any length of time after due warning has been given, may defeat its purpose altogether.

Orders were therefore left that, either in the night, or in my casual absence from the hospital, a vein should be opened the moment it appeared necessary. No general directions were given as to quantity, or, indeed, can be, under any similar circumstances. This must depend upon the judgment of the surgeon, the state of the constitution, the extent and seat of injury, the circumstances and habits of the patient, when these can be ascertained, which is not always easy at the moment we are called upon to act. But in all cases of injury, where the object is to knock down inflammation where it is clearly seen to exist, I prefer a large bleeding to two or three smaller ones, as being more effectual for its purpose. Gangrene, tetanus, abscesses of size, and other evil contingencies, are thus more certainly obviated.

With the same object in view, I prefer cold applications to the warm, although cases occasionally occur where the latter seem to be called for, and answer pretty well. In that which has just been narrated, after using the former with assiduity for five days, which seemed to tend materially to check excess of inflammation, the latter was not resorted to without considerable repugnance; and I am not sure now that it was the better practice. In previous injuries to bones and joints of serious character, I had invariably used them with advantage, and the only reason for the change on this occasion was the extent of suppuration from the wound. Whether by a continuance of the original plan we might not sooner have arrived at as favourable a conclusion, may be matter for doubt; and were a similar case to occur, I should be disposed to persevere in it, although it may seem ungrateful to distrust that which has done us good service.

The utility of opium in free doses on such occasions has not been universally assented to, though, perhaps, on insufficient grounds. It appears to me a valuable therapeutic agent when administered with ordinary care. Unfavourable idiosyncrasies, of course, must not be permitted to form a rule for general practice. I never give it alone; the usual combinations are, liquid acetate of ammonia, wine of tartar. antimony, spirit of nitric ether. In the foregoing case the patient took about a drachm of the solution (Battley's) per diem; at first rather more, probably a drachm and a half; latterly, rather less than a drachm, but chiefly in the night, and, as far as could be judged, with undoubted advantage.

In all instances of extensive wounds or injuries, whenever the hospital accommodation admits of it, I place the patient in a ward by himself, or only with one or two more in it, who are free from serious disease; this was done on the present occasion. Each ward of this establishment holds fourteen beds, and all are well ventilated. Quiet, greater purity of atmosphere, exemption from seeing the sufferings of others, the absence of excitement of all kinds, and, in the case of wounds, the slighter chance of being tainted by erysipelas, which so often clings to the best-regulated hospitals, are thus more certainly ensured, and tend to that tranquillity of mind which gives the fairest chance for recovery. In no case should I introduce such injuries into wards where there were already open wounds. There seems to be a taint in the atmosphere where these exist, which, even when imperceptible to the nose, has an unfavourable influence on the healing process.

It is not necessary here to inquire whether so complete and speedy a recovery could have been obtained by amputation, even supposing it were possible to consider the pain, the inconvenience, and the removal of a limb, as small evils. I cannot look upon a severe injury received at one moment and a capital operation performed a few hours afterward, as but one shock to the system, which some surgeons seem disposed to consider it. They are essentially not one, but *two* shocks. In the foregoing instance,

the severe rigors that ensued without an operation, would probably have exhibited some worse consequences with it; and were the records of great hospitals minutely examined, we should find, in all probability, that the shock of the operation, even where, from circumstances, no option was left to the surgeon but to perform it, proved quite as disastrous as the original injury. Sir Astley Cooper refers to several such cases in his lectures. One died in four hours after amputation for compound fracture, without any re-action taking place, the body being covered with cold perspiration, and the pulse scarcely perceptible; others survive from eight to eighty hours. The fact, no doubt, was, that the frame had not recovered from the effects of one shock, before it was subjected to another.

In several of the great naval actions during the war, similar results followed, however ably the operations were performed, and particularly in the lower limbs. And even the last, that of Algiers, proved more unfortunate than on many previous occasions, one cause for which was popularly thought to be, though perhaps on no good ground, the large calibre of the enemy's shot, chiefly 42 pounders, which inflicted the injury. Military records of limbs removed, or badly wounded in the field, with a subsequent operation, which a surgeon is often induced to perform, even against his judgment, would, I am satisfied, give similar returns. In these remarks, it is not for a moment meant to be implied that amputation in great injuries is not to take place; for every surgeon finds that he has frequently no alternative. All I would say is, that it does not ensure success, and in many instances is more fatal than the wound that occasions it.

If what I presume to call the conservative treatment of such injuries succeeds so well in the elbow and ankle joints, the question arises, why may it not succeed equally well in compound dislocations of the knee? The general impression is, that it will fail,—that there is something of an irritative character about that joint which places it beyond the curative influence of those means which succeed, even in bad cases, with others. The rule therefore is, in such cases, to amputate. To this Sir Astley Cooper gives the sanction of his eminent name in a very decisive sentence, which, were we to bow implicitly to great authorities, rather than be guided by the advance of science, would settle the matter at once:—"There are scarcely any accidents to which the body is liable which, generally speaking, more imperiously demand immediate amputation than these."

Such is his decree. Yet with all just deference to the admitted judgment and experience of this distinguished surgeon, the point, I apprehend, remains to be determined. Fortunately, the injury is rare, and therefore cannot be tested by frequent observation. He would seem, however, to have arrived at this conclusion, rather from relative circumstances than positive knowledge, for in all his extensive practice he met with but one instance exclusively entrusted to his opinion, and in that he decided to amputate, the patient recovering after being in considerable jeopardy. In another case, he was called to meet in consultation, eighteen days after the accident had been successfully reduced, and the patient going on remarkably well, until vesications, and eventually sphacelus, unexpectedly came on. In this instance, also, amputation was performed on the twenty-eighth day from the accident. The cause of the unfavourable symptoms and consequent operation arose from the rupture of the popliteal artery. But for that accidental variety,—for it is not necessarily usual, nor did it exist in the other case,—the man would have done well, being even then able to get out of bed, and bend and extend the injured knee without pain or inconvenience, or the presence of inflammation. This instance, therefore, given by himself, would seem to negative the conclusion at which he arrived in the sentence already quoted.

Without urging the point more than is necessary, we may be permitted to believe that the question is still in doubt,—that it is fairly open to trial,—and that this trial may be made without giving rise to the charge of undue rashness against the surgeon. Where the chief bloodvessels and nerves remain uninjured, and the integuments can be approximated, I see no immediate necessity for the removal of the limb, where age, constitution, and habits, afford some ground for the hope of its preservation. No parts peculiarly vital are connected with the articulation. It is placed neither so near the heart, the brain, nor the spinal column, as to communicate such violence to either as may prove injurious to life. It is true, the surface of such a joint is large; there is an unexplained degree of irritability connected with its parts; the shock producing partial dismemberment must be great; and the exposure of its interior to external influences, where even no great violence occurs, gives rise, no doubt, to very serious consequences.

These are, usually, excessive inflammation; and such results may occasion death. But as the cause of danger is pretty plain, we may question whether it has been met with that degree of energy necessary for the occasion in cases that have turned out ill; whether, in short, general and local depletion, the free use of opium, of diaphoretics, of purgatives, and cold applications—for none of these can be neglected with impunity—have been carried as far as propriety could warrant. On this point our information is not sufficiently satisfactory. Many cases have doubtless occurred which are not reported; but judging from what I have occasionally seen in the injuries of other joints, I have every reason to believe that less stringent measures were adopted than the formidable nature of the evil required; and this very often from an opinion that any excess in that respect would interfere with the subsequent efforts of nature to repair the injury.

As this paper exceeds the length that had been anticipated, the remarks on injuries to bones from accidents must be postponed. Since it was drawn up, I met by accident the patient whose case it details. He shewed me his arm, with many expressions of strong gratitude, and said, exultingly, that he could swing a sledge hammer with it of fourteen pounds weight.

Royal Naval Hospital, Woolwich, July, 1844.

ON DISEASE AND PERFORATION OF THE STOMACH.

By Henry S. Taylor, Esq. Surgeon, Guildford.

Having recently met with two cases of disease of the stomach, followed by perforation, I send an account of them to The Lancet, as I think they will be found to possess some interest. These cases are placed together, in order to exhibit the contrast in their symptoms, as well as the different conditions of the organ leading to this formidable accident.

I. ULCER OF THE STOMACH, PERFORATION.

Serjeant J——, aged sixty-eight, of spare conformation and active habits, has been used to drink beer and spirits rather freely, and for several years has had dyspeptic complaints. During May and June last, he had repeated attacks of severe gastric disturbance, marked by pain in the epigastrium, with great tenderness, flatulence, and sickness after eating. He soon became weak and emaciated, though his appetite remained good, bowels constipated, complexion not unhealthy, but the tongue flabby, chapped, and of a dirty yellow colour.

These symptoms were greatly relieved by the nitrate of bismuth and aperients, so that he could resume his business. One day, however, he ate heartily of beans at dinner, and all his symptoms were speedily aggravated; and on the following day, July 6th, he was suddenly seized with violent pain in the pit of the stomach, and became extremely faint. I saw him soon afterwards; he was quite prostrated, and suffering intolerable pain over the whole abdomen, with exquisite tenderness; his face pale and sunken, surface cold and bathed in sweat, and with a weak and rapid pulse. I gave him sixty drops of laudanum in hot brandy and water, and had it repeated in smaller doses, with hot applications to the belly and extremities. On the next morning, I found there had been no re-action; he had had frequent vomiting in the night of a fluid like coffee-grounds, and becoming rapidly worse, he died, twenty hours after the first seizure.

Examination of the body, forty-eight hours after death.

The abdomen was distended with much gas. On opening its cavity, it was evident that extravasation had taken place, as some of the coffee-dreg matter lay on the omentum, and among the folds of intestine first visible. About four pints of thick fluid, of a dark-green colour, were effused into the cavity of the peritoneum. There was great vascularity of the omentum and intestines. The stomach had its serous coat intensely inflamed, being glued to the diaphragm and adjacent viscera by recent lymph. On raising the edge of the liver, an opening was observed in the fore part of the stomach, near the small curvature, and one inch from the pylorus; it was as large as a fourpenny piece, nearly triangular, and had a blackened edge like a bullet wound. The stomach at this part was very much thickened, and was firmly adherent to the tissues behind it, so that its cavity was unavoidably opened in removing it. It was much dilated, and its coats were thickened, and the mucous membrane at the cardiac end was soft, and in many places abraded. There was a handful of beans left undigested in its cavity. Near the pylorus, the thickening of the coats exceeded half an inch, and at this point there was a kind of pouch formed, large enough to contain a walnut, circular, and with prominent callous edges; it had the appearance of an old cicatrized ulcer. At the bottom of this recess was the perforation, which was larger than on the outside surface, and had its edges ulcerated.

The *liver* was small, pale-coloured, and very fragile; the gall-bladder much dilated. The spleen was natural, but having its surface roughened by a granular deposit.

The *kidneys* were large and flabby, and in an advanced state of granular degeneration.

II. CARCINOMA OF THE STOMACH—PERFORATION.

Mrs. F——, aged sixty-two, of spare habit, and naturally sallow complexion, is the mother of sixteen children, only two of whom survived infancy; no hereditary disease can be ascertained. She has not taken spirits habitually, though she has worked hard. For many years she had been a dyspeptic, but did not attend much to her ailments until six or seven months ago. She then complained of loss of appetite, pain at the pit of the stomach, and much flatulence, with gradual emaciation and debility. In the beginning of July, I saw her for the first time. She was much wasted; her face had a leaden hue, and haggard expression. She had no appetite, and complained of lancing pains in the region of the stomach, with frequent distention from flatus. Tongue dry and morbidly red, bowels constipated, urine scanty and high-coloured; her pulse was feeble and quick, and she had often palpitation of the heart; there had been *no sickness or vomiting*. She pointed out a tumour in the belly, which had then appeared only three weeks. There was a distinct prominence at the left of the umbilicus, and close to it, about the size of an orange; when pressed upon, it appeared to shrink, somewhat with a sensation of gurgling, and then felt firm and resisting; its surface was lobulated, and the whole mass seemed to be round and circumscribed, as far as could be reached by manipulation, which was attended with much pain. It pulsated rather strongly, but being moveable, pressure to one side removed the pulsation, and no hollow sound could be heard over it, or in the course of the aorta in the back.

At this time, I prescribed some carminative, which she tried for a few days, but not obtaining any permanent relief, she applied elsewhere, (for there was none of the despondency or hypochondriasis met with in cases of mere functional disease,) and for three weeks I lost sight of her. I then saw her again, and she had become much worse in the interval; the pain in the belly was constant, so that she never slept; the tongue was red and glazed, bowels costive and urine more scanty. On examination, the tumour appeared to have shifted its seat, and now presented in the epigastrium, having also become larger and less tender on pressure. I now gave her a quarter of a grain of muriate of morphia once or twice daily, which she continued to take until her death. In the middle of August she had thrush, and her sinking seemed to be imminent, as she took no nutriment, except wine, or spirits and water; her emaciation was extreme, the hands and feet became œdematous, and she would lie coiled up on her side, or sat up crouching forward, in order to take off the tension of the abdominal walls, and in this state lingered on till the first of this month, dying of sheer inanition.

To the last she had had no vomiting.

Examination, thirty hours after death. — The body was attenuated to the last degree; the abdomen rather full, and the epigastric region prominent. The superficial mammary and epigastric arteries appeared in strong relief, and were found to be quite rigid from cartilaginous deposit. The abdomen being opened, three pints of turbid yellow serum were removed from the peritoneal cavity. The tumour was formed by a lobulated mass of carcinomatous growth projecting between the stomach and left lobe of the liver, and pushing the pylorus downwards as low as the umbilicus. The omentum and serous surface of the stomach were much injected, and the latter had formed slight adhesions to the adjoining viscera. In the situation of the pylorus there was a circular opening, perforating all the coats, and large enough to admit the little finger; its margin was sloughy, but it did not seem to have given egress to the contents of the stomach in any obvious degree. On further dissection, the diseased mass was found to be firmly adherent to the bodies of the vertebræ, compressing the aorta and vena cava; the great bulk of it was formed by the head of the pancreas, and a number of absorbent glands, filled with carcinomatous deposit, and with these parts the duodenum and end of the stomach were perfectly consolidated, the whole composing a mass equal in size to a mature fœtal head. Sections of the morbid structure exhibited white fibrous bands of firm consistence, and highly vascular, with interspaces containing a yellowish softened matter, from which puriform fluid could be expressed. The left half of the pancreas appeared only more indurated than usual; the lumbar glands were also filled with cancerous matter. The stomach being laid open, the mucous membrane appeared of a deep, uniform red colour, with much mucous adhering; along the smaller curvature, the surface was studded with small cancerous tumours, the size of peas, which were situated in the submucous tissue; the entire pylorus was occupied by a large and sloughy ulcer, with all the characters of open cancer; in one part of it was the perforation. The coats of the stomach were not much thickened at this point, and their continuity had been preserved, for the most part, by adhesion to the mass behind.

The *liver* was small and light-coloured; the posterior margin of the right lobe contained three rounded masses of cancerous matter in a softened state, as large as nutmegs, which projected slightly from the surface. Several smaller deposits existed in the coats of the gall-bladder.

The *kidneys* were both enlarged and soft, and contained much granular deposit.

In the *thorax*, the lungs were found healthy throughout. The heart had the serous surfaces of the right side completely coated with a thin layer of lymph, (like the white patches so often observable;) there was dilated hypertrophy of the left ventricle, and the mitral valves were rendered almost rigid with cartilaginous patches on their free margins.

Sept. 10th, 1844.

SUFFOCATION CAUSED BY A FOREIGN BODY IN THE LARYNX.

RETRACTION OF THE GLOSSO-EPIGLOTTIC MEDIAN LIGAMENT.

Observed in the Ward of the Sainte-Périne Hospital, by CHARLES JAMES CAMPBELL, Esq. *(Interne des Hôpitaux de Paris.)*

MADAME M——, aged eighty-five, a female of a dry and bilious temperament and spare habit, entered the Infirmary in the beginning of February, 1844, and while undergoing treatment for an inveterated gouty affection, met with the accident which put an end to her existence, under the circumstances I am about to relate, after having briefly alluded to a very important point of the case.

In 1843, towards the middle of June, the patient, who had never been observed to eat with gluttony or precipitation, was seized, at the dinner-table, with a violent access of suffocation, the probable result of a portion of solid food having momentarily impeded the free action of the air-tube. Natural vomiting, however, immediately relieved the patient.

The same year, in December, another fit, of the same kind, took place. The house-physician, who happened to be in the Infirmary at the time, immediately relieved the patient by introducing the thumb and index behind the root of the tongue, and extracting a piece of stewed meat, perfectly chewed, which seemed to have been some how fixed behind the epiglottis.

I shall now relate the third fit of suffocation, to which this unfortunate woman fell a victim. I shall pass rapidly over the symptoms preceding death, which I did not witness; but I may be allowed to dwell on the post-mortem examination, on which being performed, we found an organic lesion, but rarely, if ever, noticed or recorded, and which, I doubt not, will throw light on the repeated occurrence of the accident now before us.

On the 15th February, 1844, I visited the Infirmary while the patients were at dinner. The unfortunate subject of this observation appeared to be in a tolerable disposition of body and mind. I had not left her ten minutes, when I was sent for, being told that she was expiring. I arrived immediately, but she lay prostrate and breathless in her chair. The symptoms previous to death had been those of suffocation; anxious habit of the whole body; head and trunk thrown back; contraction of the muscles of the face; blue colouration of the skin; the patient had raised her hand to her throat. The servants had opened the mouth, but could see no foreign body. No attempt was made to explore the fauces; percussion on the back was solely resorted to, with excitation to vomit—but those means proved in vain; the agony only lasted from two to three minutes.

While investigating the cause of this sudden death, I was told by the servants, and the other patients, that soup was the only food she had as yet taken; that she had not touched the boiled beef helped on her plate. This latter assertion, however, we found to be erroneous on the day of the post-mortem examination. During the intervening time, as material proof was wanting, we attributed death to some sudden "epanchement" in the brain, or to the rupture of some important organ of circulation. (?)

Post-mortem Examination, Thirty-six Hours after Death.

Cranium.—No distention of the venous blood-vessels on the surface, or at the basis of the brain; no vascular pointed injection (piqueté) in the substance itself; ventricles void of liquid; plexus choroides of a natural colour; nothing abnormal towards the basis of brain or cerebellum.

Thoracic Cavity.—The left cavities of the *heart* are affected with concentric hypertrophy; no clot, no fibrinous polypi in either

cavity. The aortic curve is found to be aneurismatic but not ruptured. Slight redness of the inner arterial membrane; ossification of the vessel at the diaphragmatic passage. *Lungs* in a pretty good state.

Air-tube.—I then proceeded, with the greatest care, by a lateral dissection of the neck, to uncover the larynx, laying open the pharynx, after disarticulation of the inferior jaw-bone, thus leaving the tongue in its natural position and connexions. The epiglottis is closely applied to the root of the tongue, and behind the epiglottis the superior orifice of the larynx is discovered to be entirely filled up with a piece of boiled beef, the end of the morsel not being at all prominent above the edges of the superior opening of the larynx, in such a manner that at first sight it was impossible to ascertain the whole volume of the foreign body. There evidently was the cause of death. I then extracted the boiled beef—it formed a sort of cork of compact meat, partially chewed, was about an inch long, and weighed a little more than a quarter of an ounce (eight grammes, eight decigrammes.) It must have reached, *in situ*, the cricoid cartilage.

The *epiglottis* was then carefully examined, and found to be rather less in its dimensions than usual. It not only left the posterior angle of the superior opening of the larynx uncovered in a comparatively too large extent, but we felt an unnatural resistance when we attempted to bring down this cartilage over the aperture. We remarked, that in so doing the median glosso-epiglottic ligament was so extended as to pull back and elongate those fibres of the root of the tongue to which it is adherent, and when let go, the epiglottis resumed its first position with more than its ordinary elasticity. Having removed the larynx and tongue, I kept them in water, slightly alcoholized, for forty-eight hours; the epiglottis still retained that stiffness and insufficiency in its play, the tongue being placed in its natural relative position.

The anatomists and medical observers who have seen the parts agree with me in the opinion that this organic lesion, which consists either in *atrophy* or *retraction* of the median glosso-epiglottic ligament, has been the first cause of suffocation in this case, by giving a freer access to foreign bodies into the air-tube.

The two circumstances first related, where death had necessarily ensued, had not nature and art afforded immediate relief, strengthen the probability of this opinion. No doubt, spasmodic contraction of the parts attended; no doubt, that during the anxious moments previous to death, abrupt or violent inspiration may have *sucked* in the foreign body, if such an expression be allowed, to such a depth that all chance of immediate relief was lost. Had even the diagnosis acquired immediate certitude, (and here it had not,) those circumstances may have been minor and concomitant causes of death; but I think it most probable that the primary cause—the cause, *sine quâ non*, of suffocation, (in this case, at least)—was this organic deficiency of the opercule, owing to the retraction or to senile atrophy of the ligamentous tissue.

This observation was presented by the author to the Parisian Medical Society on the 27th of June, Dr. Daniel M'Carthy, Vice-president, in the chair.

CASE OF PUERPERAL CONVULSIONS, ACCOMPANIED BY ALBUMINOUS URINE, WITH REMARKS.

By E. Crisp, Esq., Surgeon, Walworth.

(*Read before the London Medical Society.*)

I was called to Mrs. H——, Walworth, aged twenty-two, Feb. 5th, 1844, at two P.M. She had been married eight months, and was supposed to be about seven months pregnant: her person is small; complexion fair; hair light. For the last two or three weeks she has complained of pain in the back, and has been frequently subject to headache; she also had at intervals, for some years, what she calls "bilous attacks;" these came on with vomiting, headache, dimness of sight, and were followed by great drowsiness, almost amounting to coma.

This morning she has had pain in the head, with frequent vomiting of a bilious matter; she is quite sensible, but the sight is somewhat impaired; bowels confined; pulse about eighty, rather soft; pupils dilated. No symptoms of labour. The face and hands present a slight, puffy, œdematous appearance. A cathartic mixture, and pills to be taken till the bowels are well relieved.

Five P.M.—Is now quite blind, but perfectly sensible; pupils dilated; has had a convulsive fit of an epileptic character, which lasted five or six minutes. The pulse soft and compressible, bowels not relieved. The os uteri high up and undilated. I took about ℥x. of blood from the arm, and ordered the following medicine:—

℞—Jalap, ℈ij.; compound tincture of cardamoms; liquid acetate of ammonia, of each, ʒi.; sulphate of magnesia, ℥i.; carbonate of magnesia, ʒss.; minth water, ℥vj. Mix for a mixture; a fourth to be taken every hour.

℞—Chloride of mercury, eight grs.; comp. extract of colocynth, fifteen grains. Mix, for four pills, two to be taken immediately, and the others at ten o'clock.

Eight P.M.—Had another fit during my visit; foaming from the mouth, with much distortion of the countenance; great convulsion of the extremities; bowels not relieved. Continue med. mustard poultices to the feet, and a turpentine enema.

Feb. 6th, two A.M.—Has had six convulsive fits, but was perfectly sensible during the intervals; pulse soft, about eighty-five; bowels well relieved; eyes dull and prominent; blood taken not buffed, and very watery. Cold applications to the head; the enema not administered. I tested the urine with heat and nitric acid, and found it highly albuminous.

℞—Tincture of valerian, ʒij.; liquid acetate of ammonia, ʒi.; sulphate of magnesia, ℥ss.; carbonate of magnesia, ʒss.; minth water; camphor mixture, of each, three ounces. Mix for a mixture, a fourth to be taken every fifth hour.

Eight A.M.—Appeared better for a few hours after I left; could distinguish those around her, and answer questions rationally; had another convulsive fit half an hour since, and is now partly sensible; bowels well relieved. I again examined per vaginam, but found the os uteri as before. Twelve leeches to the temple; blister to the back of the neck.

Four P.M.—Rather better than in the morning; vision imperfect; only two leeches applied, on account of the violence of the patient. Dr. Hodgkin saw her with me, and recommended as follows:—

℞—Liquid acetate of ammonia, ℥i.; sesqui-carbonate of ammonia, ten grs.; camphor mixture, ℥v.; tincture of hops, ʒii.; tincture of digitalis, xxiv. ♏; sugar, ʒi. A mixture; two tablespoonfuls every fourth hour.

Ten P.M.—Rather better.

Feb. 7th.—Has had no fit since the last report, and is now quite sensible. I again tested the urine, and found it albuminous. Repeat the medicine. Knowing that Dr. Lever was much interested in this disease, I sent him some of the urine, and requested him to see the patient.

Feb. 8th.—Complains of more headache, and is not so well. Pulse eighty-five, small and soft; bowels not relieved.

℞—An opening draught to be taken immediately; tincture of valerian, ʒii.; camphor mixture, for a mixture; a quarter to be taken every fifth hour.

9th.—Has had seven or eight fits to-day, more violent than before, the first preceded by vomiting. Os uteri undilated. A cathartic mixture; turpentine injection.

10th.—Has not had a fit since last evening; is now quite sensible, and the countenance appears more natural, the eyes less prominent; bowels relieved seven or eight times. Medicine to be omitted; the hair removed, and cold water to be poured upon the scalp for five minutes, morning and evening.

11th. Eleven A.M.—Complains of pain in the head, and is rather drowsy; pulse and carotids the same; eyes more prominent; continue the cold douche. Two P.M.—Has had two fits, (each of ten minutes' duration,) but did not remain insensible for so long a time as after the last. Three leeches to be applied to each foot. Nine P.M.—Pain in the head still severe; pulse ninety, and soft. Carotids not beating forcibly; pupils not dilated, and they contract readily on exposure to light. The os uteri now lower down, the point of the finger introduced, and the bones of the head can be felt. Has taken only a little milk and water, and a cup of coffee, during the day. Complains of acidity of stomach. ℞—Sesqui-carbonate of soda, ʒiss.; compound tincture of cardamoms, ʒi.; camphor mixture, ℥iv.; for a mixture; a third every four hours.

12th. Nine A.M.—Had another fit soon after I left last evening; during the night, complained of frequent pain in the back, with constant bearing-down pains. The edges of the os uteri are now thin, and the soft parts more lax and moist; has less pain in the head than yesterday. Has not felt the child for four days. Five P.M.—The labour pains have gradually increased since the morning; the child's head is low down, (presentation natural,) but the pains are inefficient. Thinking it desirable to terminate the labour as soon as possible, I delivered with the forceps. The child, from the appearance of the skin, (which peeled off in some parts,) must have been dead four or five days. ℞—Spirit of nitric ether, ʒi.; camphor mixture, ℥vi.; for a mixture; a fourth every five hours. Ten P.M.—Is going on favourably; pain in the head much diminished; pulse 110.

14th.—Since the last report, has been gradually improving; less pain in the head; bowels act well; lochia rather small in quantity; pulse small and feeble. Repeat the mixture.

16th.—Not quite so well; head painful; face rather swollen, and the eyes more prominent; the pupils dilated, but contract readily on exposure to light.

18th.—Symptoms more unfavourable than at the last report; pulse 132, small and feeble; tongue moist; bowels well relieved. The motions natural in appearance; has passed large quantities of urine, which is still albuminous; specific gravity, 10.25. Very restless; has not had sound sleep for the last three or four days. Answers questions, but does not know those about her. Half a pint of porter and a mutton chop. A blister to the shaved head, and mustard poultices to the feet. ℞—Decoction of aloes, ℥i.; liquid acetate of ammonia, ʒi.; camphor mixture, ℥iv.

Evening.—The pulse rather improved, and she appears something better. Headache not so violent.

19th.—Has been very restless, but is rather better this morning; bowels well acted upon. ℞—Tincture of opium, 3ss; wine of potassio-tartrate of antimony, 3ss; camphor mixture, ʒx.

20th.—The headache much relieved, but she now complains of slight pain and swelling of the left leg; the foot and leg are œdematous. Hot fomentations to be applied frequently.

March 1st.—Soon after phlegmasia dolens appeared in the left leg, the right became affected; the swelling in the left is confined principally to the leg, but the right thigh is much swollen; great pain and tenderness is experienced along the course of the larger vessels. Since the swelling of the legs, the head symptoms have much improved; the urine is not so albuminous as at the last report; it is rather abundant in quantity. Appetite good; bowels rather relaxed. Fourteen leeches have been applied along the course of the veins; bran poultices to both legs; small doses of potassio-tartrate of antimony given three or four times daily, and ten grains of compound pulverized ipecacuanha at bedtime. The diet has been light and nutritious.

2nd.—Dr. Hodgkin saw her again to-day; he advised the medicines to be continued, and recommended extract of belladonna to be rubbed on the thigh over the saphena vein, and punctures to be made with a small needle in the legs. I made several punctures in the right leg, a small quantity of clear serous fluid oozed from the apertures, but it ceased to flow after two or three hours.

March 15th.—Is able to leave her bed, and she is in every respect better; the urine contains much less albumen; the legs still much swollen; the skin having a white appearance, and a hard brawny feel.

April 1st.—Her health much improved; the swelling and hardness of the legs considerably diminished; is able to walk the distance of a mile without much inconvenience. I tested the urine several times, at intervals of three or four days, and found it free from albumen.

27th.—Is still improving in health. I recommended change of air; my patient left the neighbourhood, and I have not seen her since.

Remarks.—Puerperal convulsions is a disease of such frequent occurrence, and one now generally considered to be so well understood, especially as regards its treatment, that it may appear strange to some of the members present that I should bring the case just related before the society. I am disposed to think, however, that there are some points of interest connected with the subject which will afford matter for useful discussion. And first, respecting the state of the urine. Dr. Lever has lately directed the attention of the profession (in a paper published in the Guy's Hospital Reports) to "The Albuminous state of the Urine in Puerperal Convulsions." Dr. Lever found, in nine out of ten cases in which this secretion was examined, that it contained albumen. The case related affords another example of the correctness of his views. The patient had had scarlet fever some years before, and the condition of the urine was not known previous to the convulsive attacks. There is, I think, but little doubt hat this affection was only temporary, and arose probably from congestion of the kidneys, these organs, after a few weeks, having performed their functions naturally.

Another point worthy of consideration, is the question respecting the propriety of depletion in these cases. The patient, although not in an anæmic condition, had a soft compressible pulse, and I therefore took only a small quantity of blood, as a precautionary measure. It appears to me that most writers upon this disease have not made sufficient distinction between the two classes of cases—viz., the anæmic and the sthenic, and the young practitioner is too apt to suppose that in this affection depletion can scarcely be carried too far. In the sthenic form, blood may be taken to an enormous amount, with great benefit to the patient, but I fear that indiscriminate depletion has not unfrequently added to the number of fatal cases.

Lastly.—The phlegmasia dolens appeared first in the leg, and on the left side; the iliac vein was quite free from tenderness, shewing that the hypogastric veins, as supposed by Dr. Lee, are not always primarily affected.

Oct. 1844.

BRITISH MEDICAL JOURNALS.

EXCISION OF THE EYEBALL IN CASES OF MELANOSIS.—MEDULLARY CARCINOMA, AND CARCINOMA.

Dr. ROBERTSON has had occasion, in the course of his practice, to remove the eyeball, in sixteen instances, for one or other of the above diseases. *The results of the operations* were four on of five cases of melanosis, perfectly successful, and no return of the disease, after considerable periods. The fifth patient died from a different disease, within twelve months. Five cases of medullary carcinoma were operated on; in four, the disease returned; the fifth was cured; but there was some doubt as to the real nature of the tumour. Of six cases of carcinoma, three were cured; in two, the disease returned; and one died. Some inference as to the chances of success in operations on the eye, for malignant disease, may be derived from these results.

The diagnosis of a simple from a malignant affection of the eye is thus described by the author:—

"An appearance in the eye dependent on a totally different cause, but resembling medullary carcinoma in its early stage, is occasionally met with. It is when either pure blood or fibrine is effused from the arteria centralis retinæ into the cells of the hyaloid membrane. When *blood is effused*, it presents, at first, when viewed in a clear light, a bright scarlet hue; but in proportion as the colouring matter of the blood is absorbed, it exhibits the peculiar metallic, glistening appearance, which is seen in the malignant disease. This effusion of blood into the vitreous humour may occur spontaneously, or be the result of external injury. The red colour presented in the early stage, and the sudden occurrence of the affection, will point out the difference between it and the malignant tumour.

"It is more difficult to form a diagnosis between cases of *effusion of fibrine* into the hyaloid membrane, and the malignant tumour. In the instances of effusion of fibrine which I have witnessed, the metallic lustre, which must arise from the presence of an opaque reflecting substance deeply seated in the eye, was not so clearly marked as in the malignant disease, probably owing to the effusion being in the substance of, and not posterior to, the vitreous humour; for it is found that, in proportion as the opaque reflecting body advances towards the cornea, it loses its metallic lustre. I have observed also, that, in the non-malignant affection, although the pupil was dilated, it was regular in form, and the texture and colour of the iris were not altered. In some instances, also, vision was not entirely lost, whereas, in malignant diseases, total blindness, I believe, always exists."

The points of analogy and difference between encephaloid, scirrhous, and melanotic disease, are clearly and accurately stated in the following table:—

ENCEPHALOID.	SCIRRHUS (*as in common cancer of mamma.*)	MELANOSIS.
Of consistence of brain in thin cellular septa.	Of firm consistence in cellulo-fibrous septa.	Of soft consistence in thin cellular septa.
Of an opaque white colour.	Semi-transparent bluish-yellow colour.	Black or sepia colour.
Numerous minute vessels.	Sparingly supplied with bloodvessels.	No bloodvessels have been traced.
Consists of globules and caudate corpuscules.	Nuclear cells. No caudate corpuscules.	Pigment cells—round, oval, or irregular, and sometimes caudate.
May become of enormous bulk.	Seldom of large size.	They attain a large size.
Often of rapid growth.	Progress generally slow.	Growth of variable rapidity.
Often interstitial effusion of blood.	Rarely interstitial hemorrhage.	Never interstitial hemorrhage.
Not disposed to form adhesions to surrounding parts.	Becomes firmly connected with surrounding parts.	Not disposed to form adhesions to surrounding parts.
When subcutaneous, the skin is distended and stretched, and gives way usually by simple ulceration.	The skin becomes puckered and assumes the cancerous ulceration.	The skin becomes stretched and distended, and yields by simple ulceration.
After ulceration, rapid progress, and often large fungous growths, and frequently hemorrhage.	After ulceration progress not so rapid, and seldom profuse hemorrhage, provided it does not assume the encephaloid structure.	After ulceration progress of tumour more rapid—no hemorrhage.
This species of carcinoma most frequently met with in infancy and youth.	Most common in advanced life.	Usually about or after middle age.
Liable to be propagated through the absorbent organs.	Even more liable to be propagated through the absorbent organs.	No tendency to be propagated through the absorbent organs.

Northern Journal of Medicine.

HOUR-GLASS CONTRACTION OF THE WOMB.

Many eminent accoucheurs doubt the possibility of such an occurrence. Dr. Adams, in a communication to the same journal, in which several points connected with practical midwifery are discussed with ability, makes the following remarks on the subject:—

"At one time I was disposed to adopt the same view myself, but the occurrence of the case I am about to notice tended to convert me. In this case, ergot had been administered during the progress of the labour, a circumstance which I deem worthy of notice. In consequence of the subsequent retention of the placenta, I introduced my hand into the vagina, and insinuated it through a strictured portion, which I have no doubt was in the cervix uteri; on advancing still further, I encountered *another* stricture, which must have been in the body of the organ: a considerable portion of the placenta lay beyond this, and was in part firmly grasped and retained by it. This case, and the respect I cannot but entertain for so many observant and eminent men, who maintain that they met with the occurrence even after their eyes were opened to every source of fallacy, have inclined me to believe that such contraction does occasionally take place, although perhaps with less frequency than has been generally stated."

SYMPTOMS AND PATHOLOGICAL APPEARANCES IN A CASE OF SPINAL MENINGITIS.

The following case, from the *Guy's Hospital Reports*, affords a good illustration of this rare form of disease:—

"T. M——, aged nineteen, of small, but well-formed frame, of temperate and regular habits, generally having good health, until eighteen months before his death, when he was treated in Guy's Hospital for pleurisy; this was followed by scarlatina; from both he recovered; but he subsequently complained of wandering pains in the neck and loins, and general *malaise*. Three months before his last admission, he had erysipelas of the face, and was confined to his bed for a few days, but perfectly recovered in about a month, at the expiration of which period he became an out-patient, the pains continuing in the back, neck, and loins, and being regarded and treated as rheumatism, without relief. On the Friday before admission, the pains became very much aggravated in the neck, back, and loins, causing him to scream violently, with great restlessness, alarm, and dread, if any one approached to touch any part of his body. These symptoms were more severe on Saturday; and on the following morning, May 7, he was admitted, with symptoms of fever, and complained of the pains in the neck and loins, which were less severe; had great disinclination to turn in bed; and, on being raised, maintained almost a tetanic rigidity of the muscles of the neck, but these symptoms were not very marked until two or three days afterwards. On the Wednesday, he lost the use of his arms for a time, and then the pains left him, but became again severe with the return of motion. On Thursday, convulsions came on; he had foaming at the mouth; the features were distorted; the hands were clenched, and he was insensible: the tonic rigidity of the neck continued. He had frequent recurrence of the convulsive attacks during the next day, when he died, trismus having been present during the two hours preceding his death.

"*Sectio Cadaveris.*—The skin, generally, and conjunctivæ, were slightly jaundiced. On opening the head, the veins and sinuses were seen large and congested; and on dividing the spinal cord, just below the medulla oblongata, some puriform-looking fluid exuded from, apparently, the centre of the cord, the cut surface of which was looser in texture than natural.

"The spinal canal being opened from behind, there was some slight ecchymosis between the muscles, and extravasation of blood, with effusion of lymph, between the vertebræ and dura-mater: an effusion of lymph, and some puriform albuminous matter, were also seen between the arachnoid surfaces, and beneath the arachnoid itself, rendering these membranes slightly adherent and opaque. This opacity was seen especially in some spots, and evidently of no very recent character. These appearances were most observed at the fourth and fifth cervical vertebræ.

"The surface of the liver was rather pale; the edge rather rounded; and some yellowish spots, of the size of half-a-crown, surrounded by an areola of darker vascularity, were observed: these extended to the depth of half an inch. On incision, the structure was yellowish, with an occasional mottling of florid red. The lobules were universally of a pale-yellow colour; and in those parts which were of a brighter red hue, the interlobular fissures were the seat florid vascularity. The organ was lacerable and tore with a granular appearance. This was regarded as an inflammatory condition of the liver.

"The peritoneal surface of the bladder was corrugated, thickened, and the seat of ecchymosis, which was also observed internally, in the submucous tissue."

CHEMISTRY, PHARMACY, AND MATERIA MEDICA.

PETTENKOFFER'S TEST FOR BILE.

SIR,—I find mentioned, in your journal of Oct. 5th, 1844, an account of a discovery by a German student, of a new method for detecting the presence of bile.

According to the description, it consists in adding to any liquid containing bile, concentrated sulphuric acid in sufficient quantity to make the liquid hot, and afterwards syrup, which causes the liquid to assume a violet colour. As a delicate test for ascertaining the presence of small quantities of bile is a great desideratum, I have repeated the experiment, and find it a complete fallacy, and that the gentleman has mentioned nothing that was not previously known. In the first place, by adding sulphuric acid to a weak solution of bile, a beautiful blue colour will be created without any additional substance. Water containing one-fiftieth part of common ox-gall, will become of a deep red colour with common sulphuric acid; and one grain dissolved in three-thousand parts of water, causes the liquid to be slightly tinged with violet on the addition of sulphuric acid. In the next place, with regard to the syrup, it is quite unnecessary. The only effect of the addition of syrup to the liquid, when heated by sulphuric acid, is to carbonize the sugar, and, consequently, to render the colour darker. If further proof be required, it may be obtained by adding sugar, blackened by sulphuric acid, to a solution of bile reddened by the same acid, for we shall then obtain the same colours as by following the directions of M. Pettenkoffer. To shew the fact of sulphuric acid acting as above described upon the bile, we have only to refer to M. Braconnot, who, in his account of the bile, states that "picromel, when dissolved in common sulphuric acid, becomes, after several days' exposure to the air, of a blood-red colour." Further, he mentions among the constituent parts of picromel, "a colourless saccharine principle, which becomes purple, violet, and blue, by the addition of sulphuric acid."—(Braconnot, *Annales de Chemie et de Physique.*)

I am, sir, your obedient servant, A. WALLER.

Kensington, Nov. 1844.

We have submitted the above letter to the gentleman on whose authority we inserted Pettenkoffer's test for bile, and his answer is, "I furnished you with that paragraph for THE LANCET, from a verbal report of a German chemist. I have since repeated the experiments, and my results agree with M. Pettenkoffer. On adding sulphuric acid to a highly dilute solution of bile, in a test tube, and applying the heat of a spirit lamp, the solution becomes of a dirtyish brown colour, as it would from the presence of almost any organic matter. But, on the contrary, if a grain of sugar be first added and dissolved, the sulphuric acid imparts a very marked and characteristic pink colour to the solution."

HONEY AND SUGAR ADULTERATED WITH STARCH-SUGAR.

It ought to be generally known, that a very large proportion of brown or moist sugar sold in this country, is adulterated by being mixed with what is called *British sugar*—a sugar made by boiling potato-starch for a long time in water slightly acidulated with sulphuric acid. This is a gross fraud, because, although harmless, starch-sugar is not sweet. To detect it, all that is necessary is to agitate some suspected sugar in cold water, the genuine sugar dissolves immediately, the starch-sugar remains undissolved, and its lack of sweetness becomes readily detectable.

M. Lassaigne, in the *Journal de Chemie Medicale*, says that honey is adulterated also with starch sugar, especially that usually called *common* honey. This may be detected in the same way as in the adulterated sugar.

ON THE PRESENCE OF LIME IN VERATRINE.

In the same journal, H. Versmann says that the *veratrine* of commerce often contains a considerable proportion of lime, which is employed in its manufacture; and as it improves the appearance of the alkaloid, and prevents it from becoming resinous in drying, is left purposely in admixture. Veratrine ought therefore to be tested by heating a portion in a platinum spoon. If pure, it will all sublime; lime will, of course, be left behind if any is mixed with the veratrine. To purify veratrine from lime, dissolve in alcohol, adding a small quantity of sulphuric acid, filter, precipitate with ammonia, and distil over the alcohol.

THE LANCET.

LONDON: SATURDAY, DEC. 21, 1844.

THE sections of the GOVERNMENT MEDICAL BILL which we have already subjected to a careful analysis, are thirteen in number.

We have proved that they provide for the repeal of the only valuable portion of the "protective statute" of the profession, and for establishing a COUNCIL OF HEALTH without powers or duties, together with a Council of Medical Education, so framed as to be entirely subservient to the control of a Minister of the Crown, whilst matters are contrived to shield that Minister from all individual responsibility.

A close examination of the Registration Clause has proved, that that section of the Bill is a most clumsy contrivance, and may lead to the *annual taxation of the profession to a very considerable amount.* The fact has been established that, in the profession of the law, *one* registrar can perform a duty which, by the Government Medical Bill, it would nominally occupy *eighteen* functionaries to execute.

Before, therefore, we arrive at the fourteenth clause, enough of objectionable matter has been discovered, to obtain for the Bill the hostile opinions of all the legally-qualified members of the profession in this country, and to make them view it as one of the most harsh, unprincipled, and destructive Bills that ever was framed relative to the interests of the members of a respectable profession.

With regard to *educated* medical practitioners, who are discharging the duties of their profession according to the provisions of the existing laws of this country, a more flagitious measure was never framed. But the Bill is strikingly favourable to, and protective of, *unlawful* practitioners. It is, in fact, a *carte blanche* presented to all the quacks and impostors of the kingdom who may hereafter audaciously tamper with human life. To those worthies it is a free-will offering on the part of a conservative Government. Really, there must be more than one great Medicine-and-Mystery man in the British Cabinet. If we take any one important provision of the Bill, any one main feature, there is to be found in it a sufficiency of objectionable matter to render it a duty, on the part of the general practitioners of this kingdom, to oppose, by every means at their disposal, the *re-introduction* of the measure into the House of Commons. And we here inform them, from experience, that if the profession cannot exercise sufficient influence to cause the Bill to be altered, now that it is, in reality, *out* of the House of Commons, and lying on a bureau at the Home-Office, any attempt that may be made to soften down its more objectionable aspects, after it has again been introduced into the House of Commons, will be comparatively, if not utterly useless.

This, then, is the time for exertion; and if the provisions of the first thirteen clauses—with respect to the repeal of the protective portion of the 55th GEO. III., the establishment of a Council of Health and Medical Education, (an institution so contrived as to reduce the whole medical profession of this country to the degraded and subservient condition of an *inferior department of a Government office,*)—and the awkwardly devised and threatening scheme of registration, be not sufficient to arouse the general practitioners, as one man, against a Bill that is hypocritically offered to them as a measure of *relief*, but which, nevertheless, is one of a flagrantly unjust description, we are really desirous of ascertaining their views relative to those portions of the Bill which have been framed for the purpose of regulating the *education*, and fixing the *grades*, or *classes*, to which future practitioners of medicine shall belong.

In the hope of succeeding in this object, we shall reprint the remaining clauses of the Bill, and endeavour to put the substance of each of them, in a distinct and intelligible form, before our readers. The provisions are of such a kind that they ought, in truth, to be submitted to the gaze of the profession in all the nakedness of their deformity, stripped of their technical phraseology, and of every mystifying fringe and net-work of expression. An analysis, somewhat rapidly conducted, will enable us to complete this task in the present and succeeding numbers of THE LANCET.* The discussions which have taken place on the Bill at public meetings of the profession, and some of the imbecile and sickening resolutions that have been adopted at the suggestion of intriguing and "unlawful" practitioners, will necessarily be made the subjects of remark on future occasions.

In proceeding with our analysis, and plunging at once into the medical abyss which the Bill presents to our affrighted view, we cannot be unmindful of the objects to the attainment of which the zealous labours of medical reformers have been directed for nearly twenty years. *Simplicity* in the principles and construction of the law for the government of the profession was what they ardently desired to possess. And what is offered to them by the Government? CHAOS. In the exercise of their professional rights, they prayed that there might be bestowed upon them more of legislative protection. What, we repeat, is presented to them? A Bill which provides for the unqualified destruction of that legislative protection which they already enjoy! In the hope of exalting their position, and securing to the public a profession in all respects qualified for discharging its scientific duties, and in the further hope of shielding the community against the murderous practices of unqualified men, the medical community implored the legislature to enact a statute which should put down, and keep down, all medical quacks and impostors. How are these reasonable demands answered by the Government? A Secretary of State presents to those quacks and impostors a full licence to kill the unsuspecting portions of the community. Perfectly acquainted with the exalted nature of the studies and pursuits in which they had been, in their pupilage, and still are, engaged, the medical practitioners of this country besought the Crown and legislature to bestow upon them a law which would allow them to exercise the elective franchise in choosing the governing bodies of their own colleges, and of the other medical institutions. What response is bestowed upon *that* respectful prayer? The petitioners are presented with a proposal for creating *a mongrel Council*, a medico lay board, which is to be subject to the despotic authority of a Secretary of State. Equally in submission to that authority, divested entirely of ministerial responsibility, will become all the educational regulations of the medical departments of the universities and colleges of this kingdom.

Such have been the hopes, the expectations, the prayers, of the profession; such the acknowledgments of them by the Government.

* The analysis of the Bill will thus be completed in this volume which will be concluded on Saturday next, December 28th.

Now, then, for the "simplicity" of that arrangement which is to provide for future *uniformity of title, rank,* and *privilege,* in the profession. We come to clause 14:—

"*Licentiates in Medicine and Surgery.*—And be it enacted, that no person, except such graduates in medicine and such other legal practitioners as are hereinafter mentioned, shall be entitled to be registered by the council as a licentiate in medicine and surgery, unless he shall have attained the age of twenty-one years; and shall have been examined by the colleges hereinafter named; (that is to say) if in England, examined by the Royal College of Physicians of England, assisted by the Court of Examiners of the Apothecaries' Company, and also examined by the Royal College of Surgeons of England; and if in Scotland, examined by the Royal Colleges of Physicians and Surgeons of Scotland; and if in Ireland, examined by the Royal Colleges of Physicians and Surgeons in Ireland; and in every case shall have received letters testimonial from each of the bodies by which he shall have been examined, of his being duly qualified to practise as such licentiate."

Several glaring defects exist in the technical construction of this clause, which will at once attract the attention of the careful observer; but what is the *principle* of the paramount provision which it contains? Why, that persons of twenty-one years of age, who have obtained their diplomas and licences from the specified colleges, shall be registered as "licentiates in medicine and surgery." This is the first of the *medical distinctions,* the foundation of that "simple" and beauteous structure which is to be so gratifying to the feelings of all medical beholders! The future "licentiates in medicine and surgery" are to be the future GENERAL PRACTITIONERS of Great Britain and Ireland. Registered at twenty-one years of age, as "licentiates in medicine and surgery," these actual doctors of nineteen-twentieths of the community will receive a certificate at law to practise amongst the people as physicians, surgeons, obstetricians, and apothecaries. In a word, the *law* will proclaim them to be qualified to take within their mental grasp the whole range of medical practice, and also, that the public will be safe in bestowing upon them the fullest share of professional confidence.

The provisions of the next clause are somewhat different. Still they are to be converted into *law.*

"15. *Surgeons.*—And be it enacted, that no person, except such legal practitioners as are hereinafter mentioned, shall be entitled to be registered by the council as a surgeon unless he shall have attained the age of twenty-five years, and shall have been examined by one of the Royal Colleges of Surgeons of England, Scotland, or Ireland, or the Royal College of Physicians and Surgeons of Glasgow, after such proof as shall be satisfactory to the examining college that he has applied himself to surgical studies during at least five years; and shall have received letters testimonial from the examining college of his being duly qualified to practise as a Surgeon."

If the enactments of such an odious Bill did not forebode the occurrence of evils truly awful to society, how we might laugh at the manifold absurdities which it exhibits! In clause 14 it is provided that a person of twenty-one years of age shall be registered as a "licentiate in medicine and surgery," and he is thus to be empowered, by law, to practise in any and all the departments of the profession. He is virtually registered as surgeon, physician, and apothecary. Then comes the clause we have just quoted, (15,) wherein it is provided that at *twenty-five* years of age, he may be registered as a *surgeon* only,—in the expectation, we presume, that he is then fit to be *a pure,* having lost about nine-tenths of the medical information which he possessed at the time when he underwent his first examination, namely, at the age of *twenty-one.* The "pure," who is here examined before a single College of Surgeons, is thus raised up, and dignified, by that very law which had previously conferred the title of "licentiate in medicine and surgery" upon the same individual who, in order to obtain that title, had been obliged to undergo examinations before *two* colleges—namely, a College of Physicians, in addition to a College of Surgeons! That law, then, which at first acknowledges the competency of the general practitioner, both in *medicine* and *surgery,* now *stigmatizes* and throws a *discredit* upon him, in his character and attainments as a *surgeon!* That practitioner, according to the Bill, is *less* a surgeon, whose knowledge of medicine is tested and admitted at a *second* examination before a college of *physicians,* than the surgeon who has only been examined by a college of surgeons! This would be a fine specimen of "simplicity" of construction and title in our new medical arrangements.

But the mess thickens as we proceed. The contents of the following section add ponderously to the density and darkness of the puddle:—

"16. *Physicians.*—And be it enacted, that no person, except such legal practitioners as are hereinafter mentioned, shall be entitled to be registered by the council as a physician unless he shall have attained the age of twenty-six years, and shall have graduated in medicine in some university of the United Kingdom of Great Britain and Ireland, or subject to the restriction hereinafter contained, in some foreign university, and shall also have been examined by one of the Royal Colleges of Physicians of England, Scotland, or Ireland, or by the Royal College of Physicians and Surgeons of Glasgow, after such proof as shall be satisfactory to the examining college that he has applied himself to medical studies during at least five years, or if he is not a graduate in medicine of any such university, unless he shall have attained the age of forty years, and shall have been examined by the Royal College of Physicians of England; and in each case shall have received letters testimonial from the examining college of his being duly qualified to practise as a physician; and no person shall be entitled to be received for examination, for the purpose of being so registered as a physician upon a foreign degree in medicine, unless the Royal College of Physicians of England, Scotland, or Ireland, shall give him a special certificate, to be laid before and approved by the Council of Health and Medical Education, that they have made inquiry into the manner in which such degree was conferred, and have ascertained that it has been granted after residence within the precincts of the same university during at least one year, and after due examination and upon satisfactory certificates of previous study."

Thus, another curious metamorphosis or transformation is provided. At twenty-one years of age, a candidate receives a licence at law to practise as a physician, surgeon, obstetrician, and apothecary. At the age of twenty-five, a candidate may be registered as a *surgeon only.* He is, at this latter period, placed higher in the scale, because, according to *law,* he possesses *less* medical information than the individual who is twenty-one years old! Add another year—make the candidate twenty-six years of age—presto! the acquirements and skill in *surgery* have vanished, and up leaps *a physician* to—*the top of the scale!* It is, certainly, a curious pyramid which the framers of the Bill have constructed. The KNOWLEDGE is at its BASE. As we proceed upwards, the tinsel appears; and, at the summit, where the acquirements are least evident, there the title becomes the most dignified and imposing. Such is the "simplicity" of the newly-propounded scheme, and such are the principles of policy which it embodies!

Into a consideration of all the inconsistencies and absurdities which characterize this mass of confusion, it is impossible for us to enter. Enough has already been advanced to prove that a more stupid or insulting project, with reference to the medical profession of this country,—we mean, of course, the GENERAL PRACTITIONERS,—could not have been invented.

In the last two clauses we have seen that *the physician* is to graduate at some university, but that no such requirement is made with respect to *the surgeon*; and then we find, in Clause 17, that physicians and surgeons may be registered as such, with double testimonials.

"17. *Physicians and Surgeons may be registered on double Testimonials.*—And be it enacted, that it shall be lawful for the same person, if possessed of the necessary testimonials, to be registered as both physician and surgeon, and for a registered physician, or a person applying to be registered as a physician, to offer himself for examination as a licentiate in surgery, by one of the said Royal Colleges of Surgeons, and for a registered surgeon, or a person applying to be registered as a surgeon, to offer himself for examination as a licentiate in medicine by one of the said Royal Colleges of Physicians, assisted in England by the Court of Examiners of the Apothecaries' Company; and every such physician or surgeon shall be entitled to be also registered upon the testimonials granted to him upon such additional examination, in such form and manner as shall be determined by the said council."

Let us trace these steps of registration in the order in which they stand:—

In the *first* registration, (at the age of twenty-one,) the candidate obtains a licence to practise medicine *fully*, in *all* departments and branches, as a physician, surgeon, and apothecary.

The *second* registration, with regard to rank, effected at the age of twenty-five years, bestows the title and right to practise *surgery*, only.

The *third* registration (at the age of twenty-six) confers the title and privilege of acting as a *physician*, only.

In the *fourth* registration, the physicians and surgeons may register under *both* titles.

Thus the three last dignities are awarded, and ascensions made, wholly irrespective of the lowest class of practitioners, the "licentiates in medicine and surgery," who are proclaimed by this intended law to be competent to undertake and discharge all the duties which can devolve upon the most thoroughly gifted, the most highly accomplished, medical practitioner! One might have supposed that had a diversity of titles been desirable, a totally different arrangement would have been made, that is to say, that a candidate would first have been licensed to practise, separately, as *an apothecary*; secondly, as *a surgeon*; thirdly, as *a physician*; and then, as a final acknowledgment of his acquirements and capabilities, there would have been conferred upon him a diploma to have entitled him to discharge, conjointly, all the functions which pertain to the characters of *physician, surgeon,* and *apothecary*, thus allowing him to embrace the whole field of medical practice. An inverse arrangement is adopted in the Bill,—with what wisdom we leave the profession to determine. To ears polite, we know that it seems ungracious to impute ungenerous motives. But why such a scheme has been devised, unless for the purpose of degrading and keeping down the general practitioner, and bestowing a higher and an unmerited position in the scale of professional rank, by means of the situations of merely "pure" surgeons, and "pure" physicians, we are at a loss to understand. Unless such a result as this was intended, we confess that the whole project, so far as titles and rank are concerned, is to us inexplicable. There is about it a cloud of mystery which our perceptive faculties cannot penetrate.

The "simplicity" of the arrangement is self-illustrative, and self-eloquent. On examining it, how delighted must be the members of that thrice-happy profession who endeavoured to obtain for the public *one* system of examination, an *equality* of titles, and an *uniformity* of qualification amongst the medical practitioners of this empire; their noble object having been to render it *one* profession, commanding the full confidence and entire respect of the public! We hope, and doubt not, that an examination of the following clause will produce its proper effect on the minds of general practitioners—the "*Licentiates in Medicine and Surgery.*"

18. *Physicians and Surgeons to belong to a Royal College of the country in which they practise.*—And be it enacted, that every person registered after examination as a physician or surgeon under this Act, shall be admitted as an associate of the Royal College of Physicians, or as a Fellow of the Royal College of Surgeons from which he shall have received his letters testimonial as physician or surgeon, or if he shall have received the said testimonials from the Royal College of Physicians and Surgeons of Glasgow, then as a fellow of the last-mentioned Royal College; and every such physician and surgeon who shall afterwards remove from that part of the United Kingdom in which he obtained his letters testimonial, shall be required, if he shall practise as a physician or surgeon in any other part of the said United Kingdom, to enrol himself as an associate of the Royal College of Physicians, or as a Fellow of the Royal College of Surgeons, of that part of the United Kingdom to which he shall so remove, for the purpose of practising there, according to the nature of his testimonials, and in each case shall be entitled to be so admitted without further examination,* and on payment of the like fees of admission, and on complying with the same conditions as are required of other persons who have passed their examinations for the purpose of being admitted associates or fellows of the said colleges respectively."

Where is to be found a recognition of the *general practitioners* in this clause, equal in liberality to that which is taken of the pure physician and the pure surgeon? Nowhere. Where is mentioned *his* collegiate association? Nowhere. Where is there any mention of *his* collegiate home? Nowhere. The registered *physicians* and *surgeons* are to find *a College* to which *they* may claim to belong, as a right, if they reside either in England, Ireland, or Scotland. The licentiate in medicine and surgery is left unprovided for, is rendered an outcast, neglected and despised. True; he has been examined by a College of Physicians; he has been examined by a College of Surgeons; his qualifications in the whole range of medical science have been tested and admitted; the authoritative seal of the LAW is emblazoned on his letters-testimonial. But what avail all these recognitions and admissions of his capacity, acquirements, and skill? He acts as a *general practitioner*, and thus carries with him the brand which excludes him from all the medical and surgical colleges of the empire. If such treatment as this do not induce the injured parties to *combine* and *unite*, as one man, for *their own protection*, quite certain is it that there is no measure of insult or indignity that could stimulate them to perform the duty which they owe to themselves and to society.

"19. *Qualifications and Fees.*—And be it enacted, that the said several colleges shall, from time to time, when required by the said council, prepare and lay before the said council a scheme or schemes of the course of study, and particulars of the examination to be gone through by all persons applying to such colleges respectively for letters-testimonial as physician, or surgeon, or licentiate, and of the fees to be taken for examination and admission into the said several colleges respectively; and the said council shall be empowered to make from time to time such changes in any of the schemes so laid before them as to the said council shall seem expedient; and the said council shall endeavour to procure, as far as is practicable and convenient, that the qualifications and fees for the said testimonials shall be uniform, according to the nature thereof, throughout the said United Kingdom."

The duties which are thrown upon the Council of Health and Medical Education in this clause, properly belong to medical

* We shall offer some remarks on this very important point, on a future occasion

senates of England, Ireland, and Scotland, elected by the general franchise of the legally-qualified medical practitioners who are resident in those divisions of the kingdom; and the various curricula prepared by them, and the sums which are to be paid as fees, might all be submitted for the inspection and revision of a Secretary of State who should be recognised as a Minister of Instruction, and thus become individually responsible in Parliament for the correct performance of his duty. Thus, by the simplest contrivance imaginable, the opinions of the profession might be universally known and felt through the influence of the representative principle, and the nearest possible approach to uniformity of QUALIFICATION secured, by bringing the various regulations under the inspection, and subjecting them to the ultimate fiat, of a single responsible Minister of the Crown. What a happy contrast does such an arrangement present to the miserable scheme devised in this wretched Bill!

"20. *Restriction on Medical Degrees.*—And be it enacted, that after the passing of this Act it shall not be lawful for any University of the said United Kingdom to confer any degree in the faculty of medicine upon any person, unless he shall have been matriculated in the same University, and shall have duly attended the courses of public lectures prescribed by the same University to students in medicine within the precincts of the same University, or of some medical school recognised by and in connexion with the same University, during at least two years next before the granting of such degree, and shall have been examined at some time before granting such degree by the proper examiners of such University, and found by them to possess competent skill and knowledge of medicine, and of the sciences connected therewith, and of the English and Latin languages at least; and every diploma or certificate of a medical degree granted by any such University after the passing of this Act, shall set forth distinctly the time which has elapsed since the matriculation of the person to whom such degree shall be granted, and the time during which, and place at which, he shall have actually studied as aforesaid, and the fact that he has passed such examination as last aforesaid."

On examining this clause in connexion with the preceding sections, and more especially with reference to clause 14, it will be seen that the whole plan is thoroughly ridiculous. The licentiate in medicine and surgery, at the age of twenty-one years, is recognised by the law to be a qualified medical practitioner in all branches of medicine and surgery. With reference, therefore, to the *degree of skill* which the public require in the medical practitioner, we may observe that the law has already admitted his full qualification. Any further interference, therefore, in relation to that object, is either a work of supererogation, or a piece of officious impertinence. In the minds of the promoters of this Bill the notion seems to prevail that the acquirements and capabilities of a medical practitioner are to vary with his change of title, precisely as the principles of a politician may undergo mutations in conformity with the seats that he may choose to occupy in the Houses of Parliament. By placing pure physicians and pure surgeons at the highest point in the scale of professional qualification, and still estimating them only as qualified medical practitioners, the licentiates of medicine and surgery become advertised to the world, from occupying a *lower position*, as being, consequently, *something less* than *qualified medical practitioners;* and thus, throughout the Bill, proceeds the work of flagellation on the backs of those surgeons of this kingdom who are engaged in the GENERAL PRACTICE of their profession. Really, were they to remain inactive under these accumulated assaults and insults, they would not be entitled to any sympathy, and in after-times might justly be accused of submitting, with imbecile forbearance, to a wanton spoliation of their property and interests.

"21. *Declaration concerning Bachelors of Medicine at the age of Twenty-two.*—And be it declared and enacted, that it shall be lawful for any University of the said United Kingdom to grant the degree of bachelor in the faculty of medicine, subject to the restrictions hereinbefore contained concerning medical degrees, to any student of the same University who shall have attained the age of twenty-two years; and that every such graduate in the faculty of medicine, being also examined and having received letters testimonial of his qualification in the manner hereinbefore prescribed in the case of licentiates in medicine and surgery, or examined and furnished with the like letters testimonial by the Royal College of Physicians and Surgeons of Glasgow, if the said degree shall have been granted by the University of Glasgow, shall be entitled to be registered by the said Council of Health and Medical Education as a licentiate in medicine and surgery, subject to such general regulations as shall be made by the said council concerning the registry of licentiates."

Here is another complication added to the "simple" system of registration,—another age stipulated,—another discovery of mental capabilities at the close of an annual epoch. After again considering the provisions of clauses 13, 14, and 15, the stipulations in this section are strikingly absurd, grossly farcical, and offer an additional sample of those monstrous incongruities and bewilderments which so profusely occupied the minds of the framers of this worthless and detestable Bill.

"22. *Restriction on By-laws.*—And be it enacted, that no by-law to be made by any of the Royal Colleges of Physicians or Surgeons of England, Scotland, or Ireland respectively, or by the Royal College of Physicians and Surgeons of Glasgow, shall be of any force until a copy thereof, sealed with the seal of the same college, shall have been laid before and approved by the said Council of Health and Medical Education."

The power which is here, again, lodged in the Council of Health and Medical Education, ought to devolve on the collegiate authorities, faithfully reflecting the opinions of the profession, under the operation of the representative principle, and on a Secretary of State, acting apart from, and independently of, any such bodies, and upon his own responsibility as a Minister of Public Instruction.

We have not space, at this time, to continue the quotations in any further analysis of the measure, but we shall be enabled to run through the remaining sections in the ensuing number of our Journal. We cannot, however, refrain from repeating, that, with reference to the position, the station, and the welfare, of the general practitioners of this kingdom, a more wicked device than this Bill could not have emanated from the mind of man. In again expressing this opinion, we honestly declare that it has been formed in connexion with many painful impressions, and after much deliberation.

ERROR OF BARON GURNEY RESPECTING THE LEGAL JURISDICTION OF CORONERS.

IN the last LANCET, page 355, we had occasion to remark that the law, as it was reported to have been recently laid down by Mr. BARON GURNEY, at the Chester Assizes, was wrongly stated, and that the CORONER for SALOP was not guilty of that breach of its provisions which the learned judge had described. The remarks attributed to Mr. BARON GURNEY, in his charge to the jury on the trial of EDWIN JAMES PORT, for the manslaughter of MARY HARRIS, were these:—

"The inquest in Salop was illegal, and the Coroner who held it was grossly ignorant of his duty; for inquests must be held where the *cause* of death occurred." (See present number of THE LANCET, page 382.)

The following clause, extracted from the 6th VICT. cap. 12, will shew that no statement could have been more erroneous than the one which was attributed to the learned judge:—

"And be it enacted, that the coroner only within whose jurisdiction the body of any person upon whose death an inquest ought to be holden shall be lying dead, shall hold the inquest, notwithstanding that the *cause* of death did not arise within the jurisdiction of such coroner."

Thus, wherever the body is now found on which the law requires an inquest to be held, the Coroner for that place has jurisdiction, although the injury which caused the death may be known to have occurred a hundred miles distant.

THE FOLLOWING HANDBILLS

have been forwarded to us for publication, by two highly respectable medical practitioners, residing in the important and populous parish of Islington, stating that they have been extensively exhibited in the shop-windows of the streets within the last fortnight, and requesting to know our opinion of their character and probable effects on the good name and reputation of the profession:—

"MR. BATEMAN

Purposes (D. V.) to remove at Christmas to 6, Islington Green.

"Mr. Bateman will continue to see Patients gratuitously from a quarter before eight to half-past nine o'clock on *Tuesday*, *Thursday*, and *Saturday* mornings. The entrance for GRATUITOUS Patients will be at the first door on the right hand side up GAD'S ROW, which is opposite the coach-stand.

"Hughes, Printer, Islington Green."

"DR. W. E. HUMBLE

HAS REMOVED FROM THE BARNSBURY ROAD TO 6, MANCHESTER TERRACE, LIVERPOOL ROAD.

"DR. HUMBLE, who was lately Physician to the Islington Lying-in Charity, and formerly Assistant Accoucheur to University-College Hospital, and was a first-class graduate in Medicine of his University, continues to see patients, GRATUITOUSLY, every morning from *Nine till Eleven*.

"R. Boyd, Printer, Upper-street, Islington."

Is no reform wanted in the practice of medicine? These bills reflect great discredit on the gentlemen by whom they have been issued. Such huxtering modes of acquiring a sixpenny popularity would not be tolerated if the profession were governed by a just and liberal system of professional representation. What could the projected Council of Health and Medical Education accomplish with regard to the authors of these bills? Nothing. There is not a section or line of the Government Medical Bill which would empower that body to interfere in such a case.

ADVICE TO GENERAL PRACTITIONERS AT THE PRESENT CRISIS.

To the Editor of THE LANCET.

SIR,—At a time, like the present, so pregnant with evil to the medical profession, there cannot be too strongly urged upon every member of that body, the necessity of tendering his assistance to oppose, with his best energies, the attempt now making to degrade and ruin the once respected (and now equally deserving) general medical practitioner. Knowing that you are ever ready to give any information that you possess in so just and righteous a cause, I trouble you with this letter, as it does not appear to me what association ought to receive the support of the general medical practitioners at large, such association having for its entire aim the protection of the *general medical practitioner*. Such information, I should imagine, will be useful to the medical body, generally, if published in your journal.

For myself, I would remark, that at the formation of a branch of the Provincial Medical and Surgical Association in this county, I became a subscribing member, and, subsequently, one of its council; but, finding the General Association conducted by a mixture of qualified and unqualified persons, and disgusted by its late proceedings, I have withdrawn from it. I also became an enrolled member of the General Medical Protection Assembly, held at Exeter Hall, and had intended a further subscription to that body, but, previously to my so doing, I wish to be informed by you, if the views entertained by that association are in accordance with those of Dr. Webster, or Mr. Pennington, and if not, to what association you recommend general practitioners in the country to subscribe; as, being so far removed from the Metropolis, they may otherwise, inadvertently, commit the error of supporting one that is most inimical to their interests.

In conclusion, I beg to say, that you may make whatever use you like of this communication, and waiting your early reply,

Believe me, Sir, your much obliged,

THOMAS S. HODGE,

Member of the College of Surgeons of England, and Licentiate of the Company of Apothecaries, London, of fourteen years' standing.

Sidmouth, Devon, December 16, 1844.

*** Numerous other correspondents have been less candid and bold than Mr. HODGE, having written to us on this subject, for the most part, anonymously. We had always imagined that the honest performance of a public duty did not require that the actor in such a scene should be possessed of a large share of moral courage. If the members of the profession, generally, were to shrink from a frank avowal of their opinion at such a crisis as the present, it would have to be confessed that reform was wanted from within rather than from without, and that the labour of purification should at once commence, zealously, at home. In the next LANCET, we hope to be enabled to enter fully into the question to which Mr. HODGE has referred; but we cannot allow the present opportunity to pass without most earnestly and implicitly recommending to general practitioners in the country, to convene meetings of their own body, and of *their own body only*, in the chief or county town of every shire, and appoint a secretary, (or secretaries,) who should be instructed to place himself in immediate communication with the Secretary of the Apothecaries' Society in London, and the Medical Associations of London. We cannot too strongly press the immediate adoption of such a proceeding, and if it be carried into effect *without delay*, before the 1st of January next, all the general practitioners of the United Kingdom might be placed in active communication with one another, and their intelligence, respectability, influence, and authority, brought to bear on any suggested point of policy which they might approve, within an extremely brief period. The propriety of the question which has been proposed to us in the manly letter of Mr. HODGE cannot be questioned, and we earnestly hope that the reply which we have given to it will be followed by practical advantage.

REVIEWS.

A Practical Treatise on Diseases of the Eye. By WILLIAM JEAFFRESON, late Surgeon to the Bombay Eye Infirmary, &c.

So large is the number of works already published on ophthalmic surgery, that we can scarcely conceive any addition to them to be required. Our author seems to have felt how superfluous was his work, as he prefaces it with an apology, and states that it "has been undertaken chiefly with the motive of inculcating the necessity for regarding ophthalmic practice as but a branch of the whole science of practical medicine, and in order to modify the more violent notions respecting the treatment of diseases of the eye, which are as yet even but too prevalent." Another motive for publication has been, an endeavour "to simplify his subject, so as to render assistance to the highly valuable and intelligent body of general practitioners." A better apology than either of these appears to us to be, that the author was instructed by the Hon. East India Company to establish an Eye Hospital at Bombay, where, in the course of ten years, no less than 53,359 patients, independently of those occurring in private

practice, were treated by him. It would appear almost impossible for any one, with even ordinary powers of observation, not to profit by such extensive opportunities as these. That our author has done so, we have no hesitation in saying, judging by the volume before us.

After an introductory chapter, which contains some interesting remarks on the comparative frequency of different diseases of the eye in India, our author proceeds to make some general observations on the acute non-specific inflammations of that organ. The following passage will convey a good general idea of Mr. Jeaffreson's plan of treatment in these affections:—

"With the exception of very acute inflammation of the iris or cornea occurring in persons of robust habit and unimpaired health, and with strongly marked reactive symptoms, it is, perhaps, not too much to say, that no inflammatory affections of the eye, of spontaneous origin, require the use of the lancet. Purgatives, emetics, and the tartar-emetic, in doses short of inducing vomiting, are sufficient to control or subdue the other forms of active inflammation."—p. 28.

However true this may be with regard to these diseases in India, we think that most surgeons will agree with us that this treatment would be somewhat dangerously inactive in this country. In speaking of the treatment of conjunctivitis, there is one point in which we must differ from our author; it is, in the recommendation of dropping a solution of the diacetate of lead into the eye in those cases. We had thought that every well-informed surgeon was by this time aware of the fact, that when a soluble salt of lead is dropped into the eye, an insoluble white chloride of that metal is immediately formed, which is exceedingly apt to get entangled in any ulceration that may exist on the cornea, giving rise to an indelible white cicatrix. Indeed, saturnine preparations of all kinds ought on this account to be banished from ophthalmic surgery.

The following remarks on the use of the solution of nitrate of silver appear to us to be valuable and judicious:—

"It is more commonly the fashion to use rather a strong solution of this substance from the first, the stimulating effects of which are often such as to oblige the practitioner to refrain from its further use; and sometimes even to have recourse to local or general bleeding, or other powerful means, to subdue the increased degree of inflammation. I believe that this effect would always be avoided by beginning with a very weak solution, which may be gradually increased each day in strength. I frequently begin with one grain, or even half a grain, to the ounce of distilled water, and it is often perfectly astonishing to witness the rapid decrease of inflammation under the use of so mild an application. I have rarely found it necessary, in any form of ophthalmia, to increase the strength of the solution above six grains to the ounce, a maximum which but represents the minimum in the scale of the practice of many other persons. The more stimulating drops appear to have a more decided action when used at long intervals; hence I seldom order them dropped into the eye, except on alternate days."—pp. 41, 42.

Mr. Jeaffreson mentions a curious fact, that the natives of India are in the habit of using a liquid which they drop on the ear in cases of ophthalmia, and which appears to act by propagating a soothing influence to the eye. Mr. Jeaffreson was, at first, disposed to be incredulous as to the benefit of this practice, but from personal observation of his own, he has been led to believe that in many cases it is highly efficacious. It is to be regretted that he did not ascertain the exact nature of this substance, which he suspects to consist of narcotic and sedative ingredients.

The following observations on purulent ophthalmia are—from the exclusive opportunities our author has enjoyed of studying that disease—well worthy of perusal:—

"It is in this stage, perhaps, before any, or when but the slightest degree of suppuration is established, that the best chance is afforded of cutting the disease short by the use of the lancet, and other powerful antiphlogistic measures; and yet my own experience of the disorder, even in this early stage, has taught me that such measures are very rarely necessary, and seldom present any advantage over the use of emetics and purgatives, combined with the constant application of cold to the eyes by means of a bit of soft linen frequently wetted with cold saturnine lotion; to this should be added great cleanliness of the part, for which purpose a little tepid water, or Goulard lotion, should be carefully injected under the edges of the lid four or five times a-day. In proportion as the purulent discharge is fully established, in the same proportion does active bloodletting become less useful."—p. 86.

"Besides the general treatment already laid down, I am in the habit of injecting a solution of alum, sulphate of zinc, or the Goulard lotion, underneath the lids, once or twice daily, as in the purulent ophthalmia of infants: of the use of the blue-stone in the earlier stages, I have had no experience, though I can, even under these circumstances, speak favourably of the effects of the solution of nitrate of silver, though I rarely commence its use, even with adults, in a stronger solution than about four or five grains to the ounce. In the course of a few days the discharge will be found to have considerably abated, and I then frequently use the solid blue-stone, especially if the lids be very granular, otherwise I continue the use of the lotion or solution of caustic. During the early stages, I keep a piece of rag, dipped in cold saturnine lotion, constantly over the eye, unless, as rarely happens, the cold aggravates the pain, in which case I change it for warm or tepid fomentations. So soon as I see an improvement commencing, I take the earliest opportunity of administering tonics, and especially the quinine, of recommending out-door exercise, and of affording the patient an improved diet. This general plan of treatment I have ever found the most successful; nor is it in a few isolated cases that my experience has been founded. Amongst the troops in India, and in the large government schools, I have treated the disease wholesale—if I may be allowed the term—and that with the greatest success, having rarely witnessed any serious permanent injury to the organ when these cases have come under my observation at an early period.

"In purulent ophthalmia, the mercurial treatment, carried to salivation, is decidedly objectionable, as increasing the tendency to sloughing and ulceration; but a dose of calomel in the first instance, followed by a brisk purgative, and the occasional repetition of this measure, or use of alteratives and milder aperients, will generally be found useful."—pp. 91, 92.

Mr. Jeaffreson states, that, excepting in its origin, Egyptian ophthalmia does not differ in any material point from the same disease as it occurs in India or Europe, and that the frightful number of totally and irrecoverably blind persons that we meet with in Egypt have, for the most part, lost their eyesight from the chronic forms of disease that become engrafted upon acute purulent ophthalmia. The following is a very graphic and interesting account of the appearance of the sufferers from Egyptian ophthalmia:—

"Nothing is more common than to witness, in the bazaars and other frequented places in Egypt, the most disgusting and revolting sight of persons going about with great streaks of puriform secretion running down their cheeks, and matted to their beards with dust and dirt, the accumulation of many days, unwashed. Naturally indolent in common with the inhabitants of most warm countries, they neglect the earlier stages of disease; and amongst the male part of the population, at least, the incentive to obtain relief is abated by their desire to escape military service, at the expense of serious mischief to, or even total loss of, an eye; and, indeed, I understand that it was not uncommon for men voluntarily to inflict blindness on one eye, or other serious mischief upon themselves, with the view of escaping their liability to serve in the army. Another apology for the dirt and especial filthiness of the Egyptians may be found in the general scarcity and want of water. . . . . The habit of the Egyptians is to crowd themselves much together: their mode of living is very poor; they spend a considerable portion of time in bazaars, and other public places, where the profusion of flies, at all times sufficiently great, is aggravated by the exposure of dates, raisins, figs, and other sweets, by which they are attracted; it is to these flies carrying the purulent secretion from one eye to the other, that, I believe, extension of the disease is frequently due; and I would strongly urge all persons, in their travels through Egypt, to be provided with veils for the purpose of keeping off these insects; gauze or dark-coloured spectacles may protect the eyes against the glare of the sun, or partially even against dust, but they do not prevent flies from settling on the lids. My belief is, that plague itself is thus frequently propagated."—pp. 97-99.

One of the principal novelties in the volume before us is, the operation for cataract recommended by the author. The following is the description he gives of it:—

"The instrument I use is an ordinary couching needle, with a double cutting edge, as in the operation for solution—the needle being introduced as before described, when speaking of couching and solution. I first endeavour to cut up as much of the lens in situ, without dislocating it from its natural position, as possible. If the cataract be of the softer kind, it of course yields to the needle, and the operation then becomes simply that by solution; if it be so hard that it cannot be cut up, the capsule, at least, is freely lacerated, and then the point of the needle being raised, is made very gently to press the lens downwards, to the extent of a few lines only, and just sufficient to admit of the entrance of a few rays of light. It rarely happens, however, that the cataract is so uniformly hard, but that some portion of it, at least, may be cut up. The lens being held in this position for a few seconds, the needle is then carefully withdrawn."—p. 233.

This procedure, which consists of a mixture of the operations for solution and depression, does not appear to us to be altogether free from objection. In the first place, if the cataract is to be got rid of by solution, that will be accomplished just as readily by the admission of the aqueous humour through a free laceration in the capsule, the lens being left *in situ*, as by any superadded attempt at depressing it. And, secondly, if the cataract is to be removed out of the axis of vision, it will be better to do that effectually, than to depress it for a few lines only, and thus, if it be of such a kind as not to admit of absorption, to enable the patient merely to see over its upper edge. We are of opinion that, putting out of consideration the difference in skill in different operations, the kind of operation that should be performed depends upon the nature of the cataract, and the sort of eye which is to be dealt with. Upon the whole, we do not think that the author has given sufficient evidence in proof of the superiority of his operation over the older ones of extraction, reclination, or solution.

Taken as a whole, the work is interesting, as containing the results of the author's experience, which appears to have been unusually great. We cannot, however, recommend it, as a manual of ophthalmic surgery, to the student or practitioner, as it is defective in several most important points, no mention being made of some diseases, such as *choroiditis*, *retinitis*, &c., while others are discussed in a somewhat cursory and superficial manner. The treatment, also, recommended by the author, appears to us to be far too inactive for general adoption in this country, however useful it may have been in the relaxed and debilitated constitutions of the inhabitants of India.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, December 10, 1844.

E. STANLEY, F.R.S. PRESIDENT.

OBSERVATIONS ON CLEFT PALATE AND ON STAPHYLORAPHY.

By Wm. Fergusson, Esq., Professor of Surgery in King's College, London.

The author commences his paper by making some general remarks on the operations for cleft palate, performed in this country and abroad. He then proceeds to give a detailed account of a dissection which he had the opportunity of making of the muscles which operate upon the soft palate, in an individual who had both the velum and a portion of the hard palate cleft. This description is followed by an examination of the opinions of different eminent physiologists concerning the motions of the velum palati and its arches during the acts of deglutition, and by the author stating his own views as to the actions of the various muscles when the palate is cleft. This part of the subject he further illustrates, by describing four different states in which the flaps on each side may be seen upon looking into the mouth of a person who has a split palate, and irritating them in different ways. By pursuing this course of anatomical and physiological inquiry, he arrives at the following conclusions:—1. That the flaps are slightly drawn upwards and to the sides, where the levator palati contracts. 2. That when the levator palati and palato pharyngeus act strongly and together, the flaps are so forcibly drawn from the mesial gap, that they can scarcely be distinguished from the sides of the pharynx. 3. That the flaps are forced together, and the edges come into contact, when the superior constrictor muscle contracts, during the act of deglutition. 4. That the circumflexus palati possesses but a feeble power over the flaps. Lastly, the fibres of the palato-glossus were very imperfectly developed in the specimen in his possession. The chief object of his paper is to communicate a novel plan of operating in staphyloraphy, founded on the above investigations, and which he has put in practice, with most flattering results, in two cases, during the last twelve months. The principle of his new proposal is to divide those muscles of the palate which have the effect of drawing the flaps from each other, and widening the gap between them, when they contract, so that the stretched velum may be in a state of repose, and the pared edges may not be pulled asunder by any convulsive action of the parts during the process of union. In other words, he advises, as an important accessory to the operation of staphyloraphy, the division of the levator palati and palato-pharyngeus muscles, and, if requisite, the palato-glossus. In bringing forward this plan he reviews the different modes of operating which have been pursued by numerous distinguished surgeons who have written on the subject; and concludes, by entering into several minute details regarding the steps in his own operation, and by describing the particular forms of instruments which he has found best adapted for his proceedings. The preparation of cleft palate, a dissection of the parts in the usual condition of the throat, a variety of diagrams, instruments, &c., were on the table, to illustrate the views of the author.

Mr. Stanley called the attention of the society to the anatomy of the cleft palate, as described by the author, who, he was sure, would be anxious to know whether any gentleman present had ever dissected the parts in that condition, and what observations he had made on the subject.

Mr. Cæsar Hawkins wished to know the age of the patients upon whom Mr. Fergusson had operated, and whether in these cases the fissure involved the hard palate as well as the soft.

Mr. Fergusson answered, that he had acted in those cases in accordance with a rule which had been universally agreed upon among practical surgeons—viz., that the patients should be of an adult age, and the parties alluded to had been so. In neither instance had the fissure involved much of the hard parts, nor did he think that such a condition made much difference as regarded the operation which he proposed, for, as stated in his paper, the soft tissues alone were under the influence of the motor powers which he had pointed out; and in the event of an operation similar to that followed by Warren, it was evident that there was no motory influence likely to affect the tissues dissected from the bones. There were some casts on the table exhibiting the condition of the cleft in the hard palate, and it would be apparent, on examining them, that the soft tissues, if dissected, and brought downwards, would meet in the mesial line with great facility.

Mr. Stanley remarked, that the explanation given by the author of the paper of the manner in which persons affected with cleft palate were enabled to swallow food without its passing upwards into the nostrils, and the recommendation to divide the muscles, which were described as moving the palate, constituted the principal novelties put forth, and were highly deserving of consideration. He should wish to hear some observation on these subjects; or were the novelties such that the members were not prepared to discuss them?

Sir George Lefevre regretted to find a paper of such magnitude likely to be passed by without eliciting any observations. He would ask Mr. Fergusson how long it was after the operation before the fissure was perfectly closed, and what was the effect on the power of speech? He expressed his opinion that a paper of greater importance and interest had not been read before the society for a long time, and trusted that the discussion would not be suddenly closed.

Mr. Fergusson, in answer to the queries of Sir George Lefevre, noticed that he had referred to the cases on which he had operated, more with the purpose of shewing that he had some proof on the living body in testimony of the correctness of his views, than for the purpose of detailing particulars; but as Sir George had questioned him on the subject, he should be happy to give a brief history of the two examples in which he had performed the operation. The first case was that of a young gentleman, seventeen years of age, who suffered under this congenital defect. He had arrived at that period of life when he felt anxious to do something for himself, and as his interest lay with the army, he had prospects of a commission, but felt conscious that his chance was very indifferent unless something could be done to improve the tone of his voice and articulation. When he was first consulted about the case, the gap appeared so large that he had not been over sanguine as to the success of the operation, in so far as regarded union; and as to the tone of voice, he could only hold out hopes that it would be improved, for the ex-

perience he had himself, with reference to the voice, was not such as to incline him to say much on the subject.

The young gentleman was willing to submit to any operation which should give a chance of improvement, and accordingly a proceeding had been followed, such as that described in the paper. Unfortunately, a part of the gap had opened again; but some months after, the patient cheerfully submitted to another operation, which had been attended with complete success.

He well remembered what attention he had bestowed to the first sounds which the patient was permitted to make. He observed a decided improvement, yet, on the whole, when the patient was allowed to use his voice freely, he had been disappointed; the tones and mode of articulation remained much the same as before the operations, and continued so until the party placed himself under a teacher of elocution. About eight months after the operation, this patient went under the tuition of a gentleman well known to the profession and the public for the wonderful changes he had effected on the voice and articulation—Mr. Hunt,—under whose instructions the improvement had, in a short time, been amazing; so much so, indeed, that he (Mr. F.) had no doubt that the patient would be deemed eligible for the profession to which he aspired; and he imagined, also, that when this young man returned among his friends, their astonishment would be equal to that expressed by the friends of Mr. Stephenson, the party on whom the operation was first successfully performed by Roux, when they heard his voice, on his appearance among them.

The other case was that of a young lady, also about seventeen years of age, who was so conscious of her great defect, that she seldom attempted to speak, preferring to remain silent when in company. She was willing to submit to any operation which should offer any chance of improvement. The proceeding had been successful in her case. He thought that it would be improper not to mention, that although he had stated, in the paper, that union had been complete, there still remained, in this instance, a small aperture in front, which, however, he had no doubt, would be closed by and by. It must be known to those who are familiar with the histories of these operations, that they occasionally have to be repeated, and that apertures remain for some time after, until closed by the use of caustic or cautery. In this example, it might be said that the patient still required to learn to speak; and he imagined, that if placed under an able teacher of elocution, she would soon be able to articulate with facility. As regarded the tone of voice, he could not from his own experience say much, but had questioned both Drs. Mütter and Warren, when they were in this country, last summer, on the subject, and he had learnt from them, that they had reason to be disappointed in some instances. It was easy to tell, in the first few days, whether the union was likely to be successful. In three, four, six, or ten days, the stitches were removed, and if the parts then kept together, there was nothing further to apprehend.

Whilst on these subjects, he would refer to the history of a case lately told to him by Sir Benjamin Brodie. Sir Benjamin had operated successfully on a young gentleman of high connexions, but his power of speech was in no degree improved, until he had taken lessons in elocution, when the change was so great, that the party soon after obtained a commission in the army.

Dr. Gregory inquired whether in either of the cases mechanical means had been tried, prior to the performance of the operation, and whether they had produced any result; if so, of what nature? He should also be glad to know from Mr. Fergusson the results of his experience of mechanical applications in such cases.

Mr. Partridge wished to ask Mr. Fergusson whether there existed any difficulty in the elevation of the soft palate after these operations, and whether there seemed any difficulty of deglutition afterwards?

Mr. Fergusson, in answer to Dr. Gregory's questions, stated that no mechanical means had been adopted in either of the cases alluded to, and he himself had no experience regarding artificial palates. He believed, however, that there were gentlemen in the room well qualified to give their opinions on such matters. Mr. Partridge's question, he (Mr. Fergusson) imagined led to a wide field of controversy, for he found that the highest authorities differed in opinion as to the action and condition of the soft velum during deglutition. For his own part, he imagined that there was but little movement in it at that period. He could say, however, that in one of his patients—the case which had been longest under his notice—the movements seemed much the same as in the natural palate. He felt satisfied that he could observe the action of the levator palati, just as in the well-formed parts. This subject was alluded to in the paper, and he had no doubt that the levator palati had formed new adhesions to the velum. It was worthy of remark, that during the early attempts at deglutition after the operation, the fluid, or bolus, was slipped backwards with great gentleness. The tender state of the parts, as well as the caution of the surgeon, put the patient on his guard on such occasions. At first, too, the soft velum was so indurated and thickened that the patient could use little freedom with it, but in the course of time it assumed more of a natural condition, and then both deglutition and speech were much facilitated.

Mr. Shaw remarked that Mr. Fergusson's not laying much stress upon the action of the circumflexus, or tensor palati, might by some be deemed a weak point in the paper, as it might be supposed that if it were not divided, its action might tend to separate the lips of the wound. After some reflection on the subject, he himself was not inclined to attach much importance to its effect on the soft parts, but would be glad to learn Mr. Fergusson's opinion on the subject.

Mr. Fergusson stated that he had mentioned in his paper his opinion that this muscle had but little control over the moveable parts. He had at one time supposed that it had considerable influence, but on a careful examination, both in the preparation referred to, and in the natural state of the parts, he felt satisfied that the power of the muscle was not at all likely to interfere with the result of an operation. The shape, development, and course of the muscle were all such as to convince him on this point, and he referred, in corroboration of his views, to a dissection of the healthy parts on the table in the room. The word tensor, perhaps, implied, in the estimation of some, a greater power than the muscle in question really possessed. The motion was scarcely more than perceptible; it was a mere act of tension.

Mr. Partridge inquired whether the circumflexus, or tensor palati, was not remarkably small in the preparation which had been exhibited?

Mr. Fergusson replied that he did not think so; in fact, it appeared to him that the muscle was in reality larger than in the natural condition, and also that the action was in some degree more apparent in the specimen of cleft palate, than where the velum was entire.

In answer to a question by Mr. Henry Charles Johnson as to the regurgitation of food into the nostrils, after the operation, Mr. Fergusson explained that the partition made by the operation seemed to have the effect of completely preventing the escape upwards of all articles of food and drink.

The next meeting of the society will be held on Tuesday, the 14th of January, 1845.

CHEMICAL SOCIETY.

Monday, December 2, 1844.

R. PORRETT, ESQ. IN THE CHAIR.

The first paper read this evening was by Dr. John Stenhouse, "On a Test for Genuine Quina Barks." This test is intended to detect the presence of kinic acid, which distinguishes the true from the spurious barks of commerce. A quarter of an ounce of the bark, to be tested, is boiled for some time, with the addition of an excess of caustic lime, the decoction strained, and placed in a retort, with sulphuric acid and peroxide of manganese. Upon being distilled over, the presence of chinon in the retort denotes the presence of kinic acid in the bark experimented upon, and consequently those alkaloids associated with it which render the bark valuable. Traces of kinic acid exist in willow and other indigenous barks, but two to three ounces of bark must be operated upon to detect it.

The second paper was by Dr. Hoffman, on *Chloramil*, a subject of great interest to organic chemistry, to which we shall revert.

Other papers, of no great interest, were read; but one by Dr. Bence Jones deserves notice, its object being to shew that when urine and other saline fluids in which free ammonia exists, are tested with litmus paper, the primary reaction is alkaline, but upon drying the paper in the open air, it becomes invariably reddened, as if from the presence of a free acid. This curious fact depends upon the evaporation of ammonia, which proceeds just so far as to leave an acid salt.

Monday, December 16.

A. AIKEN, ESQ. IN THE CHAIR.

"On some kinds of Green Glass of Commerce," by Robert Warrington, Esq. of Apothecaries' Hall. Some green glass bottles having been submitted to Mr. Warrington for examination, which, it was alleged, had imparted a bad flavour to the wine contained in them, they were found to have the inner surface rough and opaque, and to be readily acted upon by tartaric acid. A comparative analysis of the glass of these bottles with

other green glass, shewed that a large preponderance of bases, especially of lime, had been employed in their fabrication. Some of the objectionable bottles were then filled with dilute sulphuric acid, and placed aside. After the lapse of a fortnight, the bottles cracked, and the fluid escaped, and upon examination they were found to be encrusted over the whole of their inner surface with sulphate of lime, to the thickness of a copper penny-piece, so as to form a complete bottle of crystalline sulphate of lime, the liberated silica being partly washed away in a gelatinous form, and partly enclosed in the crystalline mass. Mr. Warrington stated that a considerable quantity of wine had been bottled in this glass, one merchant alone having, to his knowledge, bottled three hundred dozen, the manufacturer alleging that in these improved bottles the crust of port-wine would form earlier, and adhere firmer to the glass, than in ordinary bottles.

Mr. Cooper stated that he had seen porter bottles acted upon by a little free acetic acid in the porter; and further, that barytes has been used in the manufacture of green glass, an excess of which, forming a soluble silicate, would be most dangerous.

Mr. Porrett called the attention of members to the errors into which they might be led, if, in the performance of analyses, mineral substances were boiled in glass of this kind; from the confidence reposed in the stability of green glass, and its resistance to the action of acids, no one would have doubted that any lime he might obtain in his processes was derived from the mineral under examination. He also suggested that the action of weak sulphuric acid upon a mould might be taken advantage of to manufacture artificial alabaster vases.

It was also observed that almost all glass manufactured in this country contains some soluble silicate. If flint glass is powdered fine, treated with water, and the latter filtered, sulphuretted hydrogen will shew the presence of lead.

A paper, by Dr. J. S. Muspratt and Dr. Hoffman, on *Anilene*, was read, to which the same remarks apply as to the paper on Chloramil.

*** We propose to bring before our readers hereafter the investigations now in progress in the Giessen laboratory, in organic chemistry.

CHESTER ASSIZES.

ACCUSATION OF MANSLAUGHTER AGAINST ONE OF "GRAHAM'S OWN."

QUACK PLASTERS FOR CANCER.

Trial at Chester, before Mr. Baron Gurney, Dec. 9, 1844.

Edwin James Port, aged 49 years, chemist, of Birkenhead, was indicted for manslaughter, in causing the death of Mary Harris.

The Attorney-General, for the Palatine, stated that the prisoner professed to cure *cancer* without the knife; he was, however, neither a licensed physician nor surgeon, but that made no difference in the case. Mary Harris resided at Wem, in Shropshire, and hearing of the prisoner's fame for the cure of her malady, through an advertisement, proceeded to Birkenhead, and on the 11th of October he applied a plaster to the breast, from which she experienced great pain. He subsequently tried another plaster, to obviate the injurious effects of the first, but without avail; she died on the 24th of the same month. The first question for their consideration was, whether death resulted from those plasters; and the next was, whether they were applied negligently, ignorantly, and without due caution. The law that would govern the case was laid down by Mr. Baron Bayley, in the case of St. John Long. That learned judge said that the question for the jury was, "whether, in reference to the remedy used, he acted with due caution, or with gross and improper rashness and want of caution." What the plasters consisted of nobody could tell, as, when taken off, the prisoner carried them away. However, sloughing was produced, and by the post-mortem examination it appeared that arsenic had been absorbed into the system. At Wem an inquest was held, and a verdict returned, "that the deceased died from natural causes." However, two medical gentlemen at Birkenhead, named Vaughan and Foulkes, caused the Cheshire coroner to get the corpse disinterred, and another inquest was held, which resulted in a verdict of "manslaughter." In St. John Long's case, evidence was given of successful treatment in more than 100 cases, and he was told that a similar defence would be offered in this. That, however, could not avail, as they must judge this case on its own merits; and if they were of opinion that he applied the plaster rashly and ignorantly, then they must return a verdict of "manslaughter," and such would be the case if the first physician in the world were subjected to a similar charge.

Mary Phillips, daughter of the deceased, went with her mother, who was afflicted with cancer in the right breast. The prisoner, on the 11th, applied a plaster to the part. Witness went again to Birkenhead on the 20th, when she found her mother very ill. Witness did not see her alive again. The body was sent to Aston, near Wem, for interment, and was two days in the ground before it was disinterred. Her mother was affected with cancer for two years, and had been attended during that time by two doctors, but did not get better under their hands. She was very ill when she went to Birkenhead.

Jane Gwyn deposed, that at Birkenhead deceased lodged at witness's house. Prisoner came to attend deceased on the 11th of October. On Monday, deceased vomited, and complained of pain in the stomach. She spat a good deal. She said that she had done so before. On the remainder of the week she complained of being cold in her hands and feet, and her teeth loosened. I made a poultice on every day after Monday. On Friday I saw him apply a plaster to the breast, about the breadth of the palm of the hand. On Sunday evening the pain left her, and the prisoner took the plaster off; the appearance of the breast was the same as before. She died on Thursday, the 24th. No more plasters were applied after Sunday. The deceased got weaker until she died. I never saw the plasters after they were taken off. The skin was entire on the breast. There was no wound.

Dr. Zachariah Barnes Vaughan.—I am a physician and surgeon, at Birkenhead. On opening the body, it was fresh in appearance; the stomach was greatly inflamed, and the inflammation extended to the small intestines; the lower gut was inflamed. The kidneys were both inflamed. On opening the left kidney there was a circular mark of inflammation. The liver was highly vascular. The gullet was intensely inflamed. The teeth were loose. The brain, trachea, larynx, and spleen, were healthy. On the right breast there was a slough of the size of a breakfast cup, which extended an inch into the breast. I connect the internal inflammation with the sloughing of the breast, by the subsequent finding of arsenic, and which would account for the inflammation. I am of opinion that these produced the mortal sickness of which the deceased died. There was a hard substance in the breast. I am inclined to think that it was not a cancerous affection. I do not think it would ever have produced death. It is not prudent to apply corrosive substances for such an ailment; to do so would be rash and indiscreet in the extreme. (Cross-examined.) I attribute all the inflammatory appearances to some corrosive substance. The condition of the lungs might be attributed to asthma. Inflammation of the kidneys is a usual result of the application of arsenic; it also results from many other causes. All the inflammatory appearances in the body might be produced from other causes, had the arsenic not been found. I have never before seen such intense soreness of throat from cold, nor known looseness of teeth follow the application of arsenic. The sloughing could not have taken place after death. The treatment of cancer is one of the most difficult subjects to the profession. There are great doubts as to the best mode of treatment. An eminent person, named Hill, formerly a resident in this city, recommended arsenic, or other corrosive matter, in cases of cancer. Cooper's *Surgical Dictionary* is an authority in the profession. The different modes of treating cancer are specified in it. Arsenic is one of the substances used in open cancer, but it requires the greatest caution. In the earliest cases, cancers are not open. (A passage was read, in which it was said that arsenic, amongst other remedies, such as conium, preparations of iron, iodine, and hydriodate of potass, may be used in the early cases of cancer.) I know that all the other substances excepting arsenic are mentioned as proper in the early stages. Opium, externally applied, is rapidly absorbed by the human body. Arsenic is not absorbed very rapidly. Within the last fifteen years, attempts have been made to cure cancer by destroying the parts in which it is embedded, particularly in the French hospitals. It will, if successful, come out like a knot, and obviate the necessity of cutting off the breast. I have not always been successful in my treatment of diseases. Medicines that I have prescribed may have been injurious. The application of a remedy is safe in proportion to the number of cases in which it has succeeded. Some medicines, once deemed quackeries, are now used in the profession. (Re-examined.) The white oxide of arsenic is frequently used, in cases of cancer, by many eminent men. Arsenic is dangerous in proportion to the quickness with which it is absorbed.

Mr. John Foulkes, surgeon, of Birkenhead.—I assisted in the post-mortem examination. The breast had been separated by Mr. Walmsley, of Wem, at the first inquest. I am of opinion that the inflammatory effects were produced by an irritant poison, arsenic, applied by plaster. I judge from the appearances, but I would not have sworn it. I have been in practice at Birken-

head about two years. The prisoner was then in extensive practice there.

Dr. R. H. Brett, of Liverpool.—On an analysis, I detected arsenic in the breast, and minute quantities in the tissue of the stomach, liver, and spleen. I infer that arsenic had been received into the system by absorption through the breast. Death was caused by that. The quantity detected internally would be less than a quarter of a grain. Marsh's test is not so delicate as the one I used. Orfila was of opinion that there is arsenic in the human bones. I detected arsenic in the stomach, liver, and spleen. In cases of absorption, inflammation and pain may go on for months without producing death.—This being the case for the prosecution,

Mr. TEMPLE contended, that the indictment was not sustained by the evidence. The cause of death was not rightly alleged, or if rightly alleged, was not proved. The sore was not made out as an adequate cause of any fatal result. In this case, it should have been alleged that death was caused by the absorption, and not solely by the sore and sickness. He next contended that no sore had been proved. The witness Gwyn proved there was no sore.

Dr. Vaughan, recalled.—There was no ulcer, but merely a slough. The skin was entire. In common parlance, a slough is a sore.

Mr. EGERTON followed Mr. Temple, and said that the only evidence of a slough, even, was that of Dr. Vaughan, who only found it on the post mortem examination. The skin was unbroken; whereas a sore and ulcer meant that the skin had been broken. The mortal sore and sickness ought to have been proved to have existed during life, and to have caused death. The cause of death ought to have been differently alleged, or sustained by the evidence.

The learned BARON said that one of the objections involved a nice point, but the other was quite clear. One cause alleged was, that the prisoner produced mortal sickness by the application of inflammatory and dangerous substances. That was quite sufficient.

Dr. Brett recalled.—The quantity of arsenic found in the stomach, liver, and spleen, was less than a quarter of a grain; there was, perhaps, 3-10ths of a grain in the breast.

Mrs. Phillips and Mrs. Gwyn were recalled, and concurred in stating that the deceased had for some time suffered from asthma.

Mr. TEMPLE said he thought that it was most dangerous to call upon them to find the prisoner guilty of a felony on such evidence as this. It was plain matter of fact, whether or not the prisoner applied the arsenic; and on that point the evidence was defective. All that was proved was, that he applied a plaster, and they were called upon to infer that that was an arsenical preparation, or some other irritant poison. The woman died, she was buried, she was disinterred; and after some time, on an analysis, the portions found were almost infinitesimal. The evidence as to rash and improper treatment altogether failed, and the medical testimony for the prosecution as to the cause of death was inconclusive and speculative. The relatives of the deceased made no complaint, and an inquest in Shropshire found that she died of cancer. The treatment was sanctioned by high medical authorities, and because the remedy had failed in one instance, they were not to brand any man with culpable negligence and felony. He concluded by shewing the "want of safety" to the medical profession generally if this prosecution were sustained, as in any case of failure the parties might be charged with manslaughter, and said that Port's treatment had been successful and satisfactory amongst a large circle of patients.

He then called twelve witnesses, who swore that they had been afflicted with cancers and tumours, which had been subjected to the treatment of regularly qualified medical practitioners without beneficial effect, but that the prisoner had cured them, with only two instances of anything approaching to the effects produced on the deceased,—namely, sickness, and the minor symptoms observable in her case. After a reply from the ATTORNEY-GENERAL,

The learned BARON said, that if the prisoner had, in the practice of surgery, without sufficient skill and knowledge, and without due care and attention, caused the death of the deceased, he was guilty of manslaughter. The evidence shewed that he applied two plasters, and subsequently poultices. The latter were undoubtedly innocent; consequently the irritant substances were in the plasters; of what they were compounded, they knew not. They could only judge of them by their effects, and the post-mortem examination. The inquest in Salop was illegal, and the coroner who held it was grossly ignorant of his duty; for inquests must be held where the cause of death occurred.* The quantity of arsenic was exceedingly small. It was not that which was found that caused the death, but that absorbed into the system. Did the evidence convince them that the prisoner had, without due knowledge and caution, applied an irritant poison to the deceased's breast? Twelve persons had been called whom the prisoner had successfully treated, but in those instances the effects had in only two cases been similar to the symptoms before death in the deceased. In those two persons there had been vomiting. If they were of opinion there had not been due knowledge and caution, then they must find the prisoner guilty.

The jury retired, and after forty minutes returned a verdict of *Not Guilty*, which was received with a burst of applause. One respectably attired person, who was conspicuous by the loud clapping of his hands, was taken into custody by order of the Judge.

The learned BARON then addressed the prisoner, warning him to take care of himself for the future, as he might not be *so fortunate* another time.

* For some remarks on this statement, see page 377 of the present number of THE LANCET.

MIDLAND CIRCUIT.

FORCIBLE INVERSION OF THE WOMB, BY AN ACCOUCHEUR.

Trial at Derby, Dec. 12, 1844, *before* MR. JUSTICE PATTESON.

WILLIAM THOMAS GALLIMORE, "surgeon," was charged, upon the coroner's inquisition, with the manslaughter of Ann Warwick, at Hollymoorside, near Chesterfield, on the 9th of September last.

Mr. H. ADAMS, for the prosecution, characterized it as one of the most extraordinary on record. The prisoner, who was a person of respectable connexions, had for some years past practised as a surgeon in Chesterfield. The charge was one of gross neglect. If the jury, on the evidence, could arrive at a verdict of not guilty, he should not be dissatisfied, but if they should find that the prisoner had acted ignorantly, without the exercise of proper skill and care, it was their duty to return a verdict of guilty.

Numerous witnesses were then called, the substance of their evidence being as follows:—On the 6th of September, the deceased, 26 years of age, became very unwell, and her husband went to the prisoner for medical aid, who, after seeing deceased, said, "There was nothing to go forward with yet, and he would send her some medicine to still her, and put her to sleep." This was at about nine o'clock at night. He returned at about two in the morning, but previous to his arrival the deceased had miscarried. The deceased then appeared quite easy, and the prisoner said, "he would let her rest for half an hour." At the expiration of that time he made an examination, and then used force to withdraw what, in fact, had already come away with the child—namely, the placenta. Thus, either from gross ignorance, inattention, or mistake, he pulled the womb entirely out of the deceased. During the operation, Mrs. Coupe, a neighbour, expressed her belief that he was not doing right: when the prisoner's reply was, that "she was doing as well as if all the doctors in Chesterfield were there, according to his strength." He appeared very hot. An hour before deceased died, Mrs. Coupe told the prisoner he had better send for Mr. Botham, or Mr. Jones, two other surgeons; and when a messenger was preparing to start, about six in the morning, the patient died. The deceased had for a long time been in a delicate state of health, and it was intimated by one witness, that the prisoner, when he came the second time, was somewhat the worse for liquor. Death was the inevitable consequence of injuries like those inflicted upon the deceased.

Mr. FLOWER then addressed the jury on the part of the prisoner, stating, that they might assume that Mr. Gallimore had been a successful practitioner hitherto, inasmuch as no attempt had been made to shew the contrary. The prisoner was not only a kind and attentive man, but competent to fulfil the duties of his profession. Great differences of opinion frequently prevailed among medical men on the most important cases, and it was impossible to say what might be the symptoms which occurred to cause this lamentable mistake—for a mistake the prisoner acknowledged he had committed. All that could be justly charged against the prisoner was, the having committed a mistake under circumstances of very great difficulty, and to that he would have been willing to plead guilty.

Numerous witnesses spoke to the prisoner's general skill, attention, and kindness, as a practitioner.

Mr. Justice PATTESON said, the jury must take it that the prisoner had an extensive practice as a man-midwife; therefore, this was not the case of a person who understood nothing of his business. If a person having skill and knowledge made an accidental mistake in treatment, through which a patient died, he was not guilty of manslaughter, It would be fearful if he were, because, in that case, medical men would be afraid to practise, lest they

rendered themselves liable to the consequences of such an accident; but if there were evidence to prove misconduct, arising from gross ignorance or criminal inattention, then, the person was guilty of manslaughter if death ensued. There did not appear to have been any want of attention on the part of Gallimore, and they had no means of ascertaining what were the symptoms which caused him to pursue the treatment he adopted. According to the evidence, the prisoner seemed to have got confused. It would be for the jury to say whether it was a mistake, or an instance arising from the grossest ignorance, or the most criminal neglect.

The jury found the prisoner *Guilty*.

Mr. Justice PATTESON said it was his duty to pass such a sentence as justice and law required. The prisoner had evinced either the grossest ignorance or inattention. How it happened, the Court was left in great doubt. Manslaughter, when it approached nearly to murder, subjected the party to very severe punishment.

Mr. ADAMS, for the prosecution, said, that he was instructed to recommend the prisoner to the merciful consideration of the Court.

Mr. Justice PATTESON was glad to listen to that recommendation. Under all the circumstances, he did not feel that he was bound to inflict so severe a punishment as he might have done, had it been proved that there was a criminal intention on the part of the prisoner. The sentence was, that he be imprisoned for six calendar months.

HOSPITAL REPORTS.

DREADNOUGHT HOSPITAL SHIP, RIVER THAMES.

CASE OF STRUMOUS ULCERATION OF THE TONGUE AND THROAT, ATTENDED WITH A PARTIAL CLOSURE OF THE GLOTTIS.—TRACHEOTOMY.—RECOVERY.

JAMES M———, Scotch, aged twenty, admitted, under the care of Mr. Busk, April 7th, 1844; of healthy, florid appearance, and stout. Complains of sore throat, loss of voice, and a slight dyspnœa. The voice was very hoarse, and the breathing stridulous: no dysphagia. The front teeth in both jaws, including the canine and anterior bicuspid, on the right side, together with the corresponding alveolæ, are gone, and the gums cicatrized. The tongue is deeply and irregularly ulcerated, along its whole length, in the middle, but is not indurated to any extent. The greater part of the palate is occupied by a contracted cicatrix, and the uvula and soft palate are deficient. The sides and back of the pharynx, as far as can be seen, are in a state of ulceration and imperfect cicatrization, and there is a copious flow of purulent matter, apparently from the posterior nares, but there is no discharge from the nose in front, nor any fetor, as if bone were carious. The tongue has very limited motion, and, externally, an indurated swelling can be felt about the situation of the os hyoides and base of the tongue, but there is no tenderness in that situation, and the integuments are not affected. There was no other external mark of disease, and his general health appeared perfect.

He states that the affection of the mouth began eight years ago, when he was about twelve years of age. It commenced with sore throat. The front teeth and their alveolæ came away about five years since, and he considers this to have been caused by mercury, which was given him for the sore throat. No other bone has ever come away, and the ulceration has never, at any time, been healed completely. When the throat was first affected, he had some glandular swellings in the neck, which, however, never suppurated, and there are now no traces of them. He is unable to assign any cause for the disease, which occurred before he went to sea, and while he was at school in Dundee. He never had any venereal affection, nor any eruption, and his family, consisting of his mother and one brother, are healthy. His father was a healthy man, in good circumstances, and was lost at sea. His mother, who afterwards came to see him, confirmed the above account.

The treatment directed was, mercurial fumigation, a nitric acid gargle, and three grains of hydriodate of potass, thrice daily, in infusion of gentian. The ulceration of the tongue &c., under these means, very soon assumed a healthy character, and healed rather rapidly. His general health continued good. He never complained of much pain, but very much, occasionally, of difficulty in breathing; the stridulous voice and sound in respiration rather increased than diminished. The ulcerations, as they healed, contracted very much, as was evident from that in the tongue, and it appeared probable that similar ulceration about the rima glottidis was healing and contracting in a similar way. About the 10th or 11th of May, his breathing became very laborious, and occasionally very difficult, and on the morning of the 13th he was seized with a sudden paroxysm, which threatened immediate suffocation. He became insensible, and in a few minutes, respiration ceased, before the nurse could fetch assistance. Opening the windpipe being obviously the only resource, it was immediately performed, in the crico-thyroid membrane. Before the operation could be completed, however, the pulse at the wrist had ceased, and the man appeared past hope of recovery. The blood which flowed from the divided vessels was quite black, but only a few drops escaped. Immediately the membrane was divided, the air rushed in with great vehemence, and the chest expanded itself. A flat, short silver tube, was introduced, but no spontaneous effort at respiration was made. Artificial respiration was effected by periodical compression of the thorax, which answered the purpose completely. It was sustained without intermission, and without any evident sign of returning life in the man, beyond a faint pulsation in the carotids, for three quarters of an hour, when, upon intermitting the artificial respiration for a short time, one spontaneous inspiration was made; and in a few seconds, repeated, and very shortly, natural respiration became re-established, together with consciousness: a large quantity of red, frothy mucus, was expelled through the canula. He continued to breathe, with great ease, through the canula, and the only difficulty consisted in keeping that clear from the rapidly-drying mucus: the tube itself appeared to cause no irritation.

About three days after the operation, erysipelas appeared around the wound in the neck, and spread, in the following five or six days, over a large portion of the chest and back. He was much reduced in strength by this, and required wine and active nourishment. For the first ten or fourteen days after the operation, there was a very copious mucous secretion from the bronchi, which was easily expectorated through the tube, and that was removed, washed, and replaced, without any inconvenience being felt, and he could breathe, for a quarter or half an hour, sometimes, without, but always felt more comfortable with it in. Latterly, he was able to remove, clean, and replace the tube himself. He rapidly regained perfect health, and his cough ceased entirely. The ulceration of the mouth and in the throat, as far as could be seen, was cicatrized, and he had no pain or soreness on swallowing. He had considerable power of expiration, so that he could blow his nose, and speak with a scarcely intelligible voice, by placing his finger on the canula. But he could not inspire even the smallest quantity of air.

Note.—As the opening was in the crico-thyroid membrane, and not in the trachea, the trachea tube of the usual form was inapplicable. The form which answered best, after several trials, was that of a flattened tube, about three-eighths of an inch in its longer diameter, and about two inches long, curved nearly to a right angle, about half an inch behind a cup-like shield, by which it was fixed, by threads passing behind the neck. Over this he was directed to wear a sort of stock, made of five or six folds of common cotton net, such as women's caps are made of, and which afforded a sufficient protection against foreign particles, without in the least interfering with the passage of air. It also served effectually to conceal the apparatus. He has returned to Dundee, and has written for a certificate as to his unfitness for a seaman's life, being in such case promised a pension.

THE NEW MEDICAL BILL.

(An Extract from the communication of "JUSTUS ET TENAX.")

"That Minister of State whose office binds him peculiarly to protect the morals and welfare of the people, proposes to render the cheating of the sick out of their money and their lives, a legitimate and profitable occupation."—*The Times*, Aug. 10, 1844.

As the repeal of the penal clause of the Act of 1815, and the removal of all restrictions, constitute one of the chief features of Sir James Graham's new Medical Bill, it would be well to consider what the working of that Act (the general practitioners' only safeguard) really has been, and what would be the probable effects of its mutilation or repeal.

Since the passing of that Act, sufficient time has elapsed to enable us to judge, by a comparison of what the medical profession was before, with what it has become since, whether it has operated for good or for evil. If we inquire into the state of the profession prior to that period, we shall find, that while many in practice were persons possessing qualifications of the highest order, the majority were very inadequately educated, and that a large number was found to be totally uneducated, and, consequently, grossly ignorant and incompetent to practise. At the same time, the education of the majority of students was extremely

defective, being confined to attendance on one or two courses of lectures, and a few months' desultory and superficial attendance on the surgical practice of some hospital.

In the present day, the very opposite to such a condition of things exists. The country is supplied with a body of well-educated men, all of whom have pursued a systematic course of study, and submitted to the test of an examination.

The education of students at the present time is methodical, extensive, and, perhaps, as complete as can be expected; and before entering upon practice, they must satisfy a Court of Examiners of their qualifications, by passing through the ordeal of examination.

And yet this great change for the better, which has been gradually taking place ever since, and chiefly as the result of the Apothecaries' Act, must be lost to the profession, and they will be forced back again into their former condition, if the proposed new Bill be passed into a law.

Let us look at the consequences to be apprehended. On the same principle that ill-judged mercy to criminals often gives encouragement to crimes, and disgraces or weakens the hands of Government, so must the recognition of uneducated and unqualified persons to practise medicine, countenance ignorance, and even immorality; embarrass and, in a great measure, frustrate, the designs and labours of the different examining bodies; retard the progress of medical science by its deteriorating influence on the medical schools; have a lowering effect on the profession generally; and, finally, be injurious to the interests of the public.

That a measure of the nature proposed must lead to such evils, will be evident, on the slightest consideration of the following points:—

1st. Its effects on the minds of those individuals who will seek to enter the profession without the requisite education, or without submitting to the prescribed examination.

2nd. Its enfeebling and counteracting influence on the different examining bodies.

3rd. Its effects in retarding the progress of medical science, by a like influence in the medical schools.

4th. Its lowering effect on the character and condition of the profession itself.

5th. Its injurious effects on the lives and health of the public.

Instead of viewing such a Bill as the measure of a wise and enlightened statesman, may we not rather regard it as the suggestion of some adverse interest, and pronounce it to be

"Invented with design
"To keep them low whom knowledge might exalt?"

THE DOUBLE SUICIDE IN MILE-END ROAD.

NOTE FROM MR. G. DAVIES.

Sir,—In the last number of The Lancet, Dr. Letheby, in his contribution relative to the late cases of poisoning, directs attention to the fact, "that the smell of the poison was very evident about the mouth, although both these bodies must have been dead at least *twelve* hours when he examined them;" which from the following circumstances must have been seventeen or eighteen hours, as I believe he saw them about one o'clock on Monday afternoon. I saw them between one and two on Monday morning; that of the young man was in the posture described by Dr. Letheby; his countenance perfectly natural, having known him several years; the lady was lying on her side, with her head upon her lover's breast, her ringlets flowing over his chest and shoulders, her arm round his waist; upon taking hold of her wrist, I found it quite cold, and the arm so rigid, that upon raising it her head slipped into the situation found by Dr. Letheby. It was then that a quantity of tenacious fluid flowed from her mouth, strongly impregnated with the odour of hydrocyanic acid, and I observed to the policeman who entered at the same time that I did, that they had taken prussic acid, and had been dead several hours. On the Sunday evening, the parents of the young gentleman returned from church between eight and nine o'clock; there can be no doubt that the fatal act was committed during their absence, as had it occurred after that time, the characteristic shriek must have been heard, the deceased persons being in the back parlour.

Allow me to observe, in conclusion, that the very false statement respecting me in an anonymous letter that appeared in a recent number of The Lancet, and also one in the *Morning Advertiser*, was the fabrication of a neighbouring practitioner, whose "treasury" protects him from the law, and whose position in society renders further notice unnecessary. Sir, your obedient servant,

George Davies.

Mile End-Road, December 17, 1844.

THE DORCHESTER MEDICAL MEETING.

To the Editor of The Lancet.

Sir,—There is much important matter for consideration in connexion with the Dorchester meeting. You will there find that, as elsewhere, with few exceptions, the *physicians* and *pures* oppose the first claims of the general practitioner. They keep him *down*, or, rather, they do all in their power to effect that end. You will see, by the report of the meeting, in the local papers, that the physicians did their best to prevent the adoption of a resolution which had for its object the formation of a *new college*. An amendment was proposed by one physician, and seconded by another. They appear, however, rather, of necessity, to have overdone the thing. The circumstance was a fortunate one, at least for the general practitioner, for it had the effect of opening his eyes to his own interests, and the object of the enemy was thereby made too apparent. It led him to suspect that "treachery existed in the camp," and the result was, that he triumphed most completely.

Of the resolutions passed at that meeting little need be said. Only one was worthy of the constituents of Sir James Graham, but *that one* alone shews, pretty clearly, that there were those present who were determined to secure all that was *necessary* for the well-being of the general practitioner. With this exception, all read with the same milk-and-water softness which characterizes the resolutions adopted at the meetings where the general practitioners were sillily led by the nose by the unlawful practitioners. They prove, however, that there was a strong neutralizing power in operation, and the Dorchester men, though they have not accomplished so much as might have been expected of them, evidently have amongst their number those who now know how to pursue the right course, and will determinedly resent the insults and injuries heaped upon them in common with the great bulk of their brother surgeons in general practice. Let us not condemn them for being late in the field, for evidently they had much to contend with. Let us rather view this attempt as evidence of their determination to secure what is so essential to the existence of the body to which they belong. I have the honour to be, Sir, your very obedient servant,

An Observer of the Times.

Dec. 14, 1844.

ON THE ERGOT OF RYE.

To the Editor of The Lancet.

Sir,—I would have written immediately after the appearance of my paper on the Action of Ergot of Rye, in order that you might correct an error therein, but I was unwilling to trespass on your space. The remarks of Mr. Craig, in this week's Lancet, however, have induced me to trouble you again on the subject. By a reference to my paper, you will find, if I mistake not, that the quantity of ergot administered during a protracted labour, was two drachms and a quarter; the former being sufficient in amount to produce the desired end, provided the drug *be sound*. Indeed, I have had occasion to give more than two drachms, but then the quality of the ergot was questionable. I generally commence with half-drachm doses, repeated every half-hour, if *necessary*, until the parturient process is completed, but I do not think it safe to exceed two drachms, *bearing in mind the above proviso*, when this quantity, thus given, produces powerful action of the womb, without a corresponding advance in the labour. It would appear, by Mr. Craig's observations, that a knowledge of the obstructing causes, and their removal in cases of protracted labour, is confined to a few in the profession; but I have been long enough acquainted with the value of opium, not to attempt to supersede its use by ergot of rye, in removing those uterine obstructions which the latter, from its peculiar action, must inevitably augment. I can assure Mr. Craig, that when I administer ergot of rye, from the necessity of the case, I do so with a due consideration of the importance of the duty I have to perform; and if, hitherto, I have given it in ignorance of its operative nature, I have been taught the practice by my seniors; but I have yet to learn that, when judiciously used, it causes the death of the child. Surely no man who has any regard for his character, much more the life of one, it may be two, would for a moment think of administering so powerful a remedy, without well considering the consequences of what he is doing. Ergot of rye, I repeat, is an indispensable companion of the accoucheur, and one which is safe in the hands of those whose heads are guided by a practical knowledge of midwifery I am, Sir, your obedient servant,

B. J. Hussey.

Hindley, November 3, 1844.

ABUSES AT THE "LONDON HOSPITAL."

To the Editor of THE LANCET.

SIR,—The almost proverbial certainty of success with which your valuable strictures are attended, stimulates me to address a few lines on the existing and daily increasing abuses at the London Hospital. In the first place, in the prospectuses issued at the commencement of the session, we find "Clinical Lectures by Dr. Gordon, Messrs. Scott, and Luke:" now, since the commencement, not one has been delivered; at least, it is but due to Mr. Scott to state, that I am able to glean from various quarters that he has delivered *one* during the last fourteen months; and considering the great utility of such lectures, as well as the vast scope afforded for them at this institution, you will, doubtless, agree with me in considering complaints not only justifiable, but imperatively demanded. In the next place, the want of punctuality of attendance of our physicians, as well as (when they do come) their going round at an hour when lectures are being carried on in another direction, are also well deserving censure. "Last, not least," the dressing pupils are superseded by individuals, in some cases, perhaps, not so competent as themselves, under the title of house-surgeons, in order to divide and subdivide as much as possible the opportunities of surgical practice afforded at this hospital; added to which, not long since, when an operation was about to be performed, the person whose duty it is to post it up, was ordered by the senior surgeon not to put up a notice of the same.

Many other and valid causes of complaint might be enumerated, but the foregoing may be sufficient to demonstrate the disadvantages under which we labour; and such appears to be the despotic character of the government of the various functionaries of this institution, that one of two consequences seems inevitable, either a complete retraction of lately-framed offensive measures, or an entire desertion of the school by students. I am, Sir, your obedient servant,

JUSTITIÆ AMICUS.

November 29, 1844.

THE CONFERENCE AT APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR,—Permit me to occupy a small portion of your columns, with a correction of the numerous inaccuracies of your report of the interview between the deputations from the Metropolitan and Provincial Associations, and the Society of Apothecaries, on Tuesday last. As this conference was the most important that has been lately held on the subject of medical politics, it is necessary that the truth should be accurately published. I am astonished that your intelligent reporter should, on this occasion, have so completely misapprehended the sentiments of the several speakers.

In the first place, there is an entire suppression of Dr. Lynch's introductory remarks, and to which, and not to observations of Dr. Webster, the master of the society (Mr. Wallace) replied. The following quotation from Dr. Lynch's speech expressed an expectation to which the manifesto of the society was an immediate answer:—

"That the Assembly hoped the Apothecaries' Society (as the natural guardian, and the only corporation that ever exhibited any interest or sympathy for the great body of the profession) would place themselves at the head of the movement, and, as the time of temporizing was past, the deputation expected the Apothecaries' Society would now lay down some bold and definite line of action."

Again, Dr. Lynch, on the part of the associations, expressed "his unmingled satisfaction at the announcement made by the society," and hoped Dr. Webster would reciprocate these sentiments. Dr. Lynch is made a respondent to some remarks of Dr. Webster, at this period of the conference.

With reference to myself, there is also great misrepresentation. Your report runs—"Mr. Ross was proceeding to inquire the nature of the charter, when Dr. Webster said," &c., leaving it to be inferred that I was interrupted in the course of my remarks, which was not the case. As soon as the resolutions of the society had been read, I addressed the meeting in defence of the elective franchise—which was not expressly named in the resolutions—and continued to enforce my views for some time, without any remark from Dr. Webster.

A portion of my observations ran thus:—"The general practitioners were now contending for a college of their own; but unless the elective franchise was freely and liberally granted to the members, the charter of incorporation might prove a bane, rather than a benefit, to the profession, inasmuch as it might be made an instrument of degradation in the hands of an irresponsible governing body, as in the late case of the charter to the College of Surgeons," &c.* It was to my remarks, and *not* to those of Dr. Webster, that Mr. Bacot replied, by admitting the principle.

After Mr. Asbury had spoken, Dr. Webster read his resolutions; so that your reporter has utterly misstated the true value of the remarks of the different speakers. It is very unaccountable.

As the Medical Protection Assembly has hitherto taken a prominent part in the present movement, and is determined not to relax in its vast exertions for the amelioration of the degraded condition of the mass of the profession, it is highly expedient that these corrections should appear. It is right that the members of the Assembly, who conferred on the deputation the honour of representing their wishes on so important an occasion, should know that we were not negligent of our duty, but, on the contrary, enforced their rights with becoming steadfastness and zeal. —I remain, Sir, your most obedient servant,

GEORGE ROSS.

Kennington, Dec. 16, 1844.

I am authorized to refer to Mr. Hunter and Mr. Simpson, who were present at the conference, for the truth of these corrections.

The moment that the letter of Mr. Ross was received by us, we forwarded it to our reporter, with a request that he would furnish us with such an explanation as the circumstances appeared to demand. We subjoin his reply, first premising that the report was printed exactly as it was sent to us, without the alteration of a single line; and, further, it so happens that we have not seen, or held any communication, either directly or indirectly, with any member of the conference since it was held, and we are now writing on Tuesday, December the 17th. Our reporter, we believe, is well known to all the gentlemen of the deputation as a respectable medical practitioner. He has reported for us during many years, and on no previous occasion has his accuracy been questioned.—ED. L.

To the Editor of THE LANCET.

SIR,—When I attended with the deputation at Apothecaries' Hall, I did not understand that I was to give a *verbatim* report of the speeches that were there made. It was my endeavour to supply in THE LANCET, as concisely as possible, and yet as distinctly as could be, the views of the *deputations*, and the answers of the members of the committee of the society, so far as they elicited any information respecting the great principles that they intended to discuss. On referring to my report I feel that I have done so, and *if* Mr. Ross, or any other gentleman who thinks he has cause of complaint, will sink all *personal* feelings on the matter, I am convinced that he will arrive at the same conclusion.

If the vanity of any gentleman be wounded through the omission of his name from a report, it must be recollected that the reporter has to deal with the opinions of the many, rather than those of individuals; and where there existed such a marvellous agreement between the society and the deputations, what possible good could be effected by giving the individual views of Mr. Ross or any other gentleman? —for it must be remembered that Dr. Webster represented the deputies of several associations, and Dr. Lynch, the Protection-Assembly; at least, Dr. Lynch spoke in the name of the Assembly, and Dr. Webster had been appointed speaker by the delegates from the other societies.

Other gentlemen besides Mr. Ross might have cause of complaint, if a narrow view of the subject were to be taken.

What does Mr. Ross mean by my "misapprehending the sentiments of the speakers?" If he read my report again, he will find that he should have paused before he made that remark. Why, the resolutions of Dr. Webster embody *all* that the deputies desired; and as to the "elective franchise," it is the sole object of two of the resolutions of Dr. Webster—a point that Mr. Ross has overlooked, for Mr. Bacot expressly said that the society accorded with these views in full, although not mentioned in their documents. With respect to the opening remarks of Dr. Lynch, and the other points touched upon in Mr. Ross's letter, I can only say that they did not appear to me to be necessary to the completion of my report.—I am, Sir, yours obediently,

THE REPORTER.

Dec. 17, 1844.

* Vide Lloyd's paper of Saturday last.—G. R.

MEMBERS OF PARLIAMENT AND MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—You have so often urged the paramount necessity of every general practitioner throughout the kingdom soliciting the support of any member of parliament with whom he may have interest, in preventing Sir James Graham's obnoxious Bill from becoming law, and you have done it with so much ability, that it may, perhaps, appear superfluous in me to offer any further remarks on the subject.

I have, however, one suggestion to make, which I trust you will deem worthy of insertion in your valuable journal. It is, that each member should be furnished with the principal objections to the Bill *in writing*, which should be given in as concise a form as possible. I am induced to recommend this step, having been requested on two or three occasions (by influential persons) to do so myself. The gentlemen who applied to me were altogether ignorant of what the profession really wished for; and though I explained our wishes as clearly as I could, they had forgotten nearly every particular by the time I next had the honour of speaking with them on the subject; hence their wish to have my views in writing.

Would it not, therefore, be advisable to adopt the mode I have suggested? I am sure no one could sketch out all the chief objections to this wretched Bill more ably than yourself; and if you would kindly publish them in THE LANCET, the profession generally would be deeply indebted to you, and I am quite sure great good would be done by such measures being generally adopted. I quite agree with your correspondent who signs himself "A Chemist," in thinking a large proportion of the most respectable chemists and druggists do not consider the proposed Bill as a boon to themselves. I have conversed with many on the subject, and they all express themselves ready to meet us halfway. If, they add, medical men will give up open shops, we are quite willing to give up prescribing. Several chemists and druggists with whom I have been brought into contact, have of late years been surrounded by a host of general practitioners who retail drugs, which has so materially injured their business, that they have been obliged, as they say, in self-defence, to prescribe. Why, therefore, will not the medical profession insure the valuable co-operation of the chemists and druggists, by abstaining from the retail of drugs? Their standard would then be greatly raised, and they would enlist on their side most powerful allies, whose assistance at the present crisis would be of the greatest importance.

I have the honour to be, Sir, your obedient servant,

HENRY HOWLETT.

Cambridge Terrace, Hyde Park,
Nov. 12, 1844.

THE REFLEX FUNCTIONS.

To the Editor of THE LANCET.

SIR,—In answer to the questions proposed, in a recent number of THE LANCET, by a correspondent who signs himself "ANONYMOUS," I beg leave to furnish you with the following case:—

About five years ago, my father was called upon to see a young man "who," to use the messenger's own words, "had had his back broken by wrestling." I being at that time an apprentice with him, he desired me to go also. When we arrived at the house, we found a dislocation of the first and second lumbar vertebræ, and, of course, the inferior extremities completely paralyzed. The case being one likely to furnish very interesting pathological facts relating to the reflex action, my father immediately proceeded to try experiments, and, I must acknowledge, in no very gentle manner. He first tickled the sole of one foot, I watching the countenance with the utmost care; not the least motion possible could I observe, while the toes of the foot were slightly flexed. He then took the other leg, and pinched it betwixt his thumb and forefinger, his nails leaving impressions in no slight degree: there was a decided action of the muscles of the leg and foot. I then bit the large toe: there was intense action, so much as to cause the toe to touch the roof of my mouth and tongue by its alternate motions, and in some measure to move my head. My father then held the flame of a candle to the leg, by which a convulsive twitching of the muscles was induced, creating wonder in two or three very respectable persons present, how the leg and foot were moved, and still he not appearing the least sensible of pain, as not a muscle of the face was indicative of any, for the countenance had remained, all the time the experiments were made, placid and calm, as if dead. The man lived forty-eight hours after the accident; the fæces were passed involuntarily, and the urine was retained; but a little before death, the urine passed guttatim—I suppose, from the elasticity of the urethra being diminished. This corroborates the interesting cases of Mr. Rose, as to the intensity of the action being proportionate to the degree of paralysis, as the above case was one of the most complete kind, and very strongly marked by the reflex functions; and that sensation is not manifested by long continued irritation, as brought forward by Mr. Brereton, as in this case we burned the leg. If such cases as this, and those furnished by Mr. Rose, are not sufficient to satisfy the most sceptical, I must say, even though "ANONYMOUS" had ocular proof, he would not admit the phenomena. Leaving "ANONYMOUS" and the rest of your numerous readers to draw conclusions, I remain, yours &c.,

AN ASSISTANT.

Southport, Lancashire, Dec. 5, 1844.

THE TEMPORARY NEGLECT RESPECTING THE COLLEGE OF SURGEONS.—THE EXAMINATIONS OF FELLOWS.

To the Editor of THE LANCET.

SIR,—The excitement caused by the Bill of Sir James Graham has diverted the attention of the profession from the charter recently granted to the College of Surgeons, and the iniquitous, disgraceful manner in which the council of the College has acted with respect to it. This was very natural; and if so intended, as it probably was, the speedy succession of the Bill to the charter was a very clever artifice. But are the profession to be so tricked? Are they to allow themselves to be degraded without resistance? shorn of their locks, and marked as the inferiors of their equals, like a flock of silly, unresisting sheep? I confess that nothing that has occurred in the medical world during these few months past, a period so eventful to them, has surprised me half so much as their silence, their apparent submission to what every man of proper pride must deem the intolerable insult which has been offered them.

After a selection of five hundred of the members of the College to the honours of the fellowship, all the others, constituting nine-tenths of the whole, are told by the council that they cannot be admitted without submitting to an examination? What were the qualifications entitling the five hundred to the distinction conferred upon them by the council? Age or seniority of diploma? No such thing. Age or such seniority usually gives a preference in the affairs of life which is universally acknowledged, and had there been a necessity for drawing a line between the members, would not have been objected to in the present instance; but this would not have answered the ends of the council. Was talent or worth the criterion? The herd of unknown men elected as fellows, and the number of talented and worthy men excluded, answers this question. What, then, were the grounds of distinction? The council dare not state them. Nay, they were even ashamed to publish a list of their last batch. But by looking over a few of the names of the honoured and of the degraded, it is not a very difficult matter to divine the reasons of the distinction. Personal acquaintance and favour has evidently been the principal motive. Lucky were they who had recommended patients to apply to leading members of the council, or were in a position likely to do so; but woe to them who had done aught, either by mouth or pen, to displease them. Lucky were their pupils and kinsmen; lucky those who, by absence or other circumstances, were unlikely to interfere in subsequent elections of councillors.

Are men advanced in years and reputation to be told with impunity by such men as now constitute the self-elected council of the College, that they must appear as an inferior order unless they submit to the low degradation of being examined as schoolboys by members of the council? and (according to a clause in the projected Bill) that, unless they submit to this, they must either register themselves as belonging to this inferior order, or appear as quacks in the eyes of the world? Is it possible that such an iniquity can be perpetrated with impunity in the free country of England? If the surgeons of this country tamely submit to so gross an insult, they deserve every contumely that can be heaped upon them. If they do so, let them resume the denomination of barber-surgeons, and no longer presume to call themselves members of a liberal profession, or to appear on the footing of gentlemen.

I cannot believe that the medical profession will submit to be so trampled upon. But they have not only to undo all that has been already done towards their degradation; they have to see that an adequate punishment is inflicted on the evil-doers. Let those members of the council who constituted the minority when these proceedings were determined upon, stand forth and declare themselves; and let each affronted surgeon be furnished with a list of those who do not so stand forth. There can be no doubt

about the person of the arch-trickster. As a *pecuniary* speculation, he and the other men of a similar description, may discover that their charter is a failure; and as a pecuniary speculation, I believe, in my heart, that it was solely intended.

These self-elected councillors are, I doubt not, in a state of great anxiety about the result of their future examinations for the fellowship. If the thing goes on prosperously,—if men of years and character bow before them,—their object will be obtained, and the seal of disgrace will be stamped on the profession. I cannot think that such humble and senseless beings will be found. What! degrade themselves by submitting to an examination before any body of men, and particularly such persons as the present councillors, for so questionable, and probably so transitory an honour as the fellowship! If the honour of the fellowship be questionable, there will be no question about th character of the means by which it is attained. Those who have had it thrust upon them are blameless. Many of both batches are ashamed of their associates, and the last batch are ashamed and indignant at being placed under the first batch. But those who seek the fellowship by examination, will constitute a class by themselves. That the councillors will try every means in their power to induce members of the College to lower themselves in order to protract the existence of the charter, and save in some degree their own reputation, there can be no doubt; but it is to be hoped, for the character of the profession, that the number will be extremely small, and that all constituting this small number will have youth and inexperience to allege in vindication of their so degrading themselves, in order to obtain so trumpery and transitory a distinction, intended, not to advance the dignity of the profession, but to fill the pockets of the councillors, and of their friends or dependents.

I am, sir, your obedient servant, MEDICUS.

Nov. 1844.

NEWS OF THE WEEK.

THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS.—We have just been informed that the whole twelve members of the COURT OF EXAMINERS of the SOCIETY OF APOTHECARIES, have enrolled their names in this association. Let us hope, therefore, that from this moment the VOLUNTARY INCORPORATION of the GENERAL PRACTITIONERS, throughout the kingdom, will proceed with the utmost rapidity.

OBITUARY.—On the 5th inst., departed this life, at Cork, the much esteemed member of the profession, Dr. BULLEN, aged 78 years, for fifty-one years a practitioner of medicine, and, during a large portion of that time, regarded as the "leading" medical practitioner of the South of Ireland. The procession at his funeral took place from the South Mall, which was crowded on either side by the private carriages of the gentry of the city and county, many gentlemen having come from a distance of eighty miles, to pay the last testimony of respect to one whose character as a man was equal to his eminence as a physician. One feature in the procession evidenced the reverence paid to him while living; that was, the unanimous resolve of the medical faculty to attend as a body, to provide themselves with the usual funeral emblems, and to precede the bier in regular order: their number was nearly 100. The clergy immediately followed, they being next to the bier. More than 200 mourners, gentlemen of the highest rank in the city, succeeded, the procession being wound up by a long train of private carriages. For months past he was aware that his hour was fixed. His final instructions to his family were given with as much tranquillity as if he were regulating the ordinary business of the world—the calm confidence of the Christian.

BIRMINGHAM GENERAL HOSPITAL.—A correspondent informs us that it is in contemplation, at the ensuing quarterly board, to appoint the Rev. James Prince Lee to the office of *fifth physician* to this charity, as a reward for his recent and valuable services thereto. A precedent for this appointment is said to exist in a recent and similar appointment of a *fifth vice president*, both offices being equally in accordance with the rules and regulations. The rev. gentleman is said to be fully qualified to enter on the duties in question, he having already been clinical clerk to the Rev. Peyton Blakiston, and it is rumoured that he has exchanged a copy of Lindley Murray, presented to him by the ex-editor of the *Birmingham Journal*, on the occasion of an address to an illustrious visitor of the town, for copies of "Graham's Domestic Medicine," and "Culpepper's Herbal."

MISS MARTINEAU.—Dr. Robert Hull, of Norwich, has made public the following remarks, in a recent letter to the editor of the *Norfolk Chronicle*:—". . . This admired writer has, however, thought right to announce her case publicly, as one of successful mesmerism—and the interests of truth and society compel the antagonists of this medical heresy to analyze, so far as possible, the history, and falsify the conclusion that, because the patient is well, the mesmeric aura hath effected her cure. Now, although the laudable delicacy of this extraordinary lady hath suppressed the details of her malady, yet I have a right to assume that the circulated whispers were well founded, and that the malady was abdominal tumour. Here (in Norwich) this celebrated author is too well known that her age can be any secret; and her amiable and simple character would render her careless to conceal. And she will not be surprised, therefore, nor angry, if she is told, that she has been labouring under the climacteric disorder of her sex. That this often produces a physcony of the abdomen, with oppression and universal languor. That in such circumstances the single woman is terrified with ideas of cancer, dropsy, and organic diseases; the married lady fancies she is about to multiply the species, and her fond husband provides a doctor and the nurse A case of this kind is reported in the person of a Mrs. Trunnion, by Dr. Smollett; and instances of the first-named deception in spinsters are daily occurring. But nature goes through her proceedings; the abdominal tumefactions subside; and when the climacteric period has passed, women often enjoy better health and longer life than the other sex. In this particular case of our popular townswoman let not the mesmerizer triumph! The success was due to the natural process, aided by the vigour obtained from faith and hope. Hence energy, exercise, air, *omission of opiates*—and it seems to me that this delightful result would have been earlier effected—I mean the natural cure—had not the patient become, from her own confession, a complete opium eater. She had poisoned herself for years with this exterminating drug. To conclude: my firm persuasion is, that this vaunted case is one of thousands, in which the mind has relieved the body from *functional*, not organic disorders; while ladies of a particular age will do well *not* to applaud Mesmer for the cure of their peculiar symptoms, which time and the physician will generally cure, unless baffled by pernicious treatment. And that young ladies should be specially careful to eschew this revived foolery, which in many instances hath created, instead of relieving, tumours of the abdomen."

At page 382 of this week's LANCET, will be found a report of the *trial* of a man named PORT, against whom a verdict of manslaughter was recorded at a coroner's inquest, held on the body of a woman at Birkenhead, whose death had been certified by two medical gentlemen to have been caused by arsenic introduced into the system, by applying it to the breast for the cure of a supposed cancer. A report of the *inquest* appeared in THE LANCET, for Nov. 23, page 270. We have been informed, since our report of the trial, taken from a recent number of the *Times* newspaper, by a gentleman who was present in the criminal court at Chester, that the women who testified to the "skill" of the quack, and upon the whole of whom he had operated, ranged from the age of eighteen years to thirty and thirty-five, and one or two, perhaps, being forty, all having ruddy cheeks, and appearing to enjoy excellent health. Rare ages for cancer! The same informant adds, that on the 16th instant he saw a lamentable wreck of a fine woman, who had been a nurse in the Chester Infirmary for fourteen years, who, in June last, was advised by her friends to apply to Port for medical aid. On a Wednesday the quack applied his plaster to her breast, which was in a state of *open* cancer, and from which she had repeated hæmorrhages. The plaster was allowed to remain on until Saturday, when, on his visit, he removed it, and applied a second, which was taken off on the following Monday, and never re-applied. In the interval the unfortunate woman was seized with all the symptoms of poisoning, salivation, vomiting, excruciating pain in the stomach and bowels, violent purging, tenesmus, palpitation of the heart, and syncope, from which time she has been bedridden, with paralysis of the superior and inferior extremities, the ulcer in the breast still remaining; and *Doctor* Port had supporters enough in the court, when the verdict of "Not Guilty" of the death of Mary Harris was returned, to delight his ears with a deafening round of applause.

DISCOVERY OF THE MISSING BOOKS OF GALEN'S ANATOMY.—The *Medical Gazette* announces this occurrence to have taken place in the Bodleian Library, at Oxford. Our contemporary's statement partakes so much of the mystery which has enshrined the lost volumes, that this is the only information which we can glean from his announcement.

THE LONDON MEDICAL DIRECTORY.—We have made some inquiries respecting this work, and feel great pleasure in informing our readers that there is every probability that it will be impartially and carefully got up, and prove a valuable guide to the medical profession in London. There can be no doubt but that a correct list of the medical practitioners residing in Lon-

don, combining an account of the nature and extent of their medical qualifications, has long been wanted, and will prove most acceptable to the medical public. Such a work, also, by making generally known the professional position and standing of every medical practitioner, will tend to protect the profession from fraud and imposture. It will, indeed, prove a much more certain protection to professional dignity than Sir James Graham's registration clause; because more complete and more accessible. The Directory to which we allude is the one about to be published by Mr. Mitchell, Red Lion-court, Fleet-street. Another has been advertised by parties of whom we have no knowledge. The editor of the Directory which is to be published by Mr. Mitchell, is a physician of great respectability and intelligence.

BOOKS RECEIVED FOR REVIEW.

Elements of Anatomy, intended as a Text Book for Students. By Alexander Jardine Lizars, M.D. Part III. Bell and Bradfute, Edinburgh; and Highley, London. 1844. 12mo, pp. 900.

Urinary Deposits,—their Diagnosis, Pathology, and Therapeutic Indications. By Golding Bird, A.M., M.D. London: Churchill, 1844. Post 8vo, pp. 323.

A Practical Treatise on the Diseases Peculiar to Women. Illustrated by Cases derived from Hospital and Private Practice. By Samuel Ashwell, M.D. Part III., and Appendix. London: Highley, 1844.

A Report of the Obstetric Practice of University College Hospital, London. By Edward William Murphy, A.M., M.D. Dublin: Hodges and Smith. 1844. 8vo, pp. 53.

A New Disquisition on the Circulation of the Blood, tending to refute Dr. Harvey's generally accepted hypothesis, &c. By Henry Fowler. Wellingborough: Darby, 1837. A pamphlet, the preface and postscript of which occupy almost as many pages as the body of the work.

On Cases of Death by Starvation and Extreme Distress among the Humbler Classes, with a Preparatory Plan for Remedying these Evils, &c. By J. L., late of the Colonial Services, with an Introduction by Viscount Ranelagh. London: Ollivier, 1844.

Agricultural Chemistry. By George Cox. London: Simpkin and Marshall. 1844. Post 8vo, pp. 135.

The Duality of the Mind proved by the Structure, Functions, and Diseases of the Brain, and by the Phenomena of Mental Derangement, and shewn to be essential to Moral Responsibility. By A. L. Wigan, M.D. London: Longman and Co., 1844. 8vo, 459.

The Scale of Medicines with which Merchants and Vessels are to be furnished, in pursuance of Act of Parliament &c.; with Directions and Observations on some of the Accidents and Diseases to which Seamen are peculiarly liable. By Charles M'Arthur, M.D., Surgeon R.N. London: Orr and Co. 1844. 12mo, pp. 76.

The Medical Remembrancer, or Book of Emergencies; concisely pointing out the immediate Remedies to be adopted in Cases of Poisoning, Drowning, Apoplexy, Burns, &c.; with Tests for Poisons, &c. By E. B. L. Shaw, M.R.C.S. &c. Second Edition. London: J. Churchill, 1845. pp. 108.

CORRESPONDENTS.

We publish this week a report of the case mentioned by *C. M.* (Great Wakering.) If the facts did not speak, trumpet-tongued, for themselves, the letter of our correspondent should be inserted, in addition.

The receipt of the communication of *Dr. Birt Davies* will be acknowledged, by letter, from the LANCET office.

Any gentleman acquainted with the residence of Mr. Alfred Drew, licentiate of Apothecaries' Hall, will much oblige by communicating the same to the Secretary of Great Yarmouth Hospital.

A Subscriber is informed, that an Index to the present volume of THE LANCET will be published with the concluding number, on Saturday, Dec. 28th.

Communications have been received from Mr. C. Black—Mr. R. Hocking—Mr. T. B. Vaughan—Mr. G. Harvey—Mr. Dunshall—Mr. H. G. Potter—Mr. G. Curtis—Mr. J. W. Wilson—Mr. J. Cockey—Mr. R. Eager—Dr. Epps—Mr. J. Pursell—Mr. Waldron—Dr. Bucknill—Mr. Guttridge—J. R. Barrard—Mr. J. Forster—Mr. Mortinham—Mr. Gules—Oceanus—Anonymous—Vindex—Anonymous (D)—A House Surgeon—W. X. Y.—Verax—Scrutator—A. B.—Medicus—An Ante 1815-er—Medicus (2)—Philo-Chirurgus—G. S.—Anonymous (Manchester)—A Student—M.R.C.S., London—A Medical Reformer.

Owing to pressure of business, we are unavoidably obliged to defer answering many correspondents until next week.

ERRATUM.—In the list of new Fellows of the Royal College of Surgeons, London, published in our last number, *instead of* "Mr. BOIL, Arundel," *read* "Mr. HUGH BIRT, Arundel."

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Societies.—GEOGRAPHICAL: (M. Schomburgh's Expedition).—INSTITUTE OF BRITISH ARCHITECTS: (Mr. Wilson on Decorations of Church at Assisi)—HORTICULTURAL—LINNÆAN—BOTANICAL—MICROSCOPICAL—SOCIETY OF ARTS (Lieut. Walter on Kamptulicon Life Boat).

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VALUE OF SHARES.—Returns from London, Liverpool, Manchester, Leeds, York, Hull, with comments on the respective Markets, and latest Prices.

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BY THOMAS STEWART TRAILL, M.D., F.R.S.E., &c. &c.,

Regius Professor of Medical Jurisprudence and Medical Police in the University of Edinburgh.

"In the selection of the important and essential topics from an assemblage so extensive and multifarious as that of Medical Jurisprudence, Dr Traill has shewn much skill and dexterity; and it is fortunate for the student that the preparation of a work so useful, and yet of so moderate pretensions, has been undertaken and accomplished by one so well qualified to do it justice. These Outlines may indeed be recommended as presenting an excellent compendious view of the present state of the doctrines in Medical Jurisprudence; and they will serve as a useful guide, not only for initiating beginners, but for conducting the student in his subsequent prosecution of the subject, either generally or in its divisions."

Edinburgh Medical and Surgical Journal.

LECTURES
ON
ORGANIC CHEMISTRY:

DELIVERED DURING THE WINTER SESSION, 1844, IN THE

University of Giessen.

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CYANOGEN AND ITS COMPOUNDS, CONTINUED.—FERROCYANIDE OF POTASSIUM.

GENTLEMEN,—In my last lecture, I began to demonstrate to you the composition, properties, and reactions of ferrocyanide of potassium, and of the compound radical assumed to exist in this substance—viz., ferrocyanogen; (which, when combined with hydrogen, forms ferrocyanic acid.) I will now proceed with the further consideration of the same subject.

Ferrocyanide of potassium yields with salts of lead a white precipitate, from the aqueous solution of which ferrocyanic acid may be produced by the addition of sulphuretted hydrogen. With salts of oxide of copper, ferrocyanide of potassium yields a brown-red precipitate; the presence of the most minute amount of copper may be detected, in solution, by the colour of this precipitate. With chloride of barium, or chloride of calcium, in concentrated solution, ferrocyanide of potassium forms white, or yellowish-white, crystalline precipitates; in these precipitates half the amount of potassium present in the ferrocyanide is replaced by its equivalent amount of barium or calcium.

If we designate the compound radical assumed to exist in the ferrocyanide, Cfy, we have the following formula for ferrocyanide of potassium, and the barium and calcium precipitates which it forms.

Ferrocyanide of potassium.	Precipitate formed with chloride of barium.	Precipitate formed with chloride of calcium.
$\left.\begin{matrix}Cfy\\K\end{matrix}\right\}$ + K	$\left.\begin{matrix}Cfy\\Ba\end{matrix}\right\}$ + K	$\left.\begin{matrix}Cfy\\Ca\end{matrix}\right\}$ + K

With salts of zinc, solution of ferrocyanide of potassium yields a *white* precipitate; the precipitates which it yields with protosalts of iron are of a light-blue colour. The composition of these precipitates may be expressed as follows:—

Zinc precipitate.	Iron precipitate.
$\left.\begin{matrix}Cfy\ 3\ Zn\\K\end{matrix}\right\}$ + 6 aq.	2 Cfy 3 Fe K

The precipitate which ferrocyanide of potassium forms with protosalts of iron may be considered as a combination of ferrocyanide of potassium with the iron compound corresponding to this salt, and its composition may be expressed by the following formula:—

Precipitate of protosalts of iron with ferrocyanide of potassium ..... $\left\{\begin{matrix}Cfy + 2\ K\\3\ (Cfy + 2\ Fe)\end{matrix}\right.$ $\left\{\begin{matrix}= \text{Ferrocyanide of potassium}\\= \text{the corresponding iron compound.}\end{matrix}\right.$

This bluish precipitate assumes a deep-blue colour upon being washed with free access of air; the precipitate yields ferrocyanide of potassium to the water; and by the accession of three atoms of oxygen from the atmosphere, a new iron compound is formed, of ready solubility in water, and imparting to the solution a deep-blue tint. This new compound may be precipitated from its aqueous solution by the addition of soluble salts, (such as sal ammoniac, or chloride of sodium;) the precipitate thus obtained redissolves again in pure water: the formula of this new compound is—

$$3\ (Cfy + 2\ Fe) + 3\ O$$

Upon treating this soluble compound with a strong mineral acid, it yields peroxide of iron to the latter, and prussian blue is formed.

In the course of my last lecture but one, I mentioned that ferrocyanide of potassium is used also for the production of hydrocyanic acid. Upon submitting ferrocyanic acid, for this purpose, to distillation with dilute sulphuric acid, there remains a bluish-white powder in the retort, which does not consist of pure protocyanide of iron, as one should be led to believe, but it contains a considerable amount of potassium. According to the analyses of Mitscherlich and Geiger, the residuary powder contains two atoms of protocyanide of iron to one atom of cyanide of potassium, and hence we see that ferrocyanide of potassium yields with acids only three-quarters of the amount of hydrocyanic acid which it should yield, according to calculation, a portion of the cyanogen remaining in the residue, instead of distilling over in combination with hydrogen.

Upon mixing a solution of ferrocyanide of potassium with a persalt of iron, or with a chloride, iodide, or bromide of iron, corresponding to the peroxide of this metal, a deep dark-blue precipitate is obtained, to which the name of prussian blue has been assigned. Theoretically speaking, prussian blue is a ferrocyanide corresponding to peroxide of iron, and thus we may consider it as peroxide of iron, the oxygen of which is replaced by ferrocyanogen. To understand the formula of prussian blue, and the formation of this substance correctly, we must bear in mind that ferrocyanogen is a radical, one atom of which is equivalent to two atoms or equivalents of oxygen, or to two atoms or equivalents of chlorine, &c.

We term one equivalent of chlorine or of oxygen, that amount of chlorine or oxygen which combines with one equivalent of potassium or sodium; two equivalents of chlorine or oxygen combine with two equivalents of potassium or sodium. And in ferrocyanide of potassium we find *one* atom of ferrocyanogen combined with *two* atoms of potassium; it is evident, therefore, that one atom of ferrocyanogen is equivalent to two atoms of oxygen or chlorine, by which it is replaced. Ferrocyanic acid is a bibasic acid—i. e., one atom of ferrocyanic acid requires for its replacement two equivalents of a monobasic acid, such as nitric acid &c.

In perchloride of iron we have two atoms of iron combined with three atoms of chlorine; to replace this chlorine by ferrocyanogen, one and a half atom of the latter substance is required, being the equivalent for three atoms of chlorine—or, in other words, three atoms of ferrocyanogen are required to four atoms of iron.

Now, three atoms of ferrocyanogen are contained in three atoms of ferrocyanide of potassium; accordingly, then, three atoms of ferrocyanide of potassium transpose with two atoms of perchloride of iron, (or with two atoms of peroxide of iron in a persalt of iron,) forming two atoms of prussian blue, and six atoms of chloride of potassium, or six atoms of a potass salt.

Ferrocyanide of potassium. Chloride of potassium.

Prussian blue. $\left\{\begin{matrix}3\ Cfy\\\cdots\cdots\\Fe\ 4\end{matrix}\right\}$ + $\left\{\begin{matrix}6\ K\\\cdots\cdots\\6\ Cl\end{matrix}\right\}$

Perchloride of iron.

According to this, the theoretical formula of prussian blue would be 3 Cfy + 4 Fe.

The great majority of analyses, however, do not correspond with this formula; this is owing to the very great tendency of prussian blue to enter into chemical combination with ferrocyanide of potassium, or with peroxide of iron. Thus, for instance, upon adding a persalt of iron (not in excess) to solution of ferrocyanide of potassium, a precipitate forms, exhibiting the outward appearance of prussian blue; but this precipitate, upon being washed, dissolves in the water used, imparting to it a deep dark-blue tint: it is a chemical combination of prussian blue with ferrocyanide of potassium.

If pure prussian blue is exposed, in a vacuum, to the action of light, it loses its deep-blue colour, and assumes a bluish-white tint, cyanogen gas being liberated at the same time. If prussian blue, which has undergone this alteration, is then again exposed to the air and in the dark, it re-assumes its former tint, with absorption of oxygen from the air. It is owing to this action of light upon prussian blue, that cloth and other stuffs dyed with this substance become grey when exposed to the light, re-assuming their original tint in the dark. Prussian blue is, therefore, at present, but very rarely employed in dyeing blue, being now generally replaced by the use of a mixture of ferrocyanide of potassium with a mineral acid. Upon the application of this mixture, there precipitates at first upon the stuff which it is intended to dye, a light-blue compound, which subsequently, upon the absorption of oxygen from the air, assumes a deep-blue tint.

In commerce, all the deep-blue compounds produced from ferrocyanide of potassium with salts of iron are called prussian blue, without any regard to their composition. The most beautiful of these blue colours is that obtained by precipitating protosalts of iron (the sulphate, for instance) with ferrocyanide of potassium, washing the precipitate, and treating it subsequently with dilute nitric acid. This dye is of a violet coppery colour when dry; with water it forms a fine pappy mass, whilst the other sorts of prussian blue yield a gritty powder.

A highly remarkable compound is produced by transmitting a stream of chlorine gas through a solution of ferrocyanide of potassium. Ferrocyanide of potassium precipitates persalts of iron blue, but upon transmitting chlorine gas through its solution a red fluid is produced, which no longer possesses the property of precipitating persalts of iron blue. When the red colour is developed, the transmission of chlorine through the fluid must be

stopped. We have now in the fluid a new compound, to which the name of red ferrocyanide of potassium has been assigned. Professor Gmelin, of Heidelberg, was the first to discover this new compound; it contains a new radical, different from that existing in the common ferrocyanide of potassium. Suppose you have two atoms of ferrocyanide of potassium, each containing two atoms of potassium—upon transmitting chlorine through the solution of these two atoms of ferrocyanide of potassium, the chlorine combines with the fourth part of the potassium, forming chloride of potassium, which remains in solution, and you have now a new compound, containing the elements of two atoms of ferrocyanogen to three atoms of potassium.

$$2\ \mathrm{Cfy} + 3\ \mathrm{K}.$$

It is in this form that the elements of the ferrocyanogen have re-combined, forming a new radical, different in its properties from ferrocyanogen, and containing double the amount of iron and cyanogen existing in the latter substance. The acid which this new radical forms with hydrogen is tribasic—i. e., it contains in all its combinations three atoms of metal to one atom of its radical. The potassium compound of this new substance yields very fine crystals, of a flame-red colour, and entirely free from water; these crystals decompose, upon the application of heat, without yielding a trace of oxygen or hydrogen. The discovery of this red ferrocyanide of potassium has played rather an important part in the history of chemistry, since it caused the first chemist of the present age (Berzelius) to alter his opinion respecting the nature of chlorine. Chlorine was considered formerly as a combination of hydrochloric acid with oxygen; it was called oxigenated or oxy-muriatic acid; subsequently various chemists, and especially Davy, proved that it was impossible to produce oxygen from chlorine, and that this substance, on the contrary, manifested all the properties of an elementary body. Berzelius, however, clung to the old view of the nature of chlorine. The last argument which he adduced in support of his opinion was this: peroxide of iron possesses a characteristic yellowish-red tint, which it imparts to all its compounds: the substance which we now call perchloride of iron exhibiting this characteristic colour, it is evident that it contains peroxide of iron. At the time that this argument was adduced, it was impossible to refute it with any degree of positive certainty; the discovery of the red ferrocyanide of potassium, however, proved that an iron compound may possess the characteristic colour of peroxide of iron, without containing the slightest trace of oxygen; and this, of course, overthrew at once Berzelius' argument.

The potassium in the red ferrocyanide may be replaced by other metals; thus, for instance, upon mixing the red ferrocyanide of potassium with salts of lead, we obtain

$$(2\ \mathrm{Cfy}) + 3\ \mathrm{Pb}$$

From this lead compound may be prepared the hydrogen compound of the new radical: and here I shall take the opportunity to correct an error, which you will find in "Turner's Chemistry." This work tells you to treat the lead compound of this modification of ferrocyanogen with sulphuretted hydrogen, in order to produce the hydrogen compound; (Gmelin was the first to recommend this process;) but Posselt found subsequently that the new radical, in presence of free sulphuretted hydrogen, became transformed again into the common ferrocyanogen. The hydrogen compound of the new radical may be readily produced by treating its lead compound with hydrated sulphuric acid. The hydrogen compound thus obtained is composed as follows:—

$$2\ \mathrm{Cfy} + 3\ \mathrm{H}.$$

Now, upon bringing this hydrogen compound into contact with an excess of sulphuretted hydrogen, it absorbs hydrogen from the latter substance, sulphur separates, and you obtain ferrocyanide of hydrogen. What, then, is the difference between the ferrocyanide of hydrogen, of the yellow ferrocyanide of potassium and that of the red ferrocyanide of potassium, to which latter we will henceforth assign the name of *ferricyanide* of hydrogen, or ferricyanic acid? It is this—*ferrocyanide* of hydrogen contains, to the same amount of cyanogen and iron, four equivalents of hydrogen, whilst the *ferricyanide* of hydrogen contains only three equivalents of hydrogen,

$$\begin{aligned}(2\ \mathrm{Cfy}) + 4\ \mathrm{H} &= \text{ferrocyanic acid}\\ (2\ \mathrm{Cfy}) + 3\ \mathrm{H} &= \text{ferricyanic acid.}\end{aligned}$$

The decomposition and transposition which take place upon bringing ferricyanic acid into contact with sulphuretted hydrogen, may be expressed as follows:—

$$\begin{aligned}2\ \mathrm{Cfy} + 3\ \mathrm{H} &= \text{ferricyanic acid}\\ \mathrm{H} + \mathrm{S} &= \text{sulphuretted hydrogen}\\ \hline \text{ferrocyanic acid } 2\ \mathrm{Cfy} + 4\ \mathrm{H} - \mathrm{S} &= \text{sulphur, which separates.}\end{aligned}$$

The hydrogen of the sulphuretted hydrogen combines with the ferricyanic acid whilst the sulphur separates.

Ferricyanide of potassium is liable to the same modification. You cannot bring this salt into contact with any matter possessing a strong reducing action, without transforming it into ferrocyanide of potassium.

If we express the composition of ferricyanide of potassium by the following formula,

$$\left.\begin{matrix}3\ \mathrm{Cfy} + 6\ \mathrm{K}\\ \mathrm{Cfy}\end{matrix}\right\}\text{ferricyanide of potassium,}$$

we may assume this substance to consist of ferrocyanide of potassium, to the elements of which have acceded the elements of one atom of ferrocyanogen, so as to form a new complex atom. Upon transmitting sulphuretted hydrogen through this ferricyanide of potassium, it becomes converted into ferrocyanide of potassium. You have in the formula marked above, four atoms of ferrocyanogen; the elements of one of these four atoms separate, and combining with the hydrogen of the sulphuretted hydrogen, form ferrocyanic acid.

$$\frac{3\ \mathrm{Cfy} + 6\ \mathrm{K}}{\mathrm{Cfy} + \mathrm{H_2}\atop \mathrm{S_2}-}$$

We know that ferrocyanic acid decomposes at a high temperature, evolving hydrocyanic acid and leaving protocyanide of iron; in the decomposition of ferricyanide of potassium by sulphuretted hydrogen, we obtain, therefore, ferrocyanide of potassium, hydrocyanic acid, a precipitate of sulphur, and a precipitate of protocyanide of iron. Ferricyanide of potassium undergoes the same decomposition when precipitated by means of protochloride of iron or any protosalt of iron. Ferrocyanide of potassium yields with protosalts of iron a white or bluish-white precipitate, whilst the precipitates which ferricyanide of potassium produce instantly in solutions of protosalts of iron, are of a deep blue tint; upon adding ferricyanide of potassium to solution of persalts of iron, a dark-brown tint becomes diffused through the solution, but no precipitate appears. The blue precipitate produced by ferricyanide of potassium in solutions of protosalts of iron, looks exactly like prussian blue.

Now let us take a glance at what ought to be its composition—

$$\begin{aligned}1\ \text{ferricyanide of potassium} &= 2\ \mathrm{Cfy} + 3\ \mathrm{K}\\ 3\ \text{ditto - - ditto} &= 6\ \mathrm{Cfy} + 9\ \mathrm{K}\end{aligned}$$

substitute 9 Fe for 9 K, and you have

$$6\ \mathrm{Cfy} + 9\ \mathrm{Fe},$$

whilst prussian blue consists of

$$6\ \mathrm{Cfy} + 8\ \mathrm{Fe}.$$

Thus we see that this precipitate ought to differ from prussian blue, inasmuch as it would contain to the same proportion of the radical, one-eighth part more of iron than the latter; and yet the precipitate formed by ferricyanide of potassium in solution of protosalts of iron, is really prussian blue. To explain this, you need only remember that sulphuretted hydrogen reduces the red ferricyanide of potassium, converting it into the yellow ferrocyanide of potassium; you may consequently look upon sulphuretted hydrogen as a substance possessing a strong reducing action for here you have a proof of this, as the sulphuretted hydrogen deprives the ferricyanide of potassium of part of its ferrocyanogen. Well, protoxide of iron (in the proto-sulphate, for instance) comports itself, in this respect, in exactly the same manner as sulphuretted hydrogen, which may be easily proved by adding to solutions of ferricyanide of potassium only about one-third, or one-half, the amount of a protosalt of iron, which would be requisite to precipitate the ferricyanide completely. You may readily convince yourselves of this fact by a simple experiment: add to a boiling solution of ferricyanide of potassium a few drops of solution of proto-sulphate of iron, and you will obtain a precipitate consisting of real prussian blue, whilst you will find ferrocyanide of potassium in the fluid. Now, suppose four atoms of potassium of the ferricyanide—(4 Cfy + 6 K)—replaced by four atoms of iron, and you have

$$\left.\begin{matrix}4\ \mathrm{Cfy} + 4\ \mathrm{Fe}\\ 2\ \mathrm{K}\end{matrix}\right\} = \begin{matrix}3\ \mathrm{Cfy} + 4\ \mathrm{Fe} = \text{one atom of prussian blue}\\ \mathrm{Cfy} + 2\ \mathrm{K} = \text{one atom of ferrocyanide of potassium.}\end{matrix}$$

I have given you this explanation because it leads us to the consideration of another compound, poisessing similar properties and the same constitution as ferricyanide of potassium, with this difference only, that the iron is replaced by another metal—viz., cobalt. Of this compound, to which the name of cobaltcyanide of potassium has been assigned, I shall speak in my next lecture.

A LECTURE
ON THE
MODERN IMPROVEMENTS IN SURGERY,

(Delivered 4th November, 1844.)

BEING INTRODUCTORY TO A COURSE OF LECTURES ON SURGERY IN THE SCHOOL OF MEDICINE, PARK-STREET, DUBLIN.

By JOHN HOUSTON, Esq. M.D., M.R.I.A.

Apology—Chemistry and Histology—The blood—Inflammation—Union by the first intention—Military surgery—Amputation—Lower jaw—Joints—Subcutaneous sections—Autoplasty—Aneurism—Nævus—Tracheotomy—Hydro-thorax—Tympanitis—Hydrocephalus—Fractures—Artificial anus—Urinary diseases—Lithotomy and Lithotrity—Rectum—Syphilis.

GENTLEMEN,—For success in any of the pursuits of life, a proper estimate of the importance of the object aimed at, and of the extent of the means to be used for its attainment, are the first requisites. To no pursuit does this observation apply more forcibly than to that of medicine—a science which, by some strange perversion of fact, is regarded by men, generally, as one easy of attainment, but one which, nevertheless, as the practitioner finds, often when too late for remedy, requires much patient toil and hard-earned experience, and which, even at the end of a long and laborious life, is often left still unlearned. To inculcate, then, upon such of you as are beginners, as well as to remind those who have already made some progress in study, the extent and importance of the profession in which you are embarked, and to incite you to the necessary energy in its prosecution, I have thought of the plan, which I shall now proceed to carry out, of bringing before you some of the most striking improvements which have taken place in latter years, confining myself to the topics which legitimately belong to my own department of surgery, and the details of which I shall have the opportunity of filling up in the progress of the course hereafter. A lesson of this kind, by exhibiting to view the pursuits and energies of the great men of our profession, and the path to fame which still lies open to new aspirants, may, I hope, make a useful and lasting impression on the plastic and ardent minds of, at least, some of my youthful hearers.

To render fully intelligible the modern improvements in surgery, it would be necessary to begin by demonstrating the modern improvements in anatomy and physiology, on which, especially, many of the former are founded; but whilst I cannot here stop to do more than allude to one or two, in illustration of the bearing of such investigations on practical surgery, I may take the opportunity of apprizing you that there never was a period in the history of the profession in which an exact knowledge of the structure and functions of the body—a knowledge to be obtained only by the combined aid of chemistry and histology—bore so directly on medical theory and medical practice. The retort and the microscope are now becoming as much the pocket companions of the practitioner as the lancet and the stethoscope; and it is curious to observe how the up-hill tracks of the stethoscope to public favour, in former days, have shadowed out that through which the microscope is now destined to wind its tardy way.

Recent researches in the physiology of the blood, in connexion with the process of inflammation—that morbid condition which bears so important a part in all organic lesions—have thrown much light on disease.

The great mind of John Hunter saw and believed that the blood possessed in itself an independent life, even while circulating loosely in the bloodvessels; but he knew not the nature and seat of that vitality. The discovery was reserved for the physiologists of our days. There are particles termed globules floating in this liquid, about the 3,000th part of an inch in diameter, or so small that myriads of them are contained in a single drop. It has been ascertained, respecting these globules, that they are, each and all, endowed with a definite and uniform shape, and with a development, in virtue of which they pass, by successive transitions, from a condition of origin to one of final evolution—a veritable organization, in other words—properties which give them a claim to the title of life as much as those which justify the application of that term to the ovum from which proud man himself dates his being. The atomic particles of which the blood is composed being thus individually alive, collectively, they form a mass, of which it may, literally as well as allegorically, be said, "For it is the life of all flesh; the blood of it is for the life thereof." "For the life of the flesh is in the blood."

But there is still another discovery which has been of late made, and which promises to be of great value in organic physiology—namely, that there are at least two kinds of globules in the blood, one yellow or red, the other transparent or white, and which differ from each other essentially, both in form and organization. The uses of these particles respectively, although involving some great and important functions in the animal economy, are not yet known with sufficient exactitude to be enunciated as ascertained facts in physiology. I may state, however, as a prevailing opinion, that the red globules, which consist each of a vesicle holding a ferruginous fluid in its interior, are the receptacles and the carriers of the oxygen which is destined to kindle and maintain the excitability of the different organs of the body, in the way that the oxygen of the atmosphere, propelled upon heated coals, raises and keeps up a flame; whilst the white globules are exclusively and essentially nucleated cells, floating stores of living elements derived from the food eaten—the true pabulum vitæ destined for the nutrition and growth of the frame. In furtherance of this latter view, Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of cellular or rather fibrous tissue, may be formed, synthetically, out of the contents of these cells, by the addition of an alkali, and he ventures on the moral position that some analogous amalgam may take place in the growth of animal tissues from the blood, both in health and disease. Now, without offering any opinion on that part of the theory of Mr. Addison which bears reference to the exclusiveness of the white globules in this office, I may state that I concur in his statements respecting the fibrillation of their contents by the action of a dilute alkali, and their fecundity in the production of granules. And I will even go further with him, and say, that those granules are themselves, each and all, possessed of an independent life. I have repeatedly watched them, and have shewn them to others, when burst from their cell-membrane, performing sundry independent, and apparently voluntary, evolutions in the field of the microscope, until, to the eye, the whole looked like a moving mass of creeping things. In this view, then, the blood is doubly alive, as exhibited—first, in its forming and taking part in the repairs of the animal machine, and, secondly, in the independent movements possessed by the ultimate particles of its matter.

The red globules are small and pliable, and glide with a facility which partakes almost of a repulsion, through the fine capillary tubes of the vessels, whilst the white ones, of a size nearly one-third larger, round and determinate in form, lag slowly along, as if influenced by a sort of prospective attraction to their walls. You can observe, in the vessels of the web of the frog, under the microscope, this double current—viz., one of red particles running in the centre of the stream, and another of white ones, stealing along the sides of the vessels; and if in the frog, so equally in man, the only difference between them in this respect being, that in the former, where the vessels are transparent, the blood is to be seen by the eye, whilst in the latter, in which they are opaque, the fluid is hidden from the sight.

Such being, incontestably, the manner of the circulation on health; let us inquire what it becomes during inflammation. Under inflammation, the tendency of the white globules to linger in the part is increased. They accumulate in the capillaries, and so stop up the stream that the mass of the blood actually stagnates there; and hence the origin and final manifestation of the *rubor, tumor, calor, cum dolore* of an inflamed spot. These magnified diagrams of the circulation in the web of the frog's foot, taken from Dr. Hughes Bennett's new "Treatise on Inflammation," Dr. Williams's "Principles of Medicine," and Mr. Addison's "Experimental Researches," and which, particularly the first, must be attentively studied, will enable you to comprehend readily all that I can here stay to inform you of.

Whether this stoppage be the consequence of the white globules sticking mechanically in the capillaries, in such a way that they cannot get in further; or whether it arise from a want of tone in the bloodvessels increasing the disposition to attraction between them and the globules—which of these, I say, is the true explanation, is a point that at present engages the attention of pathologists. Be this as it may, however, the fact, and it is a very remarkable one, is as I have stated. The part being thus laden with an over abundance of the organizable materials of the blood, its condition becomes somewhat analogous to one of excess of nutrition, and as such the state of inflammation is regarded by some pathologists. The process of adhesion in soft parts; the development of bone in connexion with bone, of muscle with muscle, &c., as the result of the inflammatory state, are all easily understood under this view.

In respect of union by the first intention—a process of great importance in reference to surgical operations—we are no longer puzzled and perplexed, by vague and fanciful notions, about vessels uniting mouth to mouth, or shooting their tendril-like tubes

from one side of a wound to another. The ancients were perfectly acquainted with the fact of such inosculations, but they knew not the *modus operandi* of the process. A beautiful experiment, instituted by Troja, shews how alive was their attention to this subject. He cut across the leg of a fowl by three sections, in such a manner and at such intervals as to allow one section to be well healed before he made another, but so completely, on the whole, that no part remained which had not been divided. He then killed the fowl, and threw injection into its bloodvessels, when he found that the injection had passed as fully into the toes of the amputated as of the un-amputated limb, proving, of course, that it had found a way through the vessels formed *de novo* in the recently united textures. But Troja knew then no more of the matter than that the fact was so. Recent and valuable discoveries have, however, filled up this hiatus in pathology, and we now know that it is by a process of cell-genesis that the act is accomplished—viz., that the nucleated cells generated in the lymph exuded at the wound, and which serves as a sort of plasma or manure for their propagation, arranging themselves into all sorts of appropriate and necessary forms, are converted into textures analogous, in every respect, to those from whose neighbourhood they have sprung; forming thus, in one place, bloodvessels, in the very walls of which, as proving their cell-origin, the nuclei of the cells are discernible, lying before the eye, like pieces of wood-pavement, at definite given distances, and that even long after the growth of the vessels is completed; forming, in another place, nerves; in another, cellular tissue; and so on, until a complete re-establishment of the living organized medium is effected. These newly discovered facts, in connexion with others to which they naturally lead, bearing on the maintenance of a healthy condition of the cells, as well as of the plasma in which they are to be developed, must have a most important influence both on the theory and practice of surgery.

For the present improved system of treatment of many surgical affections, much is due to the *surgeons of the army*. It was in the field of battle that a practice which had existed for ages—that of dipping the stumps of amputated limbs into boiling pitch or oil, to stop the hemorrhage—was first discontinued. On one occasion, after a great slaughter in battle, and when his stock of boiling oil had run out, Ambrose Parè was obliged to leave the stumps of many of the wounded to what he considered the more unprofessional plan of wrapping them round in wet clothes, and in the expectation of finding, also, such dead by the next day. Matters turned out quite otherwise, however; for whilst those treated by the oil had been, of course, in pain, sleepless and feverish, those whose wounds were dressed simply, had enjoyed ease and sleep, and lay comparatively cool.

From this incident, the resources of the constitution in arresting hemorrhage began to be understood, and a more humane and judicious practice to be adopted. The reputation of the surgeon, at the time, became universal. The soldiers disregarded danger whenever he was present. On an occasion in which Metz was besieged, and the wounded were dying without medical aid, Parè was brought into the city. The soldiers, when apprised of his arrival, cried out, "Our Parè is with us! we have nothing to fear!" and then fought to conquer. The late Continental wars found an Ambrose Parè in every regiment. Our own Hennen and Guthrie, and S. Cooper and Ballingall, and the great Baron Larrey of Napoleon, have transmitted to us the records of the discoveries and improvements, as well as of the humanity and bravery, of their respective soldier surgeons. Civilians, even, have been found zealous and courageous enough to quit the safe retirement and practice of the domestic circle for such scenes of carnage and of danger, in order to be able to bring back to us intelligence regarding the nature and treatment of wounds, as noticed in such wide fields of observation. John Hunter, John Thompson, and Sir Charles Bell, have immortalized themselves by their devotion and services on this head.

In regard of *amputations*, the greatest modern improvement is, the frequency with which they are abstained from. When surgeons first got into the way of operating, limbs were removed without scruple, and, frequently, without just cause. They would appear sometimes to have been lopped off, as if to prove how well the body could maintain its existence without them. Morand relates, that in the Hôtel des Invalides, at Paris, mutilated objects are in recollection, who had lost their thighs and arms, so that, unless assisted, they could not stir, and it was necessary to feed and wait upon them like new-born infants. That such a state of things has long passed away is quite true, but even within our own time still further improvements in this respect have been made, and many limbs are now saved, that, not long since, would, to a certainty, have been condemned to the knife. Sir Benjamin Brodie informs us, in the last edition of his work on the "Diseases of the Joints," that it was the practice which prevailed in his early days, of amputating white swellings, as soon as their character as such was determined, that gave him those opportunities of investigating the disease in its early stages, on the pathological facts derived from which the chief value of his book depends. Our museums in this city, likewise, bear evidence to the same practice of early amputation; and those who possess such preparations of disease will do well to take care of them, as they are not likely to get many other similar specimens from the hand of modern surgery.

The same observations apply equally to many other cases, such as diseases of the mamma and of the testis, ulcers of the legs, hernia, injuries of the head, compound fractures and dislocations &c., all of which yield, oftentimes, to improved plans of treatment, short of having recourse to the knife. Regarding hernia, the name of O'Beirne will be hereafter associated with it, as having introduced a plan calculated to save many a valuable life. I allude to his method of drawing the gas from the interior of the bowel by means of a long gum-elastic tube; and to the efficacy of which there is now abundant evidence from all quarters.

In respect of operations, then, true surgery rather avoids than courts them; and, in this respect, unlike what takes place in all other professions, the improvements introduced into it cause a diminution in the emoluments derivable from the practice of surgery. It is a well-established fact, that the incomes of medical men are much reduced from this cause, and yet, nevertheless, they persevere with laudable disinterestedness in their endeavours to effect still further improvements. Is not this the highest degree of philanthropy? In this city, more perhaps than in any other in the world, is this statement—regarding the avoidance of unnecessary operations—true. I do not hold out to you, therefore, the prospect of the exhibition of numerous surgical operations: on the contrary, I promise to you that, whatsoever hospital you may select for attendance, you will there see every judicious effort made at cure, by remedial means, before having recourse to the knife. The principle that you will see acted upon is, that to preserve a limb is better than to cut it off.

The diminution of surgical operations in this city is our highest boast; and I make it thus publicly, to contrast with one of an opposite character which I have heard of as having been uttered elsewhere, for the ignoble purpose of attracting students to the schools. And I do so, still more especially, because I find that the records of the hospitals of Dublin have been pried into, in order to make a case for the assertion of such a discreditable comparison. But although, in one sense, there is a judicious diminution in the number of surgical operations, in another, there is an increase. Many operations, unknown in former days, are now in common practice.

The grand exploit of amputating the *lower jaw*, even from its articulations, the boldness of which has been only equalled by its success, has now become a standard operation in surgery. Persons afflicted with the distressing and loathsome disease, [shewing a drawing of it,] for which this operation is undertaken, were formerly allowed to die without any idea being entertained of the possibility of saving them; but now that a great mind, relying on a sound knowledge of the capabilities of the human frame, has set the example of extirpating the diseased mass *in toto*, many surgeons have fearlessly followed in the path thus laid open for them, and have derived honour from the success which crowned the enterprise. The success of this operation—both as regards immunity from danger, rapidity of convalescence, and the useful quality of masticatory apparatus which follows—is almost incredible. Mr. Cusack has operated twelve times, and here [shewing them] are the preparations, casts, and drawings of the whole series. Now, in all these cases there has been but one death, and that, not as the result of the operation, but from erysipelas. I was present, a few weeks ago, at one of these operations, in which he removed one-half the jaw, including the articulation on one side. The operation was performed on a Wednesday, and, on the Monday following, when I visited the patient, I found the great external incision united from end to end by the first intention, and the patient himself sitting up by the fire, and in the act of finishing a long letter to his friends. Before the end of the third week he was quite well, and had travelled home to the country—a distance of upwards of one hundred miles. It is quite certain, too, that after such operations, when half, and even more than half, of the jawbone is removed, the individuals, nevertheless, retain good powers of mastication and of speech. And shall I not call this a *modern* improvement in surgery, when the great author and champion of it is seated amongst us in this room?

There is an improvement, of somewhat the same kind, and one for the introduction of which into practice, Sir Philip Crampton, of this city, and Mr. Syme, of Edinburgh, share the honour—

viz., the removal, in diseases of certain *joints*, of the unsound parts only of the bones. In affections of the elbow-joint this may be obviously a great improvement, as the preservation of the hand is a most desirable object in every case. But, in regard of the knee, neither the value nor propriety of the operation is so striking. On the whole, however, it is a bold and important innovation on the old practice of cutting off an entire limb on account of disease in a part only; and reflects honour on the distinguished gentlemen who have conceived and carried it into execution.

Of all the modern improvements in surgery, none are more curious, and few more important, than those of the kind that are called operations by the *subcutaneous section*—operations which consist in dividing deep parts, more especially tendinous and muscular structures, from within as it were, or, in a manner, to exclude the part thus wounded from any communication with the external atmosphere. Examples of its application are seen in the new and successful methods of removing the deformities of club-foot, wry-neck, &c. Surgeons, influenced, perhaps, in some degree, by the aphorism of Hippocrates, that "wounds of tendinous parts are mortal," were, until very lately, afraid to meddle with such textures. Even so recently as the days of my own pupilage, warnings on this head were reiterated, year after year, in public lectures. Inflammation of synovial membranes, erysipelas, and lock-jaw, were the quicksands held out as besetting the application of the knife to such textures. But now such dangers are only looked upon as chimerical. Five hundred operations by the subcutaneous section have been lately counted as having been performed without the occurrence of a single instance of bad consequence. The first attempt at an operation of this kind was made in Holland, in the year 1685, by Isacius Minius, but it was badly done, and, as it failed, was not repeated. The second was at Montpellier, in 1816, by Delpech, and although a certain amount of success accompanied the attempt, the operation was not followed up, and it became a dead letter. The third epoch in the history of the operation is 1831, when it was taken up by Stromeyer, in Germany, who practised and advocated it so successfully, that it has found favour in all parts of the world, and has now become a favourite and fashionable operation. The discovery of a new principle in medical science is soon found to diffuse its benefits in various directions, and so it has here. The practice, which at first was adopted solely in reference to division of tendons in deformed limbs, is now applied to the relief or cure of many other ailments. It has been employed by my friend and colleague in the City of Dublin Hospital, Mr. Williams, for chronic thickening, with enlargement and distention, of bursal sacs, such as that in front of the knee in charwomen, and for which, previously, there was no known remedy but excision. This operation I have myself performed on several occasions with success. The practice of scarifying the ends of bones in ununited fractures, by the subcutaneous section, for the purpose of promoting the secretion of callus, is another new application of the principle. Deformities from burns and scalds sometimes admit of remedy by subcutaneous division of the contraction. And curvatures of the spine are said to have been removed by extensive hidden incisions of the muscles of the back. M. Guerin tells us that he divided fifty muscles in a hump-back in this way, and that not only was there success after the operation, but also an absence of all pain or local inflammation in the parts so divided. I mention this, however, not so much in laudation of this mode of treatment in such cases, as in illustration of the principle and the fact, that extensive deep incisions give rise, if unaccompanied by exposure to the air, to comparatively little local disturbance.

You have all heard of the operation for the cure of squint. This operation suggested itself out of the discoveries of Stromeyer, and deservedly holds a place among the modern improvements in surgery. But it is principally in its application to club-foot that such beneficial and unexpected results have flowed out of this discovery. This sad deformity, than which none other to which the frame is liable so thoroughly embitters life, or disqualifies for the taking a part in the common affairs of society, and which had, hitherto, set all attempts at remedy at defiance, now yields to the improved system, and is no longer the canker of domestic happiness, or the opprobrium of the medical profession. In childhood, this deformity may, with certainty, be now remedied; and, even in adult life, when the bones and other textures have grown into a confirmed misshape, it is extraordinary how nearly they may be brought back to a normal state by attention and perseverance after befitting subcutaneous sections.

Almost discrediting the first statements that reached us on this subject, I proceeded to put the matter to the test of experiment, when the results proved, to my satisfaction, the true value of the improvement. One case of the kind I may be permitted to state, by way of illustration. It is that of a fine young woman with talipes varus, the cast of whose foot is here exhibited. She was nineteen years of age, handsome, and intelligent, but exhibiting that timid and subdued mien which the consciousness of such a defect always gives to the character. The deformity was so immovably fixed, that I found it necessary to divide even a greater number of unyielding parts than common, as, in addition to several tendons of muscles and other fibrous textures on the inside of the foot, I had also to cut across, completely, the broad plantar fascia. In three months, the foot presented, and retained, when stripped of the straightening apparatus, this perfect form, [exhibiting the cast.] In six months she could stand on it, laying the sole to the ground with tolerable firmness; and in eighteen months she walked steadily and well, and had already got several sweethearts in her train; which circumstance I mention as being, perhaps, one of the best proofs I could offer of her having acquired a neat foot and ankle, and as one, certainly, of the chief sources of her gratitude to me.

It is impossible to conceive the amount of good which in future times may accrue to society at large, from the carrying out of such an improvement; but we are, nevertheless, in a condition, in some measure, to estimate and to grieve for the losses which the world has sustained by even the tardiness of its introduction. Had this operation been known in the youthful days of Lord Byron, and applied to the relief of that nobleman's deformity, a genius which was soured by the consciousness of a personal defect, and which received therefrom a misanthropic bias, might have blossomed in the sunshine of generous boyhood, and, when mature, have brought forth manna, instead of gall and wormwood.

Closely connected with this treatment is that to which the term *auto-plasty* is applied. This, which in the first instance was almost confined to separations of lost or mutilated noses, is now applied to an innumerable variety of other similar lesions. Taliacotius, in the year 1597, wrote a book on the separations of noses, and although, for long after the appearance of his work, his statements were not credited beyond his own locality, there can be no doubt now, from recent experience of the practice, of his having succeeded well in such operations. His fellow-citizens of Bologna certainly believed in his surgical skill in this way, and also venerated his private character, as they erected to his memory a monument, representing him as clad in his professional toga, and holding a nose in his right hand.

From the time of Taliacotius, for nearly 300 years, we hear little of the operation. Perhaps satire may have had to do with the disrepute into which it fell. A few stanzas like the following, from Hudibras, were well calculated to bring it into discredit:—

> "So, learned Taliacotius, from
> The brawny part of porter's bum
> Cut supplemental noses, which
> Would la-t as long as parent breech;
> But, when the date of Nock was out,
> Off drop't the sympathetic snout."

In the year 1814, Mr. Carpue, of London, re-introduced it, and from this date up to the present time, the number and variety of the applications of the principle have become so great, that *autoplasty* has been reduced to a science, with names for the different classes and orders of the departments. Thus we have in connexion with the face alone, the operations of *cheiloplasty* (restoration of lips); *stomatoplasty* (opening up of a closed mouth); *rhinoplasty* (cementing deformities of noses); *genoplasty* (the art of restoring cheeks); *blepharoplasty* (repairing eyelids); *keratoplasty* (supplying a new cornea for the eye); *otoplasty* (mending the pavilion of the ear), &c.

There are three different principles or modes on which these operations are conducted.

The first, the Italian mode, as it is called, is that by transplantation; as, for example, where deficiency of the nose is supplied by a piece taken from the arm or other part of the body, [shewing plates.]

The second, the Indian method, or that by twisting; as where the deficiency is made up by dissecting a triangular flap of skin off the forehead, and bringing it down on the nose by such a twist as will permit the outside of the skin to retain its forward position on the face.

The third, or French method, the principle of which consists in pushing or sliding a piece of integument from one place and making it grow on another, to fill up some defect in that direction; as where, after the removal of the scar of a burn, the neighbouring skin is loosened from the surface underneath, and brought so as to grow over and fill up the gap.

This Book of Beauty [shewing M. Serres' work] shews the practice of one gentleman in this way. There is, perhaps, a good deal of picture-making in it; but to those who may be credulous on the matter, I beg to shew a few pictures of cases of my own, for the accuracy and freedom from exaggeration of which there

are many witnesses, and which tempt me to concur in the expression uttered by M. Roux—"Qu'il n'y avait rien d'impossible en faire des restaurations de la face."

The operation of palato-raphé is one of the most interesting and beautiful applications of autoplasty. M. Roux, to whom we are indebted for so much light regarding it, has operated upwards of one hundred times in patients of all ages. I was myself one of the first in this city to practise it successfully, [plates.] Sir P. Crampton, Mr. Cusack, and Mr. Hamilton, have also been successful in similar cases. Here is Roux's first instrument for palato-raphé; and here is one of great ingenuity and efficacy, lately invented by Mr. Samuel M'Clean, of this city.

The extension of the practice of autoplasty to other regions of the body has been highly successful. Thus, the canal of the urethra has been restored by Earle, Cooper, and Dieffenbach, by pieces of skin taken from the scrotum. Jobert has applied autoplasty to the cure of vesico-vaginal fistula; Jameson, of Baltimore, and Gerdy, to the radical cure of hernia. Mr. Syme has, I am informed, cured fungi of the testis, which have been first proved by the microscope not to be cancerous, by covering them over with flaps of the integuments, brought from the sides of the tumour. And Clot Bey has successfully practised orcheoplasty even at Alexandria in Egypt; all which I mention as shewing how the science of autoplasty, scarcely known more than thirty years, is already cultivated in numerous parts of the world.

Then, there is the disease of *aneurism*, [pointing to a drawing of a popliteal aneurism, which had caused death by inward bursting and extravasation among the muscles,] that terrible malady in which the person who has the misfortune to labour under it—doomed to a premature and sudden death—looks with awful anxiety and trepidation at the throbbings of his heart in the tumour, not knowing how soon the moment may arrive when, by its bursting, his life's blood shall gush out and hurry him into eternity. This disease, for the cure of which ingenuity was supposed to have been exhausted, has within the last year, and, I am proud to say, in this city, been the subject of a new and brilliant light. The hitherto ordinary and most approved method of cure in this affection has been that of tying the artery leading to the tumour, so as to arrest the current of blood and cause it to coagulate in the artery. But this method has one serious drawback—namely, that it involves the performance of a surgical operation, in itself a source of danger to life. The improvement I allude to, and which has been yet only practised for aneurism of the extremities, particularly popliteal aneurisms, consists in accomplishing the same cure without performing any operation at all. The knife and ligature, with all their risks and terrors, are here laid aside, and simple pressure on the main artery leading to the tumour substituted in their stead. To my esteemed friend, Mr. Edward Hutton, is due the introduction into practice of this improvement, one which places his name beside, if not before, those of Hunter and Hodgson, as a benefactor of mankind in this department of surgery.

I find that a case of popliteal aneurism was published in 1831, by Assalini, as having been cured by him by means of pressure on the femoral artery; but his practice has been little heard of and less copied. The late Professor Todd, too, of this city, had also, it is true, attempted a similar mode of treatment; but as neither of those cases were known to Mr. Hutton at the date of his first successful experiment, the method adopted and advocated by him may, truly, be regarded as original in his hands.

I have witnessed the development of this improved mode of practice with great interest and satisfaction, and, as far as trials have yet gone, it appears to be not only infinitely more safe than the old plan, but even more efficacious, as out of seven cases of popliteal aneurism, treated in this way, in Dublin, within the short period of one year, there has been only one failure, and in that the fault lay in the patient and not in the method of treatment. Following the example set by Mr. Hutton,—Dr. Cusack, Dr. Bellingham, Dr. Kirby, and Dr. Harrison have treated cases in this way, and all with equal success. Dr. Bellingham's case, in which a second popliteal aneurism in the same individual was cured by this means, appears to me of particular value, as doubly proving the efficacy of the remedy. Within the last fortnight, a gentleman of great consequence and of large fortune, but with a constitution under which no operation could have been practised without imminent risk to his life, has been by this simple means, in the hands of Dr. Cusack, cured of a popliteal aneurism of such a size as to have already, in part, made a bursting. The practice has been also tried and approved of in London, by Mr. Liston. I regard it as decidedly one of the most important improvements of the day, in this or in any other country—not inferior even to lithotrity in its capability of effecting positive good, and certainly far its superior, in the negative quality of being incapable of doing harm. [Here Dr. Houston exhibited the instruments used for compressing the artery, shewing the several improvements which they have undergone from that first employed by Mr. Hutton to that last used by Dr. Cusack.]

Nævus, or *Aneurism by Anastomosis*, is another affection of the bloodvessels; in the treatment there has been great improvement of late years. These disfiguring and dangerous marks were formerly, when meddled with at all, treated by excision; and the directions most strongly inculcated were to the effect that the act of removal should be accomplished with as much expedition as possible, in order that danger might not arise from the profusion of hæmorrhage which was known always to attend the operation. But danger to life was not the only inconvenience of this mode of remedy. Great disfigurement necessarily follows it, when, as frequently happens, some part of the face, such as the eyelids, the nose, or the lip, [plates,] happens to be the seat of the disease. A more accurate knowledge of the nature of the affection has led modern surgeons to the practice of curing it by the production of inflammation in its texture, and this they effect in a variety of ways, as, by the introduction of setons, sulphate of copper, nitrate of silver, or other irritating material, into its substance; or else, by acting upon it from without, through the medium of stimulating washes, or by inoculation with the vaccine virus. The inflammation thus produced is first followed by an enlargement and hardening of the part, which gives place in a little time to a diminution of bulk, and a return to a somewhat normal state. The orator Cicero derived his name from a pea-like nævus of this kind on his nose, (*cicer arietinum*, vetches;) and if the surgeons of his day had been skilled in the simple means now in practice, and had applied it in his especial instance, doubtless—not to speak of the satisfaction which such a riddance would have been to the gentleman himself—we, at all events, should have been made acquainted with him by some other cognomen.

On the subject of *Tracheotomy*, a very remarkable incident has recently occurred, suggesting new views regarding the performance of that operation. The case of the celebrated engineer, Mr. Brunel, in which half-a-sovereign entered by accident, and remained in the windpipe, has been heard of by all the world. The mechanical ingenuity of Mr. Brunel suggested to himself the plan of inverting his body so as to allow the coin to run out of, as it had run into, his patulous trachea, and he accordingly made the attempt; but there was an element, a principle here to be encountered, such as is never taken into calculation in estimating the facilities and difficulties involved in the construction of locomotive or atmospheric engines, and which the medical man alone is competent to deal with—namely, a self-acting spasm, the effect and the attribute of vitality, resisting the passage of any foreign irritating substance. Mr. Brunel's plan, in itself, therefore, failed, and the practical cause of its failure lay in the violence of the spasm which the coin produced in the muscles of the rima glottidis at the moment of its contact with that opening; indeed, he was nearly suffocated in the attempt. And here it was that the knowledge of the surgeon, superadded to that of the mechanist, completed the triumph of genius and of art, and saved the man. Sir Benjamin Brodie made an opening into the windpipe close behind the point at which the spasmodic action was known to occur, partly with a view of quieting the spasm, (an effect, by the way, first pointed out by my friend Professor Porter, as one of the results of tracheotomy,) but chiefly to give air to the lungs by a new and artificial route, and thereby afford time and opportunity for the foreign body to get past the obstruction. Mr. Brunel's body was then, as before, inverted, and, as was anticipated, the coin ran without further obstruction from the lungs into the mouth. Never did artistic and scientific skill, combined, produce a more marked, a more happy effect. The whole world rang with applause and congratulation.

There are some of what are considered purely medical subjects, to which surgical assistance has been of late most felicitously applied. One of these is what may be termed *acute hydrothorax*, a rapid and great effusion into the bag of the pleura, and the practice to which I allude is that of tapping the side with a fine trocar, so as to give escape to the fluid. A remarkable instance of this novel and bold practice lately occurred in this city, in the practice of my friend Dr. Stokes. A lady, the subject of this affection, was in great agony, and in danger so imminent that her pulse was gone, and she had passed from delirium to coma. On Dr. Stokes's recommendation, the operation of paracentesis thoracis, in the manner just spoken of, was performed. Immediate relief was given, and the patient got rapidly well. Another instance has been related to me by Dr. Stokes, of the same affection, only more chronic in character. Here, the bag of the pleura was so filled and distended, that the heart was pushed by the fluid from the left into the right side of the chest, and the ribs were driven

out in the opposite direction. The same plan of treatment was adopted, and with equal success. Even during the process of drawing off the fluid, which amounted to several gallons, the lung could be followed by the stethoscope rising into its place against the ribs, and the heart could be tracked from right to left, until it had finally settled in its natural position. A remarkable phenomenon attended on the sudden change of place in the parts, even although that change had been from an unnatural to a natural position. The lungs and heart became both so violently agitated by the movement, as almost to have had their functions suspended; but, in a little time, and aided by due medical attentions, they settled again—if I may so speak—to their work, and the patient got completely well. The innovation and improvement, as regards treatment, are here twofold; first, in operating at all in such cases; and, secondly, in substituting a small trocar for the scalpel—the latter change being of so radical a nature as almost to convert the practice by operation into one without operation.

The same kind of practice has been applied, by Sir Henry Marsh, to excessive *distention of the abdomen from flatus*, with the most soothing result, and without any bad effects from the operation. I knew a lady on whom Mr. Cusack operated several times in this way, in consultation with Sir Philip Crampton and Sir H. Marsh—the operation being performed with a fine trocar and canula,—and each time with much relief to the patient from the most painful suffering.

Even the cavities of the skull are not beyond reach of the exploring hand of the surgeon. Many cases have been of late recorded, and particularly one by my friend, Mr. Richard Butcher, in which the fluid of *hydrocephalus* has been drawn off by tapping, and, as is stated, often with favourable results.

Fractures of bones are not, at the present day, regarded with any of that alarm and apprehension, nor attended with the after inconveniences, which formerly succeeded to such accidents. The principles which regulate the growths of new bone, thrown out for the purposes of reparation under injury or disease, are now so well understood, that we comprehend, in every case, as if carried on before our eyes, the several phenomena, in the exact order in which they actually take place, from the beginning to the ending of the process. We know, too, what circumstances are calculated to promote or retard, to render perfect or to spoil, the new growth; and if, from unforeseen or accidental causes, reparation does not go on, we have discovered the means by which to direct it aright, and to conduct it to a perfect consummation. The means to this end I shall explain to you on another occasion. As to the mechanical derangements attendant on fractures, and their remedies, they are now known with almost mathematical precision. Tell me, for example, the part of any given bone broken, and the cause of the accident, and I shall be able to inform you, without seeing the patient, of the precise nature of the displacement which the fragments have undergone, and, of course, to suggest the mechanical appliances fittest for restoring and keeping them to the right place. Certain fractures, such as Colles's of the radius, Pott's fracture near the ankle, &c., having had attention directed to them, by being made the subjects of special memoirs, are well known, in this light, by the profession; but it is a fact, and a most important one to be borne in mind, that all fractures, as well as these, are respectively equally fixed and determinate in their mechanical characters and consequences. In a fracture of the middle of the thigh, for example, there is rarely an exception to the rule that the lower fragment, rotated outwards on its axis, lies on a plane behind the upper fragment, in this way, [shewing specimens,] giving rise to two marked kinds of deformity—namely, shortening of the limb and turning out of the toes; and any surgical appliances adopted here should, of course, have especial reference to the removal of these two defects, and to the prevention of their return during the period of the healing process, otherwise the patient will have been badly cured, and will feel and complain of the effects of the accident while he lives. Thus, if he happen to be fond of the chase, he will never after sit his saddle in comfort or in safety, from the mechanical change which has been allowed to come over his thigh-bone, at the seat of the fracture, converting it, from a bow-like arch which fits it as if intended by nature for horse-riding, into a straight line, or even changing the convexity of the bow from the outer to the inner side, in a manner to incapacitate it completely for such a purpose. Or, if he be a pedestrian, his limping gait and everted toe will remind him, every morning he rises, of his double misfortune; first, in having met with a bad accident, and secondly, with a bad surgeon—one, as he might say, unacquainted with the modern improvements of the art.

Our knowledge, at present, of the different conditions and results of fractures of the *neck of the thigh-bone*—an accident so common and so afflicting in old age—stands in striking contrast with that of our immediate predecessors. It was held by them that such fractures never became reunited by bone, and, as a consequence, attempts at such a mode of cure were discountenanced as not only unnecessary, but injurious. Such was the theory and practice of even the great Sir Astley Cooper. But how far is this changed? We now know that such cases are not only possible, but common. I saw, this day, an old gentleman, who, about two years and a half ago, was under my care for complete, but impacted, fracture of the neck of the thigh-bone. There is now perfect consolidation of the fracture, and he walks steadily and well, without the aid of either crutch or stick. We know, too, at sight, what cases admit of union, with tolerable certainty, from those in which the chances of such a happy result are few; and, still further, what is of equal consequence, we have learned the important fact, which all should know, that one of the conditions of this fracture, on which depends mainly the chance of reparation—viz., a certain remaining degree of coaptation, and the presence of certain unbroken shreds of the softer tissues—is such as to forbid a practice justifiable, or even necessary for diagnosis, in other fractures—namely, that of seeking for what is termed crepitus, inasmuch as the act of doing so may displace the fragments and tear asunder the only remaining elements of future union, thereby taking away all chance of reparation. Want of due attention to this point may have been one of the causes of such infrequency of union in former times. Here, again, justice and candour compel me to introduce the names of certain of my countrymen; for it is a fact, that to Dublin is mainly due our knowledge of these important facts regarding fractures of the neck of the thigh-bone, as the writings of the late much-honoured Professor Colles, and of my friends, Dr. Adams and Dr. Smith, bear evidence. Besides, our museums abound in reunited fractures of this kind; some of them without, others within, the capsule; sufficient, truly, to justify the promulgation of the principles and practice to which I have adverted, and to serve at once as the evidence and the basis of a new fact in surgery.

Some most important considerations have lately been brought before the profession by M. Amussat, of Paris, in reference to the establishment, by operation, of an *artificial anus* in certain cases of total obstruction of the bowels. The operation consists in making an opening through the abdominal parietes into the ascending or descending colon: and the cases in which it may be required are—first, some extreme varieties of imperforate anus in infants; and secondly, cases of invincible constipation from mechanical obstruction of the great intestine. Obstructions of a non-malignant nature, involving danger to life, may, by a counter-opening of this kind, letting loose the pent-up exeretions, have their fatal tendencies counteracted; and, even in cancerous obstructions of the bowel, a new anus may, in the same way, soothe pain and prolong life. Such an operation might, in cases of this nature, be sometimes undertaken with as much reason, and in promise of as much good as some which are performed for strangulated abdominal hernia. Forty-three operations of this kind are recorded as having been performed: eighteen on adults, and twenty-five on infants, and out of these, I may state, as shewing at least that the operation is practicable, and to a certain extent safe, that one patient, a girl, two days old, operated on for artificial anus, by making an opening in the sigmoid flexure of the colon, was alive and well at nineteen years of age; another, a boy, two days old, operated on in the same manner, and in the same part, lived to between sixty and seventy years of age; and a third, a woman, in whom the operation was performed on the descending colon at the age of forty-four, was alive seventeen years subsequently. The history of the operation is very interesting. About 1710, M. Littré recommended the opening of the sigmoid flexure of the colon for imperforate anus. In 1776, M. Pillore made an artificial opening into the cæcum, in an adult whose rectum was obstructed by a cancerous tumour. And in 1793, the individual whom I have above alluded to as having lived to old age, was operated on by MM. Duret, Dubois, Dessault, and Dupuytren, and others have tried the operation with various degrees of success, but it is to M. Amussat—who has investigated the subject in a scientific manner, and tested the practicability and value of it by at least ten operations, as well on adults as on children—that we are indebted for the encouraging prospects which it at present holds out. The alternative of an artificial anus—an opening, in an unwonted and inconvenient situation, for the discharge of the excrement, is, indeed, a sad one, but, such as it is, it stands as one of the many illustrations of the increasing power of our art to smoothe the pillow of sickness, or even to avert the stroke of death, when all other earthly aids have failed.

There is no operation, either in ancient or modern surgery, to be compared with that for the removal of *diseased ovaria*—an operation of very recent introduction, and one which, when the extent and depth of the incisions, and the importance of the parts

exposed in it are considered, makes one shudder at the mere thought of it. Think, for a moment, of an operation in which the abdomen of a female, from top to bottom, is laid open by the knife—a great tumour, perhaps the size of the head, turned out for removal, and the delicate vital organs of the cavity exposed to the unwonted air, or the intrusive hand: think of all this, and then you can form some estimate of the operation termed *ovariotomy*. Yet, strange to say, this operation has been performed seventy-four times; and, stranger still, nearly one-half of the patients have recovered. The question is yet to be decided, whether such an operation is at all justifiable—viz., whether, on the whole, more good or evil is likely to follow its introduction into general practice. But the grand question is settled—we have the facts before us—that the human frame is abundantly capable of sustaining, and even of recovering perfectly from the effects of it. The great impediment to the settlement of the question of propriety is, the difficulty of determining, beforehand, the fit, from the unfit cases; of determining those in which the tumour is insulated and moveable in the cavity, from those in which it has contracted adhesions to the parts around; as in the former, the tumour admits of being turned out with facility, and rapid convalescence follows the operation; whereas in the latter, the surgeon, after having opened the abdomen, is obliged to desist in the midst of a terrible operation, leaving the unfortunate patient sadly the worse for his interference.

Diagnosis, then, is here the great desideratum. When our tact, in this respect, becomes so perfect that we can single out those cases which are not adherent, inside, from those which are so; and, still farther, when there shall cease to be any grounds of fallacy as regards the presence or absence of such a tumour—for it is a strange fact, that the operation of ovariotomy has been more than once performed when there was no tumour at all to be found, upon the abdomen being laid open—when these points are settled, then, indeed, may this operation take a place, not only among the most remarkable, but also among the most valuable, of the modern improvements in surgery.

In the wide field embraced under the term of *urinary diseases*, most striking and important improvements have been, of late, effected: perhaps to no other class has there been so felicitous an application of the twin sciences of chemistry and histology.

The due discharge of the functions of the kidneys is essential to the general well-being of the frame. The slightest inefficiency in this respect is felt injuriously somewhere, while serious lesion is fatal. And, on the other hand, changes in the health at large invariably disturb, in a palpable manner, the functions of the kidneys. These organs are then, truly, the barometers of the health, the urine representing, with the greatest delicacy, the quicksilver—only requiring a chemical and microscopic eye for the detection of its degrees and kinds of pathological changes.

The examples of derangements of the kidney producing general derangement of health, are numerous, and in all such it is chiefly by an examination of the urine that the nature of the lesion is to be ascertained. This is wherein the novelty lies. Persons have been long and lingeringly ill, and incapacitated from the ordinary duties of life. They have had dropsies, shiverings, convulsions, or even madness; and sometimes all these ailments together. They have been attended by the most skilful physicians, and they have died. Nevertheless, neither during lifetime, nor *post mortem*, was the nature of their malady known. They have been reported as having died of cerebral or liver disease, or simply of dropsy, and no doubt they were treated during life with a view to the cure of such supposititious affections. Hundreds, in all ages, have pined away thus; and yet it is only within the last ten or fifteen years that a full and satisfactory solution of the riddle has been made out. It was reserved for the genius and the perseverance of Bright to trace these protracted conditions of illness, and those unstayed and melancholy deaths to their true source—viz., slow, insidious, and often almost unappreciable degeneration of the kidneys, now well known as the *morbus Brightii*. This disease, although in itself but little striking—and therefore so long passed over unobserved—is, nevertheless, sufficiently decided to spoil the secretion of the kidney, and send one of its most noxious excretions—the urea—which should be discharged with the urine, back through the frame, poisoning the springs of life at their source, and thereby agitating or paralyzing every vital function.

The pathological condition of the kidney, characteristic of such cases, is now well known and established; but what is the evidence during life of its presence? What is the outward test of its existence at that period when a knowledge of it is most beneficial—viz., while it is still curable? The test is a chemical one—namely, the precipitation of albumen from the urine by nitric acid or by heat; and on this fact, simple as it may appear, so much stress is now laid, that a person with a permanently albuminous state of his urine is scarcely considered an eligible life for insurance; and, still more, such a person, it is well known, has a bad chance of recovery, if unfortunately he should happen to become the subject of any severe accident or operation.

There are various deposits or sediments found in the urine, the results and the evidences of certain corresponding diseases, and the exact nature of which—often a matter of great moment in diagnosis—can only be determined by the aid of the *microscope*. Such are globules of blood, of pus, or of mucus, or more especially crystals of salts, every variety of which is characterized by a special and definite form, [shewing a diagram,] and the ascertaining of which determines with certainty the nature of the disease present. A case which I met with lately will illustrate this point. A medical gentleman asked my advice under the following circumstances:—He had gone to bed the night before in his ordinary health, but awoke in the middle of the night with excruciating pain in his right side, deep in the abdomen, and shooting down into the thigh. This pain had lasted two or three hours, and then subsided, leaving a sense of numbness in its place. He had little other complaint to offer. Suspecting from the symptoms the presence of a stone in the kidney or ureter, I subjected the urine to a microscopic examination, when two different objects, each of great value towards the diagnosis, presented themselves to my view—one, scattered globules of blood, the other, crystals of the oxalate of lime, those beautiful octahedral crystals discovered lately by Dr. Golding Bird. The latter I regarded as evidences of the oxalic-acid diathesis, and of the existence of a stone somewhere; the former I looked upon as proving that stone to have been in motion, and in its transit from one place to another, to have torn the surface of the lining membrane. Such were my inferences from those microscopic data; and on them I founded the opinion which I gave, and the treatment which I recommended. I said to my patient, that perhaps, without any further pain, but most likely, after a few more such stings as he had before experienced, he would probably void a small stone, which, in such event, would certainly be of the oxalate of lime or mulberry kind. Of course I directed what I considered appropriate treatment in the meantime. On the fifth day thereafter, this gentleman again called upon me. He told me, that on the third night succeeding to that on which he had been first unwell, he experienced a similar violent attack, but that it went off rather suddenly and unexpectedly, when he became entirely free from pain. He then handed me this calculus [shewing one] which he said he had passed with his water the morning after. It is a true mulberry, and of such a roughened and spiculated character, that blood (and it was that which the microscope detected) must have been inevitably drawn, by its forced passage along the narrow tube of the ureter. Here, the microscope not only ascertained the actual presence of a stone, but by determining its nature and composition indicated the treatment applicable to the removal of the diathesis which generated it, and the consequent prevention of the growth of such another—an accuracy and value of diagnosis unattainable, I believe, by any other known means.

Lithotomy, invented for the relief of pains more cruel, according to the expression of Lommius, than any left for mankind in the box of Pandora, is one of those operations the longest known. Æsculapius practised it; but Hippocrates made his disciples swear that they would not perform it, no one knows why, but most probably because he thought it too difficult for them. Physicians say, because he was a physician. By the way, I may be permitted here to observe, touching the relative rank of surgery and physic, that—as far, at least, as regards primogeniture—the latter must give way to the former, as Æsculapius, the God of Surgery, lived upwards of seven hundred years before the time of Hippocrates, the acknowledged deity of medicine. The history of this operation, of the different modes of performing it, of the innumerable instruments invented for it, and of the rivalry among its practitioners in different ages and countries, is exceedingly curious and interesting, but is a subject unsuited for the present occasion.

Lithotrity, on the other hand, is an operation so completely of our own days, that few of the latest dictionaries in surgery do more than mention its name. It has sprung, phœnix-like, into perfection, and stands now forth triumphant over disease. The operation of lithotomy has always, hitherto, ranked as the chef-d'œuvre of surgery; lithotrity, where it suits, takes from it the palm. A monk of the name of Citeau, and a Major Martin, broke down calculi in their own bladders—the first, by means of a tube, or canula, and a steel rod, on which he struck with a hammer, as a statuary strikes his chisel; the second, by means of a file, introduced likewise through a canula; and the stones thus broken down were discharged, piecemeal, with the urine. These two

operations, performed, long ago, at the dictation of painful suffering and ingenuity, are the prototypes of the *hammer* of Heurteloup, and the drill of Civiale, the inventors and the practitioners of which are still the living ornaments of this age of improvement. The talents of my friend, Mr. Francis L'Estrange, displayed themselves in some ingenious and highly important improvements in the brisépierre, or crushing lithotrite. [Here Dr. Houston exhibited several of the most remarkable instruments, both for lithotomy and lithotrity, and also a very ingenious one, which he said was invented by Leonard Trant, Esq., for the removal of calculi from the urethra.]

While speaking of the services rendered to surgery by others, I may be permitted to mention at least one or two of those which it has been my own good fortune to contribute. The term *intestinum rectum*, as applied to the lower bowel, I have shewn to be a misnomer, leading to incorrect notions regarding its form, and giving rise to most serious errors both in the diagnosis and treatment of some of its diseases. I have demonstrated, in a manner to have satisfied the best anatomists, that the cavity of the rectum, so far from being straight, is formed into several lodges, by projections from its inner walls of very considerable breadth and thickness. These projections I have proved to be of such a nature, as not only to obstruct the passage of bougies introduced with a view of sounding the canal, but to be themselves liable to be mistaken for strictures of the bowel. [For a plate of them, see "Dublin Hospital Reports," vol. 5.] And this is no suppositious case, for in what other light than a mistake can we regard the printed statements of one of the most approved authors on diseases of the rectum, when he gravely tells us that "more than once has he known the mother and daughters, the father and sons, to be subjects of this disease," the fact all the while being that stricture of the rectum is, in reality, so rare an affection, that not more than half a dozen examples of it can be found in all the museums in Dublin; and that such a catastrophe as that of thrusting the rude bougie through one of these valves, in mistake for stricture, has in reality occurred, I could, if necessary, give several melancholy proofs. But I believe that such malpractices are greatly on the wane; as an exposition of the true form and disposition of the rectum has not only led to greater accuracy of diagnosis on the part of the qualified practitioner, but has cowed down the empiric, and taken away his best excuse for persistence in his half-ignorant, half-knavish impositions.

As a remedy for internal bleeding hemorrhoids, (*vascular tumours of the rectum,*) I believe that in recommending the application of the strong *nitric acid* I have rendered a service of no mean amount. Several cases treated in this way may be found in the *Dublin Medical Journal*, and I have permission from Sir Philip Crampton to give publicity to another such, regarding which he has politely sent me the following note:—

"Dear Houston,—You will be pleased to hear that I operated, about a fortnight since, on Mrs. ——, for the bleeding raspberry excrescence of the rectum, exactly in the manner recommended by you, and that she is now quite well. The disease was of long standing, and her constitution was much reduced by excessive losses of blood. There were three excrescences, each about the size of the thumb-nail; and as they were but slightly raised above the level of the mucous membrane, I considered them to be far better subjects for your operation than for the ligature.

Faithfully yours,

"Nov. 12, 1844." "Philip Crampton.

The improvements effected of late years in the diagnosis and treatment of *syphilitic diseases*, are most important and satisfactory. Syphilis, when first introduced into Europe, three hundred and fifty years ago, raged like a pestilence. The world was paralyzed with terror at the mortality which attended it, as, when once it got into a family, the innocent equally with the guilty were in danger of becoming its victims. So great was the terror with which the Parisians regarded the disease, that, by a decree of parliament, dated the 6th of March, 1497, all persons infected with it were ordered, if strangers, to quit the city; if possessed of a home, to shut themselves up there, so as to be seen by no one; or if citizens, without any fixed place of abode, to repair to St. Germain des-près, where lazar-houses were provided for them, and that within twenty-four hours from the date of the order, under penalty of *death*. In the month of September, in the same year, a proclamation was issued by King James the Fourth, in Edinburgh, commanding all persons so affected to repair, before sunset on the next day, to the shore at Leith, where they would find boats provided, ready to transport them to the island of Inch, there to remain until cured; and what was still a harder case, the very surgeons who took charge of such patients were doomed to the same banishment—all equally under penalty of being burned in the cheek with a branding iron. The disease has at the present day lost much of its malignancy, and although some persons die of it, such a result is not common. The difference is explained by some on the supposition of the poison being at its highest state of malignancy in its first appearance, and now naturally grown milder. This is probably true, in some measure; but it is still more due to the prompt succour afforded to the afflicted, and to the perfection to which the treatment has been brought; for it is a fact, that wherever the science of medicine is most cultivated, there syphilitic diseases are the least virulent.

Mercury, the great antidote to the poison of syphilis, has undergone remarkable changes in public estimation. It was not the mere discovery of the antidotal properties of this medicine that effected the good, as mercury in ignorant hands is to this day more likely to be prejudicial than serviceable in the treatment of syphilis. But it was in virtue of the results arrived at after a pains-taking observation of its effects, for good or evil, that that accurate knowledge has been arrived at which enables us to employ it with so much potency as a remedy. Paracelsus was the first, in his *Magna Chirurgia*, to recommend the systematic use of mercury internally. But from his day, until comparatively lately, practitioners had no fixed principles regarding it to guide them. Some, and that even within my own memory, judged of its efficacy by the quantity of saliva which it caused to flow out of the mouth in a given time—so many pints a day, for example; others, by the amount of the medicine taken into the system; some, again, failing to distinguish the ill effects of the remedy from the disease itself, pressed the medicine to a most prejudicial and dangerous length, thinking that, in the end, the disorder must give way to its specific influence, while, in fact, one disease was only being added to another. Others, not discriminating between affections of a simple and those of a specific nature, have dosed equally with an unsparing hand, as well those who had been better without, as those who stood in need of the mercury; and, lastly, others, observing such bad effects from this empirical mode of administering it, and which they did not know how to obviate, abandoned the medicine altogether, and had recourse to vegetable remedies in its stead. Combinations of the ill effects of irregular mercurialization with uncured syphilis stand among the most intractable of diseases; and fortunately, under the present improved system of treatment, such are seldom now to be witnessed. Here, however, are a few specimens from our museum, of the cranial bones of some unfortunate patients of bygone days, shewing the marks of the *corona veneris*, and of some of the other evils in the form of caries, of which I am speaking. In the museum of the College of Surgeons a number of specimens of this kind are stored up, such as certain future museums will never find matches for. These I have described in detail in my published *catalogue* of that collection.

The great superiority of the surgeon of the present day lies in his skill in distinguishing the true syphilis from simple sores, and in applying to it, and to it alone, the appropriate and necessary remedies. A discrimination between syphilis and simple primary sores was rarely, in former days, attempted. All sores in genital regions were treated with suspicion—*in dubiis suspice luem* being the motto—and terrible injury to the health, and injustice to the character, of individuals was frequently the result. But under our present improved state of knowledge, the well-informed surgeon will never commit such errors. Whenever he determines that mercury is necessary, he knows exactly the time for the administration of the remedy, the symptoms which betoken its salutary effects, the length of time that it should be persevered in, and, if it disagrees, how to remedy the evil. He can bring out, in short, every beneficial influence of the medicine on the disease with the utmost exactitude, and, at the same time, steer his patient in safety past all its quicksands and dangers. This, I say, is one of the many illustrations which I have to offer of the high state of perfection of modern surgery; and I feel proud in adding, that the labours of our distinguished compatriots, Mr. Carmichael, Mr. Colles, Mr. Hewson, and Mr. Wallace, have largely contributed to such a result. I believe I am safe in saying, that to Mr. Carmichael, in particular, mankind owes a larger debt of gratitude than to any other individual, for the turn which his investigations and writings have given to the treatment of venereal diseases, and for the salutary check put by them to that wholesale and indiscriminate abuse of mercury which disgraced the medical practice of the last century.

Still farther, as regards this subject, a new and additional remedy has been of late discovered, of incalculable value; one which, however, although not, perhaps, like the mercury, a genuine antidote, nevertheless harmonizes and dovetails with that medicine in a most beneficial manner—being of service at the moment when the mercury should be stopped; acting kindly and well, sometimes, when the mercury disagrees; and often, when given at the same time and in combination with that medicine,

producing its own good effects while promoting those of the mercury. I allude to the *hydriodate of potash*. Bark, the mineral acids, sarsaparilla, &c., are often given at the same time, and act variously in keeping up and improving the general health while the poison is being neutralized and eliminated from the system. With these remedies in hand, the well-informed practitioner can, with confidence, promise a safe and satisfactory issue in almost every case. And, after such assurances, if the public continue to place their ailments and their lives in the hands of the mercenary quack—the man to whom all that I have told you, and everything else on the subject, is unknown—it may truly be said of them, that, in the midst of light, they prefer walking in darkness; that, disregarding the proffered benefits of the accumulated experience of ages, they voluntarily throw themselves back into the condition of danger of those who were banished, by royal ordinances, to desert islands, in company with medical attendants very little better informed than themselves.

A nation's gratitude is due to the medical gentlemen of modern days for the light which their researches have thrown on the subject of *syphilis during intra-uterine life*. It has been discovered that the presence of an occult taint of long-bygone syphilis is prone to be kindled up afresh in the offspring, receiving, as it were, fresh venom, by the new birth, and re-assuming, in the new being, almost all its pristine virulence. Such an infant rarely sees the light of day alive; or, if it do, it is only to propagate to its nurse or others one of the worst forms of syphilis. This is, with a vengeance, visiting the sins of the fathers upon the children. Now, the surgeon has not only traced all this evil to its source, but discovered for it a remedy. And here it may be truly said, that his saving hand reaches even to the unborn, staying the course of death, and arresting the spread of evil. A case of this kind, of no uncommon occurrence is the following:—A gentleman marries; he believes himself, and every one else thinks him to be, in the best of health; his virtuous wife is equally so; and every prospect of happiness is open to them. In due time, perhaps prematurely, a child is born, but it is not half thriven; it has the shrivelled skin of old age; it cries continually with a squeaking voice; and is, perhaps, spotted with some eruption. It lingers for a few weeks, or months, pining away daily, instead of adding to its growth, and dies, at last, a miserable object. Well, better hopes are entertained for the next time, and the utmost anxiety exists as the period of birth of a second infant approaches, in the hope that *it* may be, unlike the first, perfect and healthy; but such joyous anticipations are again doomed to be blighted, for the infant, when born, worse, perhaps, than its predecessor, may be dead, putrid, and offensive. [Drawings.] Again and again are these disappointed hopes submitted to, and these painful scenes of premature death enacted, the parents themselves all the while continuing in apparent good health. A medical gentleman, properly informed on such matters, is, at length, consulted. He questions the father respecting his past history. He finds, on a special inquiry into the point, that the gentleman, at one time, had some venereal affection, but long before his marriage, and under such circumstances that he had supposed himself perfectly cured of it. But the acknowledgment is sufficient to confirm his attendant in a well-grounded suspicion, that syphilis is at the root of the evil; and full of the confidence which learning and past experience gives, he administers, at the proper time, and with care and judgment, the appropriate remedies to both the parents, who now both require them; after which, the succeeding offspring are delivered into the world, full-grown, and healthy—sources of great joy to their parents, and living evidences of the improved state of modern surgery;—I say, modern surgery, because the discovery of the connexion of such mortality in new-born infants with syphilis, together with the proper application of the remedy, almost dates within the limits of the last half-century. The "Treatise on Syphilis," by Dr. Colles, contains a chapter on this subject, full of observations of high import and originality.

Gentlemen,—time will not permit me to speak of several other facts which it was my intention to have introduced to your notice—especially some brought to light by the microscope, and which promise to be of great value in practice; such, for example, as the curious and interesting discovery of Mr. Liston as to the presence of spermatozoa in the fluid of some hydroceles: that of M. Gruby, and Dr. Hughes Bennett, regarding the vegetable parasitical nature of certain cutaneous eruptions; and, above all, the novel and important lights shed on the pathology of cancer by the histological researches of Valentin, Gluge, and Müller. I trust, however, that what I have said may be sufficient for the object aimed at in this lecture—namely, that of apprising you of the extent, importance, and difficulty of the profession in which you are embarked, and of inciting you to the necessary energy in its prosecution.

DEPRESSED FRACTURE OF THE SKULL—SUDDEN DEATH, ETC.

By T. Pinefoy, M.D., Cloghjordan.

DEPRESSED FRACTURE.

Pat H——, a fine, healthy boy, aged five, on the 19th Dec. 1839, was kicked by a horse on the forehead, immediately above, and towards the outer end of, the right superciliary ridge. He was not knocked down, nor did any alarming symptom whatever immediately follow upon receipt of the injury. On examining the wound, in a few hours after the accident had happened, there was found a depressed fracture of the frontal bone, nearly an inch in length, extending vertically; the depressed bone being sunk about a quarter of an inch lower than the unbroken portion, the fracture being slightly curved, and appearing evidently as produced by the cock of the horseshoe. There were not any spiculæ to be found; the depressed bone was but little separated from the scalp, and appeared to be in perfect union with the sound bone, except along the line of fracture. The little patient did not complain, neither did any bad symptoms occur until forty-eight hours after the accident had happened.

Treatment.—The head was shaved, wound gently closed, cold lotions applied, and five grains of calomel ordered immediately; to be followed, in six hours, by a purgative draught; low diet, and strict confinement to bed. Slight fever arose on the 22nd inst., which was much relieved by venesection to about seven ounces, and a repetition of the calomel and draught as before. In the evening, however, a violent and unexpected convulsive fit occurred; the convulsions were general; face deeply flushed; head hot; the pulse hard and frequent. Immediately six ounces of blood were taken from the arm, with scarcely any relief, and now the arm being bound up, a stream of cold water was directed steadily upon the vertex from a height of about two feet, for a period of nearly twenty minutes. By this time the face had become pale, and covered with profuse perspiration; head cool; pulse small and weak, yet the convulsions continued in a very slight degree, but soon ceased altogether, leaving the patient in a comatose state, with apoplectic stertor. In less than two hours from this period he had completely recovered from the convulsions and coma, was unconscious of all that had happened, but answered correctly when spoken to. On the 5th day it was necessary to bleed again, to the amount of four or five ounces, and to apply four leeches to the head, by which means the pain of head and feverish symptoms were relieved.

During treatment, about twenty-five grains of calomel were given, with an occasional purgative draught, and from the 5th day the patient recovered progressively and satisfactorily, as nearly five years have elapsed since the occurrence of this injury, and no bad symptoms whatever have followed. The depressed bone appears to have regained its natural position.

Remarks.—This case is instructive, in shewing that *depressed fracture of the skull* (in the very young subject) does not necessarily call for an operation to elevate the depressed bone, although *convulsions*, *coma*, and other alarming symptoms, may be the consequence of such injury. It also illustrates forcibly the powerful influence of the cold douche in certain states of disordered circulation within the brain; for although here venesection preceded the use of this remedy, yet we believe that the cold douche was an equally powerful remedy, at least, in saving the boy from imminent danger. We are inclined to believe that the convulsions in this case arose from *congestion* of the brain, perhaps the result of pressure and impeded circulation, since the blood drawn never exhibited any traces of inflammation.

SUDDEN DEATH DURING LABOUR WITHOUT ANY ASSIGNABLE CAUSE.

M. H—, a labourer's wife, aged about thirty-five, well-made and healthy, who had had two children during the last five years, was taken in labour a few nights ago. The labour had proceeded for about five hours without any remarkable symptom occurring, when the poor woman became cold, pale, and faintish. She sat up for a few moments, gave some directions relative to her children, then begged to be laid back upon her pillow, and expired in a few moments, without making any complaint, except that she felt very weak. On the next morning I removed the infant, at the request of her husband, and could not discover anything in the state of the uterus, or its contents, to account for this sudden death. The os uteri was slightly dilated, head presenting naturally, and no trace whatever of hæmorrhage, the placenta being closely attached to the fundus uteri, by its whole surface. The post-mortem examination was not carried further.

Oct. 11, 1844.

ON THE PROXIMATE CAUSE OF INSANITY.

By James Sheppard, Esq. M.R.C.S.L., Stonehouse.

Engagements, involving a considerable outlay of time, together with due attention to practice, have well nigh obliterated from my mind the fact that Mr. Whiteman's last communication to The Lancet (page 746, vol. i.) remained unanswered. Indeed, as this paper is simply a reply to Mr. Whiteman's, I feel unwilling to intrude on your valuable columns, but I consider it is incumbent on me to do so. By those, to whom assertion without proof is a mathematical demonstration, to whom the dictum of another is the law of the Medes and the Persians, and who, unwilling to search for themselves, eagerly adopt the opinions of others; to these classes of individuals, the premises, the reasoning, and the conclusions of Mr. Whiteman will necessarily appear perfect, and will be unhesitatingly received. At the same time I do not hesitate to affirm, that I never perused a letter so replete with assertion, or so destitute of argument. Pregnant with accusations of inconsistency and contradiction, it is itself the most contradictory, the most inconsistent. It certainly requires no ordinary degree of patience to find oneself accused of glaring contradictions on fundamental points; still greater is the patience that is required, when that person feels and knows that he is perfectly consistent; but greater still is the patience that is requisite when the accusation is boldly made by a gentleman, who is not only himself most inconsistent, but inconsistent on points involving absolutely ignorance. Is it possible, can Mr. Whiteman consider that it is a direct contradiction to believe it to be a "demonstrated problem" that insanity does not depend on disease of the brain, while I believe that I have not as yet *demonstrated* that insanity is dependent on disease of the blood? Is this a contradiction in Mr. Whiteman's mind? Mr. Whiteman's reading on insanity has been superficial indeed, if he does not know that insanity has been attributed to other causes than either to disease of the blood or of the brain. Still Mr. Whiteman is perfectly content, although so inconsistent, so contradictory. Again, Mr. Whiteman says, "Mr. Sheppard is wrong in attributing to me the opinion that perceptible disorganization of the brain was to be found in every one dying insane." What! has Mr. Whiteman been communicating with, or referring to, authorities on insanity, since his first letter to The Lancet, in which he advocated such an exploded opinion? I fancy my last communication must have enlightened Mr. Whiteman on this point. In Mr. Whiteman's first letter, he quotes the following remarks of Dr. Armstrong. "As during life, there are symptoms of disease of the brain, and as the brain is *always* found diseased upon examination after death, I infer that madness is the effect of bodily disease." Mr. Whiteman then adds, "Should Mr. Sheppard be disposed to doubt this very logical inference, then I, &c. &c." And, Sir, to prevent prevarication, I dare to submit that the fact of Mr. Whiteman's putting the "always," in italics, proves to what inference he (Mr. Whiteman) alluded. Moreover, if any of your readers will take the trouble to refer to page 185, vol. i. of The Lancet, they will find, not only that Mr. Whiteman is attempting to prove that insanity is dependent on *perceptible* disease of the brain, but that he quotes Dr. Armstrong, for the specific purpose of corroborating his views. But, Mr. Editor, "*What says the same gentleman now?*" (see page 747, vol. i.) "and here I must remark that Mr. Sheppard is wrong in attributing to me the opinion that perceptible disorganization of the brain was to be found in every one dying insane. Such was the opinion of Dr. Armstrong, *but I am not aware that I said it accorded with my own experience!!!*" Not aware! Then why did not Mr. Whiteman refresh his memory by referring? Really, it is somewhat difficult to deal with gentlemen of short memory. Mr. Whiteman, perhaps, became aware of the fact, that if he maintained the opinion, which for convenience we may term No. 1, it would necessarily involve such an amount of ignorance as few students of the present day would not be able to expose; therefore we may presume, that Mr. Whiteman adopted that opinion, which we may term No. 2—an opinion equally fallacious, though more difficult to disprove. "Non mi ricordo" is proverbially harmless. I would, in the next place, beg to deny, notwithstanding Mr. Whiteman's insinuation, that I am, or that I have been, in any way connected with the *Hygeist:* of its existence I was ignorant, until informed of it by Mr. Whiteman, through the medium of The Lancet; and I must say, that his anonymous friend who sent him the *Hygeist*, must have had a much greater regard for him than for myself, as I was totally forgotten, while Mr. Whiteman was remembered.

With regard to lucid intervals, Mr. Whiteman, in his first communication, quotes Mr. Haslam, to prove that no such phenomenon as a lucid interval occurs in maniacs, and then Mr. Whiteman adds, "Another argument of Mr. Sheppard's is this—If the lesion is the cause of the insanity, what has occurred to permit the patient suddenly to be able to reason and reflect clearly?" "To this," Mr. Whiteman adds, "I must reply, I have never myself had the satisfaction of meeting with such a case." This opinion is No. 1; No. 2 is somewhat different, *for* "*What says the same gentleman now?*" "I do think we have higher grounds for setting down *lucid intervals!* (then such phenomena do exist) or remissions to *changeable!!* morbid conditions of the brain, than to morbid blood."

One word more. Mr. Whiteman, with a good deal of humour, plays upon my question—"How can we account for lucid intervals, if insanity be dependent on disease of the brain, better than we can if the insanity be dependent on diseased blood?" I must add, that Mr. Whiteman quotes me *very* unfairly, for he essays to make it appear as if I had shifted my position, or rather, as if I had contradicted myself. I use the word unfairly, designedly; for Mr. Whiteman must have known, unless indeed he "*was not aware!*" that the concluding remarks of the *very paragraph* from which he quoted the above words, ran thus: "I *maintain* that we can more easily account for lucid intervals, if insanity be dependent on disease of the blood, than if its cause be lesion of cerebral structure, be that lesion appreciable or inappreciable." To dislocate a passage, and to attack it with language similar to "*what says the same gentleman now?*" is not fair, neither is it admissible.

This letter, Mr. Editor, arises more from a desire to clear myself of some personal imputations, than to produce new arguments, or to bring forward new theories. If Mr. Whiteman, or any other gentleman, can suggest *arguments* or *objections* against any of the views contained, either in my treatise or letters, I shall again beg to trouble you with a few words—to coincide, if their arguments convince; to dissent, if they be erroneous.

CASE OF SECONDARY SYPHILIS TREATED BY A WATER-QUACK AS RHEUMATISM.

By John Hey Robertson, Esq. M.D., Glasgow.

I was requested to see a young person, said to have been for a long time labouring under rheumatism.

On calling at about two, P.M., I found a very young-looking man, just risen from bed, and his limbs and joints swathed in many folds of wadding and flannel. Right wrist inflamed and much swollen; parts all around thickened and painful, even to gentle fingering; knees and ankles also much affected; the latter very bad indeed, swollen and shapeless. He tried to walk, to show me what he could do. It consisted of a most sorry attempt, leaning his whole weight on a relative, and slowly trying to lift a foot from the ground, without bending the ankle, this accompanied with considerable pain. Over the left ankle, and towards the front of the joint, there are two swollen bursæ, as large as good sized walnuts. On both limbs, from his ankle to the knee, and higher on the back part of the thigh, even as far up as the hips, there is a profusion of copper-coloured blotches; here and there a scaly patch, and on the dorsal and sacral regions, a great number, but in different stages. On cross-questioning him, it was admitted that the scales fell off, and were *reproduced*, &c.; throat unaffected.

The account given by himself and his friends was, that having had small-pox some six months ago, *the pocks had never fairly healed up!*—that he must have returned too soon to his occupation, for he shortly after got this "rheumatism," for which he had been under a certain publicly professed *water-doctor*, for some months, but returned home worse than ever.

He underwent, for the cure of this supposed rheumatism, the usual local and general water treatment, including the repeated use of the wet sheet, and the other peculiarities of the wise man of Grafenberg.

Imagine the astonishment and indignation of all concerned, on my intimating to them that it was a case of secondary syphilis, of exceedingly easy detection, but complicated by the grossest mismanagement!

On my putting the question to the young man, he admitted having had primary disease nine or ten months ago, and with some difficulty I got him to confess that "*a friend* (non-medical) had healed it!"

The hydropathists pretend to cure lues by cold water, and call mercury and all other medicines *poisons*. On inducing profuse perspiration, they say, pointing to the fetor that is present in all or in most instances of profuse perspiration, "there is the mercury coming out of the system!"

In this case they had no mercury to deal with, but a simple untreated case of syphilis, and instead of the syphilis being driven out of his system, it was permitted to become worse, if they did not

actually make it worse, superadding to evils great enough already, other evils, which seriously complicated the case, and entirely for months disabled the patient, and which were, undoubtedly, to be laid to the account of the water cure.

The person who keeps this cold-water shop, moreover, professes to be a member of a Metropolitan College of Surgeons, and yet seems not to have known the nature of this very evident and very gross case, when he saw it. At any rate, it will be admitted, either that he knew the disease, or that he did not. If the latter, how is he to escape the charge of ignorance? If the former, how is he to escape the greater charge of dishonesty? For, will it be said, that he knew these symptoms to be lues, and yet persisted in measures he could not help knowing were unlikely to cure the patient, and which he could not help seeing were adding to his evils? He is welcome to the honour of either dilemma.

The disease was, of course, called and believed to be "rheumatism," else the patient would neither have been sent to the cold-water establishment, nor allowed to remain there, had the discovery been made sooner. He had severe pains during the night, depriving him of sleep, and was, when I saw him, merely getting himself well rubbed, and the severely afflicted parts kept warm, in despair of any medical treatment doing him any good!

I put him at once under the action of some of those substances which are familiar to the profession, and in judicious hands so invaluable, but which the water people, with characteristic recklessness, call "poisons," forgetting that their arguments, if arguments they can be called, are reasons against, not the use, but the abuse, of remedies. As well might they bid us decline the help of a candle or gas, because light will blind us—or to warm ourselves, because the fire can burn us. In short, all that it resolves itself into is comprised in two words—IMPUDENCE and ABSURDITY.

In rather more than a week I saw the patient again. His system was slightly under the influence of the medicine ordered, and every pressing symptom relieved. He no longer complained of pain, and had not had an atom of anodyne medicine. One of his ankles had nearly resumed its old size, and he came out of bed to show me how well he could walk! He still leaned upon a relative, but the difference of *weight* was very great, and he bent his ankles in walking. The blotches were of course, as yet, only a little affected. I found him, and those about him, full of gratitude, and, from despair, filled at once with encouragement and hope.

The case, I make no doubt, will ultimately do well, and is offered to the readers of THE LANCET as an illustration of the diagnosis, and success of the class of persons referred to at the head of this paper.

West Hill-street, Glasgow, December, 1844.

ON THE PHYSIOLOGY OF MUSICAL TONES IN THE HUMAN VOICE.

By FRANK ROMER, Esq.

THE various theories and difference of opinion that exist (both in England and on the Continent) regarding the means by which nature produces the different qualities of tone in the human voice, have induced me to study, very minutely, for my own satisfaction and guidance, the manner in which different persons, of opposite temperaments, produced the various qualities of tone which are within the powers and compass of the vocal organ.

Physicians, generally, have considered it to be caused by the vibration of certain elastic and solid bodies, seated in the upper part of the throat.

The opinions of musical men differ very widely; but most of them have laid it down as a law, (even to the last work presented to the Academy of Sciences, at Paris, 12th April, 1841, by M. Manuel Garcia,) that the voice is produced and governed by the movement of the glottis, and the rising and falling of the larynx; it is due, however, to M. Garcia to state, that he proved the fixedness of the larynx in what he calls the sombre quality of the voice, but stated decidedly that the larynx must ascend &c. in the production of what he calls the clear quality of the chest voice. At the present moment, in Italy, most of the professors of singing concur in opinion, that the upper notes of the voice are dependent upon the proper production of the lower tones.

My object is to prove—*firstly*, that the human voice has two distinct points of production: *secondly*, that all proper musical sounds are founded in the trachea, which sounds are divided into two qualities, the same as in all musical wind-instruments—namely, double vibrated notes; and single vibrated notes, or harmonies, governed by the laws laid down in acoustics: *thirdly*, that there is no sudden or fixed break in the voice, when produced according to nature: *fourthly*, that no contraction whatever should take place in the tube by moving the larynx or glottis; all such movement tending to harden or weaken the purity of the tone.

Of the Production of Musical Sounds being in the Trachea.

The evidence that I now am about to use in regard to the lower part of the trachea being the point of production of true musical sounds, is completely separate from the various facts that I shall bring forward, in considering the vocal organ in its different qualities of tone. But knowing the number of works (by learned and clever men) that have been written upon the physiology of the human voice, all concurring that the larynx is the point of production, I feel that it is better to enter on the question at first, and give simply the practical observations that I have made during a long and continued study of the subject.

In considering the vocal instrument, it will be allowed, that it is a tube with certain powers of contracting at different points:* the first point is at the inferior or lower part of the trachea; the second point is at the glottis; and the third point, the mouth. It has various other powers of contracting or closing itself, such as the epiglottis, the uvula, the pharynx, &c.; but these contractions produce very harsh and uneven kinds of sounds, and are seldom resorted to by even the worst singers; therefore I shall not include them in the points by which sound may be produced for useful purposes. *From the first point, I am about to prove spring vibrations, which, on being reflected by the whole length of the tube, produce perfect musical sounds; from the second point, (the glottis,) sounds more useful, but certainly not musical, are produced—namely, the speaking voice; the third point, (the mouth,) by compressing the lips, produces a thin, shrill quality of sound, from its having no length of tube to reflect its vibrations, called whistling.*

Now, if we produce a musical note at the third point, (the mouth,) it must be allowed that no sound whatever can be formed at the same time, by the other points, the contraction of the lips cutting off all power of sustaining vibrations in the vocal tube: and upon the same principle, when the point of production is at the glottis, the vibrations in the lower tube cannot be sustained. But when the first point is used, the whole tube is felt to be in a state of sonorous vibration, and a perfect musical sound is produced: this can easily be tested by the stethoscope. But it must be kept in mind, that any particular portion of the tube felt to be in a sonorous state of vibration, is no proof of that part being the point of production; but, on the contrary, the powerful and fixed compression of the point producing the first vibrations prevents its having those elastic and vibrating qualities it otherwise would have; consequently, the point of production must be below any portion of the tube felt to be in a state of sonorous vibration! On the same principle, we know the sounding board of a musical instrument is not the point of production of the sound. On examining the vocal tube, it will be found to correspond in formation to most musical wind-instruments; it has the power to elongate or shorten itself by means of the trachea. The extent of altering the length of its tube also corresponds with wind-instruments in general—namely, for changing its fundamental notes alone, the same as the trumpet, French horn, flute, clarinet, &c.; but it differs from all other wind-instruments, in having the power to contract itself at the different points that I have before mentioned. The functions of the second point, (the glottis,) and its nervous tendency to contract, are well known; also, that the whole of the parts forming the tube are elastic bodies, and that it is their nature to vibrate in the highest degree: thus, when a musical note is produced at the first point, the whole of the tube, including the larynx, pharynx, and the different portions of the mouth, &c., become reflectors of the vibrations, or, in other words, the sounding board of the vocal instrument.

That the second point (the glottis and larynx) is the point of production (in common parlance) of the speaking voice, there is no doubt. But when we become excited, and wish to portray deep feeling with passion and energy, we instantly change the point of production, and use the fundamental notes of the

* Valentin has succeeded in producing distinct contractions of the rings of the trachea, by irritating the par vagum in the rabbit, and he thinks a similar action might be induced in the bronchi and their ramifications.

From the experiments of Dr. C. B. Williams, it appears that the air tubes are endowed with a considerable amount of irritability, which may be excited by electrical, chemical, or mechanical stimuli, applied to themselves. It is chiefly manifested in the smaller bronchial tubes, since in the trachea, and the larger bronchi, the cartilaginous rings prevent any decided diminution in the calibre of the tube. Wedemeyer also states that the tubes of less than a line in diameter could be perceived to contract gradually, under the stimulus of galvanism, until their cavity was nearly obliterated. The opinions &c. of Reissisen on this point are also well known.

musical voice: should the sentiment we wish to express be of a calmer, yet equally intense kind of feeling, we then uses the harmonics of the musical quality; in fact, we can intuitively tell, the moment a person speaks, whether he is actuated by true feeling or not, by the quality or tone of the voice he uses. It can be plainly perceived, that the lighter or more frivolous the subject is that we speak upon, the more we contract the glottis: should this contraction be carried to too great an extent, the voice becomes affected and unpleasant, every one feeling that it is against nature, and that the speaker is using art, with forced and unnatural formations of the throat, instead of simplicity and freedom in the production of the tones.

One of the most striking instances of this changing the quality of the voice, that I can remember, was the late Edmund Kean, the celebrated actor; he possessed the knowledge and command to use them at will. His voice, when produced from the second point, (the glottis,) was harsh and unmusical in the extreme; but when he wished to picture passionate feeling with energy, he instantly changed to the musical fundamental tone, and in the softer passages he used the harmonics with openness and purity. It was this that gave rise to the various opinions as regards the quality of his voice, some persons insisting that it was musical and beautiful, and others that it was harsh and unpleasant.

To gain power over these different qualities of the voice should be the great study of all public speakers; for I feel there is no doubt that it is tone alone that expresses the intensity of our feelings, language conveying our ideas, emphasis giving force to language. I have known instances of persons using the harmonics of the musical voice when speaking, without ever having recourse to the fundamental tones; consequently, although their mental abilities be ever so great, and their conception perfect, they could not portray deep and energetic passions, from not cultivating the fundamental quality of the musical voice, which they possessed beyond a doubt, but from want of giving it proper exercise, it becomes weak, and they lose the power of using it. Should singers practise upon this principle, their intonation would never be perfect, from want of the foundation or fundamental quality of voice.

These different productions of the speaking voice may be felt, also, as can be proved by the stethoscope; the action of the larynx can be plainly seen during the time of common parlance, for in using the second point of production it is obliged to be in constant motion, having to change its position for each inflexion, or slight alteration of the tone: but when the voice changes to its musical quality, (its first point of production,) the larynx takes its lowest position, which is a great proof that the glottis is perfectly open, and then never moves for the different inflexions of tone, *if produced with purity and freedom.* The motion of the tongue, &c., in forming close vowels or contracted consonants will move the larynx slightly, but it will instantly regain its original position.

In testing by the stethoscope, when a very powerful note is produced by contracting the glottis, &c., a slight vibration may be felt below the point of production. But this will be found to be only a reflected vibration, not springing from the lower tube—the trachea.

The great argument used by all modern physiologists* against this theory, and which seems to have stopped all further research on this important point, is rested on certain experiments having been made, by opening the tube above and below the larynx; when an incision is made in the trachea below the larynx, the voice and speech have become lost during the time of such opening, but when made above the larynx, the voice is preserved. Now, as regards all those sounds formed by the glottis, (the second point,) there can be no doubt but that they would be entirely lost, upon an opening being made below their point of production; but this fact does not in any way prove the non-powers of the trachea in the production of the musical quality of tone, because,—*firstly*, when an opening has been made in the human trachea, we have no proof that the patient operated upon had the knowledge and power requisite for the proper production of the musical voice; *secondly*, by shortening the tube to so great an extent, even should we possess the knowledge of using the musical voice, it still must be allowed that the powers of the instrument become entirely changed, in consequence of the vibrating qualities and resonance of the whole of the upper part of the tube being checked or stopped; *thirdly*, should such opening in the trachea act upon the contracting muscles of the larynx, it would be impossible to produce the musical quality of voice, from a want of a proper vent for its vibrations; and this is most probably the case; for I shall be able to prove that nervous contraction of the glottis (even when the tube is in a healthy state) requires the greatest care and attention to be guarded against.

Fourthly.—It is possible that an incision in the trachea may affect the bronchial tubes, so as to prevent them producing vibrations; for it is known that under great excitement we often lose the power of using the musical voice.

Fifthly.—When an opening is made above the larynx, the speaking voice can be used, because its tones are produced by contraction; but the musical quality of the voice being of a more refined character, depending, to a very great extent, upon our feelings for the production of its tones, it is perfectly natural to suppose that the slightest disorganization of any portion of the tube, would take away all power over it; consequently, should an incision above or below the larynx cause contraction of the glottis, the musical voice must become lost, but the speaking voice, *being produced by contraction of the glottis*, can be used, except when an opening be made below its point of production.

In conclusion of this portion of my subject, I beg to remark, that it is my opinion that the first vibrations of the musical voice are produced by the smaller bronchial tubes, which vibrations, upon being thrown into one large column, produce the different fundamental notes, (depending on the length of the tube,) from which the different harmonics spring, *and there being no hard or fixed compression at the point producing the first vibrations, would account for the beauty and purity of tone of the human musical voice over all other wind-instruments.*

Thus the vocal organ may be likened to an infinite number of minute wind-instruments, formed into one tube, the vibrations gaining power by the resonance given to them by the larynx, pharynx, palatine arches, &c. The shortness of the tube, to produce the lower notes of the voice by simple vibrations, is fully accounted for by M. Savart.*

Various experiments, of the most elaborate character, have been tried upon a human larynx, by Müller, Savart, and others: different kinds of sounds have been produced by these means; but that those sounds possess the pure and open quality of tone belonging to the musical voice has not been proved;† and Müller also states, that the sounds formed by the glottis cannot (to any extent) be dependent for their pitch or resonance on the pipe; for the point of production having an upper and a lower tube, one partially destroys the effect of the other. In fact, a tube fixed above and below a membranous tongue has been found one of the most difficult problems in the science of acoustics, and no results have been arrived at which approximate to a law.

From these considerations, then, it results, that there are two points of production, which can be used in speaking or singing: the first point producing pure musical notes (dependent upon the openness and freedom of the tube) by a column of air, its vibrations being reflected by the powerful resonance of the larynx, pharynx, palatine arches, &c.;‡ in the second point, depending upon the force of vibrations produced by muscular tension and contraction alone.

A modification of these two qualities of tone is often used, and with good effect, by slight contractions of the glottis; but as I wish to prove the powers of the perfect musical voice, and the laws by which it is governed, I shall not enter on, or discuss, these different modifications, but merely state, that while the aperture of the glottis is kept open enough to allow the vibrations produced by the first point to pass, the pitch &c. of the various tones are governed by, and dependent on, the laws of that quality.

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* Galen was of opinion that the principal organ of the voice was the glottis; *but still he allowed that the trachea had a considerable share in the production of the sound.* This theory was acted upon by the ancients and moderns until the time of M. Dodart, who stated, that for the trachea to affect the resonance, as it was the common opinion it did, it would be required that the air, after it had been modified and turned into sound by the glottis, instead of continuing its course from within outwards, should return from without inwards, and thus strike upon the sides of the trachea. This we are well aware it does not do. But he has not allowed for the bronchial tubes the power of producing vibrations, which, having muscular contraction, *is proof of their being a point of production of sound.*

* M. Savart has discovered that a column of air yields tones of a much lower pitch in flexible elastic tubes than in solid pipes of the same length; the relaxation of the walls of a flexible tube, by impregnation of the vapour of water, may have the effect of lowering the pitch of its fundamental note as much as two octaves.

† M. Savart denies the quality of the tones produced by these experiments were like the human voice, but that they were harsh and discordant in the extreme.

‡ Muller says, that the approximation of the palatine arches, and retraction of the uvula, in the production of the higher tones, seems to be merely the result of involuntary associate nervous action, caused by the voluntarily increased extension of the muscles of the larynx; if the palatine arches contribute at all to the production of the higher notes of the voice and the fal-setto register, it can only be by their increased tension strengthening the resonance.

HOUR-GLASS CONTRACTION OF THE UTERUS, AND RETAINED PLACENTA.

By A. J. Burmester, Esq. M.R.C.S.L., late house-surgeon at St. Bartholomew's and the General Lying-in Hospitals.

Early in the morning, Mrs. N. N., who has always enjoyed excellent health, was taken in labour with her first child. At half-past nine A.M., the os uteri was dilated to the size of a five-shilling piece, the membranes ruptured, and the head presenting in the first position; the bowels had been freely relieved, and the bladder emptied of its contents. The pains continued pretty regular up to about seven P.M., when they became irregular, the head at the time occupying the cavity of the pelvis; they diminished in power, and long intervals of rest were left between them; they were of that tantalizing character, that even the patient implored they might become stronger and last longer. They, however, continued in this condition until about half-past nine P.M., when, after a careful examination, finding the parts sufficiently prepared and in a fit condition, it was deemed proper to administer some ergot of rye. A scruple dose was accordingly given, and ten minutes afterwards regular pains came on, with increased vigour and in quicker succession, and terminated the birth of a fine boy, at eleven P.M. The uterus did not contract properly, but increased in size; and, on examination, it was ascertained that blood was oozing from the os externum. Cold was immediately applied to the abdomen, and pressure used in that situation, at the same time that the dose of ergot was repeated, yet no gush from the vagina followed, and the uterus remained uncontracted. Considering that the placenta was either wholly or in greater part detached, and by its presence was keeping up the hæmorrhage, the hand, guided by the cord, was introduced into the uterus, the cavity of which, as well as that of the vagina, was filled with coagula, on the removal of which an irregular contraction of circular fibres of the uterus was detected, dividing its cavity into two compartments, in the most superior of which a portion of the placenta was found adherent. The adhesions having been broken down, it, together with as many coagula as possible, was brought away, at the same time that pressure was made on, and cold applied to, the abdomen. The uterus, notwithstanding the removal of the placenta, did not fairly contract, cold water was therefore injected into its cavity, another dose of ergot given, and the child applied to the breast, at the same time that the cold and pressure to the abdomen were continued. These means did at last produce contraction, and after a gush or two from the vagina, the hæmorrhage ceased, leaving the patient, who had borne everything with the utmost fortitude, in a very low condition, and complaining of soreness of the throat. On placing my hand in the situation alluded to, I was surprised to feel that peculiar crackling so characteristic of the presence of air in the cellular tissue, and examining more minutely, I found emphysema occupying the throat and extending over the upper part of the thorax, evidently resulting from the patient having endeavoured to assist her pains by straining and bearing down, which should teach us to impress upon their minds the necessity of not doing so until they are unable to avoid it—namely, until the head enters the vagina and the abdominal muscles co-operate involuntarily with the contractions of the uterus.

The patient's recovery has been very rapid and favourable, so much so, that on the eighth day after her confinement she was able to leave her bed and recline for some hours on a sofa. The emphysema has gradually subsided, without any interference, and both mother and child are in excellent health.

PRESENTATION OF RIGHT ARM BY THE SIDE OF HEAD.

Mrs. O'Brien, aged twenty-four, who has generally enjoyed good health, and menstruated regularly, was taken in labour, at the full time, with her second child, on the morning of the 14th of July, 1844. On being sent for at about half-past five P.M. of the same day, I found the os uteri fully dilated and the membranes protruding, yet I was unable to make out any presentation, the parts being still high up and out of reach, from which circumstance, considering the patient had only had one child previously, I anticipated an abnormal presentation. About half an hour afterwards the membranes gave way, and on examination, the right arm was found prolapsed by the side of the head. Deeming it expedient to alter, as soon as possible, the position of the child from a faulty to a natural presentation, I proceeded to turn, and introduced my hand for that purpose, when it struck me, that by returning the prolapsed arm and keeping it up beyond the head during a pain or two, (in the same way as one would a prolapsed cord,) I might succeed in getting the head engaged in the pelvis, and so prevent the arm from again descending, and thus render the operation of turning unnecessary. This was accomplished after two pains, when the head entered the pelvis in the first cranial position, and labour was terminated, by the natural powers, at half-past ten P.M., when a healthy boy was born with the cord twice round his neck. About ten minutes afterwards the placenta was found entirely detached in the vagina, and brought away, the uterus being firmly contracted.

This case proves the value, and points out the necessity, of an early and careful examination, for if the prolapsed arm had not been detected in time, and this case had been left to nature, I am convinced a cross-birth would have been the result, the head resting in the left and the pelvis of the child in the right iliac fossa of the mother, and the severe operation of turning would have been rendered indispensable.

Stanhope-street, Gloster Gate, Regent's Park, Dec. 1844.

ON THE USE OF THE TOBACCO ENEMA IN HERNIA.

By W. Cluley, Esq. Surgeon, Ashton-under-Lyne.

I would beg a corner in The Lancet for a remark or two on the use of opium and tobacco, in cases of hernia; the former remedy having failed, in such opportunities as I have had, to produce the effects which might be expected from the accounts of late writers, and the objection against tobacco from its dangerous character being obviated by the use of means, which, although only tried in one case, yet in that with such marked effect as warrants the expectation that a similar result will generally follow. When opium fails, which I believe it frequently will, the relief it affords from present suffering is no small objection to its use, inasmuch as the false idea of security which such relief is calculated to inspire may lead to the dangerous delay of more efficient measures. The plan, then, that I refer to, as obviating the dangerous effects of tobacco is, simply, the removal of the infusion from the bowels after it has produced its full effect.

October 27, 1844, half-past ten A.M. Was called to Mrs. B., aged 48, and mother of sixteen children. Found her suffering from femoral hernia, which had been in a state of strangulation all the morning. The hernia had existed four months, and had never once been returned. I tried the taxis and cold applications ineffectually, then administered a tobacco enema of the usual strength, and left her for about an hour. I returned, accompanied by Mr. Booth, of this town, and found her in a most alarming state of prostration. The tumour was less tense, and, after repeated manipulations, at last returned under the hands of Mr. Booth, but the occurrence of death seemed not the less likely to happen.

The plan I have alluded to was now put into operation. Water was injected as long as it would pass, and allowed to return by the tube, for the bowels seemed to have lost all expulsive power. This was repeated three or four times before signs of reaction took place, which was, however, soon satisfactorily established; and at a visit some two hours afterwards, the safety and gratitude of the patient were equally apparent.

Ashton-under-Lyne, December, 1844.

ON PARTIAL INVERSION OF THE UTERUS AFTER LABOUR.

By Jonah Clarkson, Esq. late Resident Surgeon of the Birmingham Lying-in Hospital.

I was called, at half-past ten o'clock, on the evening of Thursday, the 7th of March, 1844, to attend Mrs. C——, aged thirty-four, a short, stout woman, then in labour of her eleventh child. On my arrival at her residence, about a quarter of an hour afterwards, I found her walking about the house, apparently very comfortable, having had but few pains, and those at long intervals, during the day. She informed me that all her other labours had been quick; and as the membranes had ruptured at three o'clock in the afternoon, nearly eight hours before my visit, she felt convinced that her labour would speedily be terminated. As she walked across the room, I observed her abdomen to be unusually prominent, and suspected she might have twins; but in this I was mistaken. At my request she placed herself on the bed, so that an examination per vaginam might be made, when I discovered the head already low down in the cavity of the pelvis; the os uteri receded beyond the reach of the finger, and the labia and perineum soft and dilatable. As yet there had been no uterine contraction since I entered the room; but just as she was getting off the bed, in order that it might be more comfortably prepared, a violent pain came on; and almost before I could apply my hand to the perineum, the child was expelled, and the placenta brought to the os

externum by the continuance of the same pain. Having hastily tied and divided the funis, and removed the placenta, (which was perfectly loose,) I passed my finger into the vagina to ascertain the condition of the os uteri, which I could feel high up, widely dilated, and embracing a soft, globular substance, which protruded through it, and occupied the vagina. This I at first imagined was the bag of membranes belonging to the other fœtus I had suspected to be there. To satisfy myself, I placed my other hand on the abdomen, but, to my surprise, could feel nothing like the uterus there, although I made deep pressure for it. I therefore instituted a more careful examination of the tumour itself, when the following circumstances assisted me in forming a diagnosis. First. It was exceedingly sensitive; the least movement of my finger across it occasioned her great pain. Second. Hæmorrhage commenced, though not to any alarming extent. Third. Symptoms of prostration suddenly manifested themselves, more than I should have expected, either from the sudden delivery, or from the bleeding. I accordingly concluded that the present must be a case of partial inversion of the uterus, the fundus having followed, by its sudden and energetic contraction, the placenta, through the os uteri, whilst this latter remained dilated.

Acting under this conclusion, I pressed the knuckles of two fingers against the most dependent part of the tumour, and was delighted to feel it gradually giving way, until it suddenly started back into its place in the pelvis, leaving my hand occupying its cavity. I could now distinctly feel it through the abdominal parietes, firm and well contracted, although the os uteri still remained considerably dilated. The hæmorrhage immediately ceased when the inversion was reduced. After waiting an hour with her, during which time there was no symptom indicating danger, and having applied a bandage firmly round the lower part of the abdomen, I left her. Mrs. C—— had a speedy and most favourable recovery.

There are a few circumstances connected with the foregoing history that are perhaps worthy of being considered more in detail. First. This was evidently a case of spontaneous inversion, produced by the vigorous but irregular contraction of the uterus. It is undoubtedly true, that by far the greater proportion of these cases, when they do occur, arise from unskilful management in the last stage of labour, unjustifiable traction being made at the funis, for the purpose of speedily removing the placenta; whilst the uterus itself remains dilated and flaccid, so that the fundus is literally dragged down through the os internum into the vagina, where it is but too often allowed to remain, until all possibility of returning it is for ever lost. Still I think it may be fairly questioned whether traction is always the exciting cause of this accident, whether made by the hand of the accoucheur, or by the unusual shortness of the cord pulling down the placenta and fundus uteri, where it has occurred in cases of very rapid delivery: at any rate, neither of these causes could operate in the case I have related; for, in the first place, I had no opportunity of removing the placenta from the uterus, and, in the second, the funis was longer than ordinary—a point concerning which I fully satisfied myself before leaving the room.

Every experienced accoucheur is aware that irregularities do frequently occur in the contraction of the uterus, one part becoming hard and firm, whilst another remains soft and dilated; in fact, it is from this very circumstance that so much difficulty is occasionally experienced in removing a retained placenta. I have frequently observed, especially in thin women, in whom the uterus could be distinctly felt through the abdominal walls, that, during its contractions, after the expulsion of the child, there has been for a short period a very manifest depression in one situation, but which, immediately afterwards, I have been unable to find. This circumstance, I imagine, depends upon some irregularity or inequality in the action of the uterine fibres; and the same cause acting more powerfully, particularly at the fundus of the uterus, may undoubtedly give rise to inversion. Nor is this mere speculation, for accidents of this kind now and then happen, which cannot be satisfactorily explained upon any other hypothesis; as, for example, in those cases where the child has been expelled after the death of the mother, and where the process has not been in the slightest degree interfered with.* Again, cases of inversion are recorded where, for several hours and even days after delivery, no symptom has manifested itself which could lead even the most anxious attendant to suspect the occurrence of such a fearful accident. A case is quoted in the 51st vol. of *The London Medical and Physical Journal*, of a woman who was rapidly recovering from a favourable labour, but who, on the tenth day from her delivery, "whilst making violent efforts to evacuate the contents of the rectum, felt a bulky mass descend through the vagina, which was followed by great pain in the belly and the displaced parts, and in the groin, with strong efforts to vomit, and a sensation of faintness." The uterus was discovered to be completely inverted, and the accident had undoubtedly occurred when the straining efforts were made. One of the most intelligent practitioners in Birmingham, who has deservedly enjoyed a large midwifery practice, has informed me that he once attended a woman in her labour, who was favourably recovering, having had no bad symptom, when, on the second day from her confinement, the uterus was inverted during the operation of a quantity of castor oil, which she had taken without his knowledge.

Other cases might be adduced of the same character, and the conclusion that forces itself upon the mind is, that inversion does sometimes take place unconnected with any traction made on the fundus uteri, either by an unusually short funis, or by the hand of the accoucheur.

Second. Of the symptoms present in the above case, two were most prominent—viz., the highly sensitive tumour occupying the upper part of the vagina, and the sudden depression of the patient. When these symptoms appear after a labour, there can be little doubt as to the nature of the accident, and the necessity for immediate and judicious treatment. I find, upon reference to the published cases of this kind, that in almost every instance, mention is made of the sudden prostration of the vital powers, as indicated by a tendency to syncope, hiccup, &c. This, I believe, does not arise so much from the loss of blood, as from the shock produced by the sudden displacement of the parts; it is, in fact, similar to the prostration consequent upon injury inflicted upon any other organ largely supplied with the nerves of organic life.

It is not necessary to make any remark upon the first-mentioned symptom, since the discovery of a highly sensitive tumour in such a situation, and at such a time, cannot be mistaken: but I may perhaps express an opinion, that it is incumbent on every one who makes himself responsible for a woman's safety during her labour, not to leave the room until he has carefully ascertained the condition of the os uteri, and also the situation and degree of contraction of the uterus itself, the former by an examination per vaginam, and the latter through the abdominal walls.

Third. In no case is the importance of forming a correct diagnosis more forcibly exhibited than in one of this nature. Discovered at the time of its occurrence, nothing is more simple than its reduction, nothing more certain than its successful issue. But let the nature of the case be overlooked or misunderstood in the first instance, and it is almost equally certain that the discovery will be made too late to save the woman from an untimely and miserable end.

Paradise-street, Birmingham, Sept. 30, 1844.

* See cases referred to in the Edinburgh Medical and Surgical Journal for January, 1840.

ON THE TREATMENT OF INDOLENT AND IRRITABLE ULCERS.

By J. Pidduck, M.D., late Physician to the St. Giles's Dispensary, London.

Intractable cases of ulcers on the legs are of frequent occurrence in our hospitals and at our dispensaries. The object of this paper is, to state the mode of treatment which I have found eminently successful in such cases, many of which came under my care during the sixteen years I had the sole charge of the dispensary in St. Giles's. Many of the patients were occupied in selling fish or fruit in the streets; they were standing frequently in the wet, exposed to the weather, from early in the morning till late at night, and the women were employed in washing; their diet was chiefly fish, and that not particularly fresh; outside rashers of bacon, decayed cheese, and rancid butter; their beverage was tea, porter, and gin; a combination of articles of food highly conducive to impurities of the blood, especially when favoured by a total neglect of personal cleanliness, and by the foul air of their dwellings at night. Under these circumstances, I regarded the ulcer on the leg as a natural issue or outlet for the escape of certain morbid principles from the blood, the retention or suppression of which would have occasioned diseases of a more dangerous tendency. Hence, I considered that the popular prejudice against drying up of old ulcers was not devoid of reason.

The analogy between those natural issues in the leg and artificial issues in the arm in affording relief to the system, in cases of disease from impurity of the blood, is very striking.

If the ulcer or the issue emit a disgusting odour, and discharge freely, the necessity for such a drain is unequivocal; it cannot be

closed without the risk of a worse disorder. But when the odour of the ulcer or the issue ceases to be disagreeable, and the discharge is moderate in quantity, and of a healthy quality, it admits of cure with perfect safety.

The question then arose, of what secretion was the foul discharge from the ulcer *vicarious?* Not of the bowels, for such patients are not always of a constipated habit, but, on the contrary, they are liable to attacks of diarrhœa; not of the kidney, for the urinary secretion is commonly very abundant; but of the skin, for their diet was of the kind least perspirable, and their occupation most unfavourable for free cutaneous secretion.

Accordingly, after mild purging, (if necessary,) the vapour bath, in which the head of the patient was included, alterative medicines, suitable dressings, and a pure diet, as far as dietetic rules could be enforced among such a class of patients in dispensary practice, were the remedies employed for the safe cure of ulcerated legs.

The aperient medicines were, a small dose (one grain) of calomel and rhubarb at bedtime, and a draught of the white mixture of Epsom salts in mint-water in the morning.

The vapour bath was used for twenty or thirty minutes twice a week.

The alterative medicines were, the decoction of polygala Senega, when a rheumatic diathesis was present, or powdered sarsaparilla in milk, when there was a suspicion of a syphilitic contamination.

The dressings were, warm water, solutions of nitrate of silver, sulphate of copper, or of the chlorides of soda and lime; or dry lint, powdered rhubarb, Peruvian bark, charcoal, or chalk, with light bandaging.

But the vapour bath was the principal remedy, for without the sweating process all the other means were powerless. The perspiration produced by the vapour bath, the first few times of using it, exhaled an odour exactly like that of the discharge from the ulcer. After awhile, this odour totally ceased, both from the ulcer and from the perspiration; and then, but not before, the ulcer began to heal, generally with no other dressing than warm-water and oil-silk, or simply a piece of dry lint, to defend it from external injury.

The elimination and escape of the morbid elements from the blood having been accomplished by the free cutaneous secretion, the necessity no longer existed for their discharge by the ulcer, which therefore healed almost of its own accord, and with perfect safety to the patient, whose general health was invariably improved by the treatment.

Exposure to the same external causes, and returning to the same diet, were sometimes followed by the same effects, and after the lapse of a year or two, the same patients applied at the dispensary to be cured of an ulcer on the leg by the same process.

Ulcers on the legs are frequently associated with varicose veins, so that varices and ulcers have been considered as standing in the relation of cause and effect. Hence the attempt to cure the latter by an operation to obliterate the former—an attempt which happily has generally proved abortive; for if it had succeeded, the state of the blood remaining unaltered, the health of the patient probably would have suffered in consequence of stopping a salutary discharge; nor has the practice been altogether unattended with danger from inflammation of the veins and the introduction of pus into the circulation. And, moreover, cases of varix without ulcer are nearly as common among the higher class of society, as cases of varix with ulcer are among the lower, owing to the one class being more exposed to the exciting causes than the other.

Montague-street, Russell-square, Nov. 20, 1844.

BRITISH MEDICAL JOURNALS.

SINGULAR CASE OF FATAL INTRA-UTERINE HÆMORRHAGE.

Mr. Thompson records, in the *Medical Gazette*, the case of a female who, having previously borne twelve children, had arrived at the close of the ninth month of pregnancy. As well as usual during the day, she passed a disturbed night. A midwife, sent for on the following morning, found labour commenced, and the presentation natural. The patient gradually became exhausted, and died, undelivered, in a few hours. Examined after death, the uterus was found to be

"Very large, and apparently filling the whole cavity of the abdomen, pressing the floating viscera strongly upwards and backwards; these latter had a very bleached appearance, and all their vessels were empty. On raising the fundus of the uterus, an immense quantity of bloody fluid rushed from the vagina; and on cutting into the womb, (the walls of which were very thin,) we found that it still contained more than two quarts of fluid and grumous blood, mixed with large coagula, which completely surrounded the child, enveloped in its membranes entire, with the head in the brim of the pelvis.

"The placenta was wholly detached from the uterus, but the place where it had been attached was evident enough, on the right side of the womb, below the fundus: we examined this part very narrowly, but could discover nothing unusual in its appearance, or in that of the placenta."

THE TREATMENT OF TYPHUS FEVER AND ITS COMPLICATIONS.

This subject is discussed at considerable length in the last number of the *Edinburgh Monthly Journal*, by Dr. Davidson. Plain and practical, without pretensions to novelty, the communication is deserving of attention. The author thus expresses his opinions:—

"1. That typhus is a disease which cannot be checked *in limine*, is often tedious in its progress, causing great emaciation and exhaustion; we ought not, therefore, without very strong and special reasons, to employ any measures which may vitally lessen the powers of life, such as bleeding, vomiting, and excessive sweating or purging.

"2. The ordinary measures may be the following:—Place the patient in a large, well-ventilated apartment, on a mattress with few bedclothes; let the head be shaved, and kept cool with an evaporating lotion; give a gentle purgative every second or third day; let the skin be bathed once or twice a day with tepid water, and this may be accompanied with small doses of tartrate of antimony, antimonial powder, or ipecacuan. His drink should be light, cooling, and slightly diuretic, and his diet nutritive, but light, and little liable to ascescency. When there is a tendency to congestion in any organ, a little calomel or hydrargyrus c. creta may be combined with the purgative; or calomel, with a small portion of opium, may be given every six or eight hours. The application of two or three leeches to the temples or nostrils is often useful in congestion of the brain, and also when there is intense headache, which is often the forerunner of delirium. Blisters are also often advantageous in such cases. Derangements of particular functions, or symptoms arising from idiosyncrasy of constitution, sometimes occur, and must be treated accordingly.

"3. Mercury, in small doses, is frequently useful in promoting several of the secretions, and in relieving the congestions of internal organs.

"4. Opium is injurious in a large proportion of cases, from its tendency to cause congestion in the head; but when diarrhœa is a symptom, it ought to be administered with a view to check the exhausting evacuations.

"5. Wines and other alcoholic liquors, as they contain both stimulant and alimentary elements, are the most to be relied on for supporting the strength, and are the least injurious. The pulse, taken along with the general symptoms of exhaustion, ought to be the rule for its [their] exhibition, both as to time and quantity.

"6. Ammonia, camphor, quinine, and other similar tonics, are not to be depended on in bad cases, and when exhibited along with wine, frequently cause the patient to refuse both.

"7. When the disease is complicated with local affections in the head, chest, or abdomen, these must be treated on the same general principles as the idiopathic disease, which they represent; with this important modification, that evacuations of all kinds must be employed more sparingly, and with much caution; and that even in these cases, if there be much prostration of strength and a very weak pulse, wine must be administered, although more moderately than in the simple disease."

TANNIN A CURE FOR TOOTHACHE.

Mr. Druitt, in recommending the use of tannin as a remedy in cases of sore nipple, of salivation by mercury, of aphthæ, &c., says—

"But of all the cases for which it is adapted, that common troublesome complaint, toothache, is that in which I believe it is most to be depended on. When the tooth aches, let the patient wash out the mouth thoroughly with the solution of carbonate of soda in warm water; let the gum around the tooth, or between it and its neighbours, be scarified with a *fine* lancet; then let a little bit of cotton wool, imbued with a solution of a scruple of tannin, and five grains of mastich, in two drachms of æther, be put into the cavity, and if the ache is to be cured at all, this plan will put an end to it in nine cases out of ten."

THE LANCET.

LONDON: SATURDAY, DEC. 28, 1844.

THE information which we are now daily receiving from all parts of the kingdom fully assures us of the gratifying fact that the GENERAL PRACTITIONERS in medicine, surgery, and midwifery, have at last firmly and resolutely resolved to take the conduct of their OWN AFFAIRS into their OWN HANDS, and UNITE for their own protection. Hence the word "Incorporation" is everywhere resounding in their ranks. That the course which they are pursuing is the right one, is proved by the distraction and dismay which are apparent in the movements of their enemies.

All the medical reform societies are in a state of action, and it is frequently inquired whether we would advise the disbanding of their existing forces, with a view to enter into new associations, or whether we would recommend that the societies now established should be preserved, and that there should, in addition, be a new and perfectly distinct organization of the GENERAL PRACTITIONERS. In replying to such questions, we must necessarily be governed, and influenced, in a great degree, by the feelings which we find to prevail amongst those excellent and enlightened members of our profession who, during many years, have been actively and zealously engaged in endeavouring to amend the government of the medical institutions of this country, and who, at much sacrifice of time and labour, have long tried to obtain the recognition of just principles in the construction of any law which is to be framed for the government of the medical profession.

Judging from the expressions of feeling which have been communicated to us on the subject, there can be no difficulty in discovering that a desire generally prevails amongst the members of the existing societies, that they should *not* be dissolved *at present.* We decidedly and deliberately concur with them in opinion. Those experienced, bold, and generous warriors in the cause have long been accustomed to "the battle and the breeze," and we would say to them, therefore, "Stand to your guns!" This advice is not incompatible with offering a strong and earnest recommendation to all the general practitioners who belong to the existing societies, to enter into a NEW organization, consisting *exclusively* of members of their own rank and class in the profession. Such an organization is now rapidly in progress, and will speedily result in the formation of a National Association of General Practitioners, counting its thousands of the most respectable and influential men to be found in the profession. The Court of Examiners of the Apothecaries' Society has recognised the propriety of entering into such a movement, and the twelve members of that Court, as we stated in the last LANCET, have added their names to a Committee which is now endeavouring to procure an union of the different societies, and to obtain an enrolment, into ONE VOLUNTARY INCORPORATION, of all the general practitioners of this country.

In furtherance of the same object, a public meeting of the medical practitioners of FINSBURY is to be held at the Freemasons' Tavern, Great Queen-street, at 7 o'clock this (Saturday) evening. Thus, a new society, formed in one of the largest of the metropolitan boroughs, is called into existence, locally, for the avowed purpose of promoting the success of the general object. In numerous letters from the country, we have been asked, "Who is to *begin* the movement there?—What are the first steps to be taken?" In reply, we may remark, that it might be a good rule to adopt, for two or three of the youngest general practitioners in each county town, to wait upon two or three of the most experienced and respectable of their seniors, and then draw up and publish an advertisement convening a meeting of the general practitioners of the county, at a place which they might consider to be the most suitable for the purpose. At the first meeting, the gentlemen present having resolved to form themselves into a county association of GENERAL PRACTITIONERS, with a view to their becoming members of a NATIONAL ASSOCIATION, and having chosen a secretary, and instructed him to communicate at the earliest moment with similar societies, already organized in the metropolis, the machinery would thus be constructed for future operations, and all the necessary objects of a first meeting effectually accomplished. If there are any places which should take precedence in the endeavour to effect such a national organization of general practitioners, we would particularly point to those towns in which the "unlawful" pures, or the most unreflecting portion of our legal professional brethren, have been mischievously active, and have given to the Government measure either an equivocal or a decided support. Amongst such towns, Leeds, Liverpool, Bath, and Gloucester, occupy prominent positions. The general practitioners resident in those places are called upon, by every honourable feeling which can influence their minds, to rescue themselves from the disgrace of having sanctioned such resolutions and petitions as have been published in the name of the profession belonging to the towns in which they reside. The time for inactivity has expired, and they must be told that a passive resistance to the Bill will promote an active ruin of the profession. The hostility of the general practitioners to the measure of the Government is well known. Can it, then, be possible that in any town in this kingdom they will act so disgracefully and with such a cowardly pusillanimity, as to allow the "dubs" and "pures" to lord it over them, and misrepresent to the Government and to the world the opinions which they truly entertain on the subject? If there be *any* public spirit amongst the GENERAL PRACTITIONERS of the important town of Leeds, those gentlemen will be the first to give a public reply to this question, as we hold it to be utterly impossible that they can any longer remain quiescent under the crushing load of obloquy which certain of the Pures of that place have cast upon their reputation for discernment and independence. Can they read the detestable petition which was printed in the "Intelligencer" of Dec. 20th, without feeling indignant on discovering that any person should have been so audacious as to publish such a document in the name of the Medical Profession of Leeds?

Since the foregoing article was written, we have seen the plan, which has been announced in the advertisement, of the National Association of General Practitioners. It appears in all respects to be admirably adapted for the purpose which it is designed to fulfil.

OF the twenty-two clauses of the GOVERNMENT BILL which we have already examined in this journal, not one has been so framed as to deserve the support either of the profession or the public, and all the guiding principles and leading provisions of the measure have proved to be precisely of that character and description which were calculated to arouse against them the bitter hostility of nearly the whole of the legally-qualified practitioners of this kingdom.

Clause 22 was the last that we quoted. We take, therefore

the next in succession, which provides for the registration of students in medicine.

"23. *Registry of Students.*—And be it enacted, that it shall be lawful for the said council to make regulations for ensuring the registry of all medical and surgical students by the proper officers of the several hospitals or medical or surgical schools at which they shall study, and to authorize such officers to take a fee for such registration, not being more in each case than ten shillings, and for requiring all such fees to be remitted to the secretary of the said council, and returns to be made to them of the registration of all such students, in such manner and form as the council shall think fit; and no hospital or medical or surgical school shall be recognised by any of the said colleges, which shall neglect or refuse to give due effect to such regulations, after notice of such neglect or refusal shall have been sent by the said council to the said colleges, until the default of such hospital or medical or surgical school be amended to the satisfaction of the said council, and all such fees shall be applied toward the expenses of this Act."

This is merely a piece of machinery for extorting money from the pockets of medical students. We had, for a long time past, thought that the "certificate system" was sufficiently operative for such a purpose; but, in conformity with the provisions of this section, if the student belong to half a dozen different schools and hospitals, at each of those establishments ten shillings may be wrenched from him for the purpose of "registration." And what is to become of the large sum thus annually taken from the pockets of the pupils? Is it to be awarded to the several registrars—to the persons who keep the books and execute the duty? No; but all such fees are to be "remitted to the Secretary of the Council." So that the medical students are to be taxed to the extent of hundreds of pounds a-year, for assisting in carrying into effect the provisions of this most wicked measure. If the Bill be intended for the *public good*, the cost ought to fall upon the *public funds*—the revenue arising from the general taxation of the kingdom. If the principle of taxing the students to the extent here proposed be admitted and sanctioned, who knows what limit will be placed to the scheme? That it is a mere device for levying an annual contribution on the student, is proved by the fact, that the students are *already registered* at all the schools and hospitals to which they belong. The *novelty* of the plan, therefore, does not consist in the *registration*, but in the *tax*. We trust that the students will exhibit both spirit and intelligence in resisting a project by which it is designed to make them sustain, out of their own individual pockets, a burden which ought, undoubtedly, to fall upon the public revenue.

"24. *Constitution of the Examining Bodies.*—And be it enacted, that where by this Act it is provided that the concurrence of more than one body is required for qualifying any person to be registered by the said council, the examination before such bodies for his degree or letters testimonial, or both, may be conducted, either separately before examiners appointed by each body, or before a joint board of examiners, to be appointed by each body separately or conjointly, who shall be appointed in such number, manner, and form and shall hold their examinations at such times and places, as such bodies shall, with the approval of the said council, agree from time to time among themselves, or as shall be determined by the said council with respect to any point in which they shall not be agreed; and where there shall be separate examinations before examiners appointed by each body, the subjects and fees of examination shall be divided among such bodies as they shall from time to time agree among themselves, or as the said council from time to time shall determine with respect to any subject on which they shall not be agreed."

This section is altogether a very clumsy contrivance, and would, in reality, prove inoperative, as it is quite evident that the examinations would be separately conducted, unless the Council had full power to unite the examining bodies, with a view of conducting the examinations at one place, and before one body of examiners.

"25. *For securing efficiency of Examination.*—And be it enacted, that the said council may from time to time require returns to be made in such form, and including such particulars, as they shall think fit, respecting the examinations to be conducted as aforesaid, and it shall be lawful for any secretary of the said council, deputed by the council for that purpose, or for any member of the said council, to be present at any of the said examinations; and if the council shall be of opinion that the regulations prescribed by them for the examination and grant of letters testimonial as physician, surgeon, or licentiate, have been infringed, evaded, or neglected by any of the said examining bodies, it shall be lawful for the said council to refuse to register upon the testimonials of the body so in default, until the same be amended to the satisfaction of the said council."

The title of the clause, as described in the five words printed in *italics*, is taken precisely as we find it in the Bill. Here, then, is the grand contrivance of the Government "for securing the efficiency" of the examinations. And without such efficiency, in what consists the utility of any regulations with regard to the schools—of the registrations of students—the taxations imposed upon them—the time spent in residing at universities—the hours nominally passed in attendances at the class-rooms? All are comparatively useless, unless the *examination* which is to precede the final registration of the practitioner be of such a description as to secure to the public a thoroughly competent race of medical attendants. What means, then, does clause 25 provide for securing the "efficiency" of the examinations? *First*, We find that the Council of Health and Medical Education may require "returns" to be made. *Secondly*, That it shall be lawful for any Secretary of the Council, deputed by that body, "or for any "member of the Council, to be present at any of the said examinations." And *thirdly*, That it shall be lawful for the Council to refuse to register upon the testimonials of any examining body which shall be in default with respect to any of the regulations issued by the Council. Considering the object to be attained, the first two provisions are mere absurdities. The third carries with it the semblance of an useful authority. But under what circumstances could that authority be exercised? And, moreover, we may ask, when *would* it be exercised? An examining body, anxious to possess the fees to be paid for diplomas, might strictly comply with the letter of the regulations of the Council, and yet entirely evade them in spirit. In reality, the examination, as a test of acquirement and ability, might be wholly valueless, and the Council not possess the slightest information which would enable it to interfere. Where there are different examining bodies in different divisions of the same kingdom, "the best" securities for enforcing efficient examinations would be found in making the governing body of every medical College *elective by the profession*, rendering it imperative for examinations to be conducted *in public, before the profession*; and in enforcing a *second* examination, without any additional charge, in any other division of the kingdom where the possessor of the diploma should claim a right to practise. These would be *real* securities for efficient examinations; and another would consist in paying the examiners *by salary*, and not rewarding them by fees proportionate to the number of candidates whom they might allow to pass muster.

"26. *None but those registered to be appointed to public situations.*—And be it enacted, that, subject to the reservations hereinafter contained, no person, after the passing of this Act, who is not registered by the said council, shall be appointed to any medical or surgical office in any public hospital, prison, infirmary, dispensary, workhouse, or other public institution in the said United Kingdom, or to any medical or surgical office in her Majesty's army or navy, or in the service of the Hon. East India Company, except in India, natives of India duly qualified accord-

ing to such laws or regulations as are or shall be made in that behalf by the Governor-General in council; and wherever by law it is provided that any Act shall be done by a physician or surgeon, or medical or surgical practitioner, by whatever name or title he is called, such provision shall be construed, after the passing of this Act, to mean a person qualified to be appointed to such medical or surgical offices as aforesaid; and the Council of Health shall be empowered from time to time to make regulations for specifying what institutions are to be considered public institutions within the meaning of this Act, and which form of testimonial shall be necessary to qualify the holder thereof for every such situation."

All the directions contained in this clause—with the exception of the last two—are already provided for by the existing laws, and the conventional arrangements of society. Persons who are not qualified by law are *already* excluded from offices in our public institutions. This section, therefore, offers no advantage to the profession or to the public. The two excepted provisions empower the Council of Health to specify what are "public institutions," and to declare what form of testimonial shall qualify the holder thereof to fill any medical office in such institutions. These are very dangerous powers to be entrusted to such a body, because, as we have already proved, the Council of Health is an institution which will be under the direct control and management of the Government, divested of all ministerial responsibility. The first provision is of a nature to place the profession still more in subjection to the executive Government; and the second, when it is recollected that the medical portion of the Council of Health is to consist entirely of *pure* physicians and *pure* surgeons, would probably have the effect of excluding the general practitioners in medicine and surgery from every office of value in our public institutions. The *registration*, it appears, then, is not to bestow a legal right to acquire medical offices, but that is to be supplied by "a form of testimonial," which shall subsequently be determined upon by the Council of Health. Thus, the Council is to dictate to the public and the profession what *are*, and what *are not*, to be public institutions within the meaning of the Act, thus virtually decreeing whether registered or unregistered medical practitioners shall occupy medical offices in them; and then, if the institutions belong to the first class, they are to have the power of determining what shall be the form of testimonial which, even in *that* case, shall entitle a *registered* practitioner to hold a medical office therein! These are powers, are they, which *ought* to be exercised by a body of men who, it is well known, will direct their course according to the beck or nod of *the minister who presides over them*—a body of persons acting independently of the profession, and possessing no sympathies or interests in common with the medical faculty!

In all these provisions the profession may see why it is that they are *not allowed to choose their governing authorities*, under the influence and sanction of a principle of *medical representation*. In every clause of the Bill, indisputable evidence is furnished of the *mistrust* and *dislike* which were entertained by the framers of the measure towards the *vast majority of the profession*.

"27. *Privileges of persons registered.*—And be it enacted, that all persons who are registered by the said council as physicians, surgeons, or licentiates, shall be exempt, while practising as such, from being summoned or serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, but, subject to the reservations hereinafter contained, no person shall be entitled to such exemption, on the ground of his practising medicine or surgery, who is not so registered, nor shall the certificate of any such unregistered person, given after the passing of this Act, be received as the certificate of a medical or surgical practitioner in any court of law, or in any case in which by law the certificate of a medical or surgical practitioner is required."

PRIVILEGES OF PERSONS REGISTERED!—Privileges, indeed! What are they? Exemptions which all legally qualified medical men at present enjoy. *Privileges!* Why, even these exemptions are not henceforth to be allowed if the practitioner be *unregistered*—in other words, if he have not paid (*paid*) for the insertion of his name in a certain printed list. So that this *new* privilege of exemption, as a substitute for the *old*, both being identical, is not to be had, except at the price specified in the Bill. Such "privileges" should, undoubtedly, be known by *another term*, as they are the reverse of advantages. The "privilege clause" ought to have been framed thus:—

"And be it enacted, that the exemptions which the members "of the medical profession can now claim *without cost*, shall not "be allowed to them in future without being *paid for*."

This, we suppose, is one of the conditions which have been "hailed" with so much "*satisfaction*" by the abettors, instruments, and agents of the "unlawful" practitioners.

"28. *Persons now practising may be registered.*—Provided always, and be it enacted, that it shall be lawful for the said council, on the application, within twelve calendar months after the passing of this Act, of any person legally practising as a physician, surgeon, or apothecary, at the time of the passing of this Act, in any part of the United Kingdom of Great Britain and Ireland, or on the application within two years of any person so legally practising in any of her Majesty's colonies and foreign possessions, to cause the name of such person to be registered as a physician, surgeon, or licentiate in medicine and surgery, as the case may be, on production to the said council of his diploma, licence, or certificate, or such other proof as shall be satisfactory to the said council, that at the time of the passing of this Act he was legally entitled to practise as a physician, surgeon, or apothecary, as the case may be, in some part of the said United Kingdom, and on payment of a fee of two pounds in the case of fellows or associates of the said colleges of physicians and surgeons respectively, and of five shillings in every other case, which fees shall be applied toward the expenses of this Act; and during the said period of twelve calendar months, every person legally practising as a physician, surgeon, or apothecary, at the time of the passing of this Act in the said United Kingdom, and during the said period of two years, every person so legally practising in any of her Majesty's colonies and foreign possessions, although not registered, shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner, as if this Act had not been passed, and no farther or otherwise, unless registered under this Act."

This clause empowers the Council to register persons who are legally practising as physicians, surgeons, and apothecaries, or whosoever can prove that at the time of the passing of the Act he was legally entitled to practise medicine in some part of the United Kingdom. With respect to qualified members of the profession who reside in the Colonies, two years are allowed for registration. The registered practitioners, be it observed, are to be physicians, surgeons, or apothecaries; but when reference is made to the payment of the fees, we find these words, "the sum "shall be *Two pounds* in the case of Fellows or Associates of the "said Colleges of Physicians and Surgeons respectively, and of *Five shillings* in every other case." What is the meaning of these strange distinctions? "Associates!" why is this word introduced? Is a Licentiate of the College of Physicians included under the title, "Fellows or Associates?" Why all this mystification? It would appear to be the result of a premeditated and fixed resolution not to allow the general practitioners to be placed in any portion of this odious measure, in *one* position of equality with pure physicians and pure surgeons.

Fellows and *Associates* of the Colleges of Physicians and Surgeons are to pay Two pounds each. The Fellows—who, as was remarked in an able leading article of the *Times* newspaper, short time since—the Fellows, consisting of the *Pures*, who are

scarcely capable of discharging their washing bills—these *Pures* are to pay two pounds each; whilst the general practitioner is required to pay five shillings only! We believe that the great majority of medical gentlemen will consider the distinctions here made to be far more odious than profitable. This stipulated fee of five shillings, to be paid by the general practitioner, when it is contrasted with the two pounds to be paid by the *Pure*, casts upon nineteen-twentieths of the medical profession in this country the insulting imputation that they are either inferior in respectability or medical acquirements, or in pecuniary means, to the two other registered classes; hence, as something *very inferior* is to be registered, a *very inferior sum* should be paid—a sum amounting only to one-eighth of the fee to be taken from the not-over-rich dub or pure. The general practitioners are now feeling these insults and indignities, and the framers of the Bill have not laboured in vain.

"29. *Penalty on unqualified persons for practising in public offices.*—And be it enacted, that every person appointed after the passing of this Act to any medical or surgical office for which he is not qualified according to the provisions of this Act and the regulations of the said council, and who shall act or practise in such office, shall for every such offence forfeit the sum of twenty pounds, to be recovered by action of debt, or information to be brought in any of her Majesty's Courts of Record at Westminster, or in the Court of Exchequer in Scotland, or in Dublin, within six calendar months next after the commission of the offence, and to be recovered in the name of her Majesty's Attorney-General in England or Ireland, or of the Lord Advocate in Scotland."

The provisions of this clause are curious, insidious, and highly objectionable. The law ought to allow any legally-qualified medical practitioner to hold any office to which he may be elected—that is, if he labour under no moral disqualification. But according to this measure of the Government, after a practitioner has complied with all the conditions of the schools—has paid all his fees, has undergone his examination, has obtained licences or diplomas from two or three examining bodies, and, finally, has been registered in one or all of the grades—the *Council of Health* is to be authorized to determine (under the powers entrusted to it, by clause 26, relative to the forms of testimonial) whether a *registered* medical practitioner is or is not qualified to hold a medical office in a "public institution." Thus, the discretionary authority that is to be exercised by the Council may entirely set aside the value of a registration which is effected under the strict provisions of the statute. It is, in fact, placing at the entire disposal of the Council, under a specious form of law, the power of exercising a thoroughly despotic authority.

When it is provided that the action is to be brought in the name of the ATTORNEY-GENERAL for the recovery of a sum of twenty pounds, of course it is not intended that such a proceeding should be instituted under the measure. This is altogether a very discreditable piece of deception. Further, we may remark, with regard to the apparently chief object in framing the clause, that unqualified practitioners are already excluded from nearly the whole of our public institutions.

"30. *None but registered persons, or those already practising, may recover charges.*—And be it enacted, that after the passing of this Act, no person shall be entitled to recover any charge in any court of law for any medical or surgical advice, attendance, or operation, or for any medicine prescribed or administered, unless he shall prove upon the trial either that he is registered under this Act, or that he was legally practising in the capacity in which he claims such charge before the passing of this Act."

The effect of the provisions in this clause would be to prevent the *unregistered* practitioner in medicine and surgery from recovering at law any remuneration for his labours. And he would deserve none, but rather a whipping, for his pains. As the law now stands, no medical practitioner in England and Wales can sustain an action in a court of law for charges made for medicines and attendance in a *medical* case—that is, for duties performed as *an apothecary*,—unless he be a practitioner licensed under the 55th GEO. III. With respect to *surgery*, the law is different, as charges may be recovered for services rendered in surgical cases, although the practitioner does not hold any diploma from a College of Surgeons. Having in the first clause of the Bill laid open the whole field of medical practice to quacks and impostors, it is merely provided in this clause that the scoundrels shall not recover at law any charges which they may make for killing her MAJESTY'S subjects. Unlicensed apothecaries are in this condition already, unqualified surgeons are not—they can recover at law. The clause that we have just quoted is designed to deprive them of that privilege. It is, therefore, a good, a wholesome, an useful provision,—almost the only one, if not *the only one*, throughout the Bill, which deserves a single word of commendation. It would tend to protect the public against unqualified surgeons. It would place the members of the Colleges—the registered practitioners—in a position, distinct from that occupied by the mere quack in surgery. How, then, was the subject noticed by Sir JAMES GRAHAM, when he expounded the provisions of the Bill, in the speech which he addressed to the House of Commons in August last? Was he not highly eulogistic and laudatory of this clause, which has a *tendency* to protect the public, which might operate as a trifling check to the quacks, and which, at any rate, does set up a marked distinction between the registered and the unregistered practitioner—between the educated surgeon and the insolent impostor? Was the HOME SECRETARY laudatory of this clause? Hear him on that occasion: "I now proceed to notice a clause (30) respecting which I frankly "admit I feel *considerable doubt and hesitation*; it amounts nearly "to a PENALTY, and it provides that none but registered persons, "or those who were qualified before the passing of the Bill, shall "be entitled to recover at law for medicines, attendance, or "advice." The intimation conveyed in these words furnishes, we believe, a true index to the feelings of the Right Hon. gentleman on the subject of the practice of medicine. He "doubts" and "hesitates," and calls in question the propriety of his own conduct, when he proposes to prevent quacks, and the whole race of unqualified practitioners, from enforcing their infamous demands in courts of law! Such are the opinions, such the views and feelings, of that Minister of the Crown who, in August last, introduced the Medical Bill to the consideration of the House of Commons. That Minister, has received the "best thanks" of the *unlawful* physicians who are practising in this country! If Sir JAMES GRAHAM doubts the propriety of preventing a quack from recovering his charges in a court of law, the value of the privileges which he would confer on qualified practitioners in medicine may be readily conjectured. We now come to the 31st and last clause.

"31. *Penalty for falsely pretending to be on the Register.*—And be it enacted, that every unregistered person who shall wilfully and falsely pretend to be, or take or use any name or title implying that he is registered under this Act, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland, of a crime and offence, and being convicted thereof, shall be punished by fine or imprisonment, or both, as the court before which he shall be convicted shall award."

This clause is not worth a straw. It was thrown in, as a sop, at the end of the poisonous hash. It does not prevent any impostor from styling himself a physician or surgeon or an apothecary. The quack, instead of falsely *pretending* to be registered, will make it *his boast* that he is "AN UNREGISTERED PHYSICIAN" or "SURGEON," and, therefore, that his mind has not been vitiated by the delusive and dangerous doctrines of "the schools!" As an unregistered doctor, he will boldly proclaim himself to be entitled to the full confidence of the public; while the law, by not directly repudiating the pretensions of the impostor, will tacitly encourage him in pursuing his nefarious and dangerous assaults upon the credulity of the public. And, conscience stricken, possibly, at withholding any privilege from such a meritorious vampire, Sir JAMES GRAHAM would propose, in *another Session of Parliament*, to bring in a Bill *for repealing that section of the Medical Act which had so unjustly "prevented the unregistered practitioner from recovering "at law such remuneration as he might demand for his invaluable "services,"*—a task which would not be difficult of performance to a Minister who had "hesitated" as to the propriety of introducing Clause 30 into a Bill, which had been framed, avowedly, for the Better Government of the Medical Profession.

When the Minister doubts the propriety of preventing any quack or other unprincipled impostor from recovering, in courts of law, charges for medicine and attendance,—when, in truth, he "hesitates," and questions the justice of depriving a swindling knave of the opportunity of carrying on his infamous impostures under the direct sanction, recognition, and power of the law,—we think that Minister confesses and virtually proclaims to the world that he does not possess those mental qualifications which render him *capable* of legislating, on correct and just principles, for the interests of the medical profession, or for the medical welfare of the public.

In concluding our analysis of the clauses of this ruinous Bill, truly can it be declared, that we have completed one of the most odious and painful duties we have had to discharge since the first publication of this journal.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Dec. 7th, 1844.

DR. SAYER IN THE CHAIR.

Mr. GREENHALGH related the following

CASE OF MONSTROSITY.

Mrs. M——, aged forty-two, a stout, healthy-looking woman, ceased to menstruate on the 3rd of May last. She then became sick in the morning, her abdomen enlarged, but she doubted whether she was pregnant, inasmuch as her breasts did not enlarge, and she did not feel the motions of the child as on previous occasions. Has had eight well-formed children. She was seized with slight grinding pains of labour about ten o'clock A.M., on Tuesday, December 3rd, 1844, which continued up to seven o'clock P.M., with little or no intermission; when suddenly, and without using any exertion, the membranes ruptured, and, to use her own expression, "went off like a gun," much to the consternation of her husband, and astonishment of her two children, who were conversing with her. I was instantly sent for, but being from home did not arrive till eight o'clock, when the nurse shewed me about a gallon and a-half of liquor amnii, which had passed from her, possessing no fœtus, and of a sanious hue.

As she was flooding considerably, I desired her to lay down on the bed, and on making an examination, I discovered the feet of a fœtus presenting; and upon passing my finger further along the vagina, I discovered a bladder, which puzzled me much, and which turned out to be the swelling passing through the abdominal muscles. The hæmorrhage still continuing, I determined instantly to extract the fœtus, which was accomplished in less than five minutes, the placenta speedily following. There was no further hæmorrhage of any consequence, and up to the present period, December 7th, the patient has not had a bad symptom.

The fœtus, eleven inches in length and well proportioned, is about the fifth month of utero-gestation. The cuticle peeled off with ease from the surface of the body. The child is acephalous, there being little or no frontal development; but there is a tumour at the posterior fontanelle, containing cerebral matter, covered by the membranes of the brain; the left hand, instead of being continuous in a straight line with the fore-arm, is joined at right angles, the fingers looking towards the trunk. At the umbilicus is a swelling composed of the abdominal integuments and peritoneum, inclosing a great portion of the liver, the stomach, and some of the small intestines, a portion of the liver and gall bladder protruding through an opening to the left, without any covering. The left foot is directed inwards. Half an inch from the abdominal swelling, and situated on the funis, is a cyst, containing a watery fluid, which, when examined under the microscope with a quarter-inch lens, exhibited the appearance of numerous hairs, mucus, &c., floating in a perfectly limpid fluid. At one and a quarter of an inch distance from the preceding, is another cyst, containing a similar fluid. The funis appears to run through the centre of these cysts. There are several other bladders of less size situated along the cord, and at its insertion into the placenta is a tumour presenting the appearance of a pile. The funis, throughout its whole extent, is twisted in a very remarkable manner. The placenta is tolerably healthy, but having, for about two-thirds of its extent on the fœtal surface and at the margin, a ring resembling a deposit of lymph beneath the membranes, which contain between them a large quantity of bloody-looking jelly. The thorax and pericardium contained within their cavities a considerable quantity of bloody serum. The heart and kidneys are unusually large, the kidney of the left side occupying the gastric, and that of the right the hepatic region. The lungs were collapsed, and appear well formed.

Mr. CHANCE inquired of Dr. Chowne what his experience was with respect to congenital malformations of the limbs, as to whether the bones were altered in form or not, and whether he believed such malformations were produced by pressure in utero.

Dr. CHOWNE considered that the bones were altered in form, not only those immediately entering into the formation of the deformed joint, but likewise the neighbouring ones; and he considered that distortions were nearly always produced by pressure in utero. He detailed the case of a lady who had all the usual symptoms of pregnancy up to the end of the fourth month, when she ceased to increase in size, and the other symptoms of pregnancy departed; but five months after this period he attended her in labour, when she was delivered of a fœtus of four months' growth, which had evidently been long dead.

Mr. CHANCE said, that although some authorities held that there was no alteration of the bones in club-foot, he considered there must be some alteration of the articular surfaces of the various bones, especially those of the tarsus, and should believe so until he had an opportunity of dissecting a club-foot himself. He believed pressure in utero quite incapable of producing these distortions.

Mr. GREENHALGH remarked that the distortion of the wrist in his case could not have been caused by pressure, for there was a gallon and a half of liquor amnii, which would allow such a small fœtus to float freely in all directions.

The CHAIRMAN said that when residing in Belgium, he dissected several club-feet, and found the articular surfaces of the bones of the tarsus altered.

Mr. SNOW observed that he had treated three cases, in new-born children, in which the foot was bent considerably inwards, by means of a bandage and a splint of folded brown paper steeped in warm water, and applied, in the softened state, in such a manner as to keep the foot straight or even bent a little in the opposite direction; and that in each instance the deformity was quite removed in two or three weeks, and the cure remained permanent.

Mr. BROOKE said he considered there were two kinds of distortion of the limbs, differing as to their causes. Those cases in which the part could easily be brought into its natural position were produced by malposition and pressure in the uterus; but club-foot, and other distortions, in which the parts could not be pulled into the natural position without using a degree of force that would be destructive, depended on some totally different cause.

Mr. NORMAN said that the body of this fœtus was much shorter, in proportion to the legs, than was natural to a five months' fœtus, and this shortness of the body probably depended on the external position of the viscera, being an instance of the consent between the development of parts.

Several curious cases of monstrosity were related by various members.

MEDICAL SOCIETY OF LONDON.

Monday, December 2, 1844.

DR. THEOPHILUS THOMPSON, PRESIDENT.

MR. DENDY read a paper on THE TOLERANCE OF DISEASE.

He said, that during our pathological investigations we were very often surprised, and sometimes astonished, at the extensive organic lesions and encroachments which took place in the body with so little comparative distress, or even indication, during life. This was, of course, often dependent on the natural powers of resistance to disease, but chiefly on those which were the result of a slow or gradual development of the morbid condition.

In the double organs, especially those of the brain, lungs, and kidneys, this fact was often beautifully evident. A cerebral hemisphere might be reduced to a pulp, a lung hepatized, or a kidney absorbed, and yet mind, and respiration, and urinary secretion, might go on without any very extraordinary interruption or derangement.

Some years ago he related to the society the case of a young lady, of Wandsworth, in whose brain there was a large tubercle, involving the corpora striata and the thalami, and a ventricle full of yellow serum, and yet, although severe symptoms had been present, the child was occasionally cheerful and smiling, and had apparently even enjoyed herself a day or two before her death.

CASE OF HOBNAILED LIVER.

Two other cases had lately been under his care, which again illustrated this subject.

One of these was the case of a lady, residing in Piccadilly, of about forty years of age, whom he had himself attended for various maladies during the last three years. She had, however, during almost her whole life, been afflicted by many severe ailments, and yet through all this had preserved a cheerful and serene disposition. When about twenty years old, she was the subject of a series of chronic abscesses, during the course of which she was reduced to a skeleton, her arm having been twice sentenced to amputation. The limb was, however, preserved. About a year ago she suffered under severe and complicated hepatic derangement, attended by very acute pain and sleepless nights, this being, indeed, the third attack she had experienced. On examining the abdomen, he was surprised to find it distended irregularly, the liver, especially, being extremely tumid and indurated; and through the integuments it was clearly ascertained that the viscus was extensively diseased, with a nobulated deposit, by some, he believed, termed the "hobnail liver." This condition, she assured him, she had laboured under for many years. On her convalescence from the acute stage of this condition, he sent her to Essex, and on her return, although she seemed happy, and had gained flesh, he found a large, red, angry swelling on her back. This variety of anthrax he attempted to subdue, but it sloughed extensively; and, as it adhered firmly for some time, he dissected the greater portion from its attachments. This was now nearly well, and the lady herself apparently so, but she still bore about with her a studded and tumefied liver.

EXTENSIVE SCROFULOUS DISEASE.

The other case was that of a child, eight years old, an infirmary patient. About a year ago she was presented to him with the ends of her fingers and thumbs enlarged and discoloured, with other marks of struma. Iodine, internally, reduced the swelling of the fingers very nearly to their natural size, and he had prepared the case as one illustrative of the beneficial influence of iodine in struma.

About a month since she was again admitted, complaining of lumbar pains, &c., the secretion of urine being very scanty, passing almost guttatim. Her sister at this time lying ill with variola, Mr. Ainger saw her at home, a day or two after, and although there was no prominent symptom to fix on, he suspected she might be labouring under suppressed variola. On the next day, without exciting much previous attention or anxiety among her friends, she suddenly died, without convulsion, or other evident cause of dissolution.

In about thirty hours, Dr. Willshire, Mr. Ainger, and himself, examined the body, and the appearances he would thus briefly describe:—

Alimentary canal and liver healthy. Heart flabby, with some yellow specks on its surface. Lungs partially hepatized, and also studded with tubercles of various sizes, but not suppurating. Spleen very much enlarged, and gorged, of a deep crimson hue, also studded thickly with large tubercular spots; its weight one pound. The left kidney nearly three times its normal size, also tuberculated; the right not much enlarged, but indurated, nodulated, and misshapen. The thyroid and cervical glands were extensively diseased, some indurated, others softer, and tuberculated; and they were so firmly pressing on the cervical vessels and air-passages, that it seemed wonderful that cerebral circulation or respiration could, even for an hour, be carried on, and yet neither delirium nor convulsive action, nor dyspnœa, were at any time observed during her illness.

Several cases shewing the tolerance of disease were related.

The PRESIDENT mentioned a case in which the spinal cord, at one portion, was so soft, through its entire extent, that it could be poured from its canal; the only symptom had been constipation.

Mr. A. FISHER detailed a case of abscess, as large as a hen's egg, filling up nearly one hemisphere of the cerebellum, in which the only symptom preceding death was a violent earach, which continued for twenty-four hours.

Mr. HEADLAND related a case of extensive suppuration, affecting the white matter of both hemispheres of the brain, but more particularly the left, the suppuration extending on that side to the lateral ventricle. There were no previous symptoms, except within a day or two of her death, when she was suddenly seized with most violent pain in the head, succeeded by rigors, intolerance of light, and a remarkably rapid pulse. The intellectual faculties remained perfect to the last. He related a case, also, in which a boy lost a portion of his brain from a kick by a horse, and recovered.

Mr. STEDMAN alluded to the case of a man who was stabbed by a bullock, the horn passing through one of his eyes and out at the upper part of the head. He lived forty-eight hours; intellect was perfect to the last. He related a case, also, of atrophy of one entire lung, in which the patient never complained, and pursued his work of threshing till a very short time before death.

Dr. LEONARD STEWART recollected seeing a brain studded all over with tubercles, in which no symptom had existed during life.

Dr. GARROD had seen a case in University College Hospital, of a woman who complained only of general *malaise*, slight cough, and dyspnœa, with occasional pain in the back. Every organ in the body was found, after death, to be affected with cancer.

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF CARIES OF THE OS CALCIS, OCCURRING UNDER MR. LISTON, CURED BY OPERATION. REPORTED BY WILLIAM BROWN, M.R.C.S.E., LATE DRESSER.

CAROLINE H., aged 17, admitted under Mr. Liston, May 31st, 1844. (She is of no particular occupation, being a person of considerable refinement.)

Constitution, &c.—She is of very delicate conformation, but tall; and with many of the signs pointed out by Lugol and others, as indicative of the scrofulous diathesis; as, for instance, disproportion between the trunk and limbs, ill fitting on of the limbs to the trunk; spareness of figure; long dark hair, long eyelashes; very thin skin; much disposition to flushing of the cheeks; livid, though very small and slender hands; brilliancy of the eyes, &c. Yet her actual health would not be called bad. She has never had any glandular enlargements or abscesses in the neck or any other part, nor has she ever had any bone diseased previously to the present one.

History of the Case.—About three years and seven months ago, she first saw a swelling on both sides of the heel of the left foot. After this she found the ankle somewhat weak, and apt to get "twisted" in her walking. At these times she would feel pain. But she continued to walk or dance as usual, without doing anything to the heel, for about four months; when she applied to her medical attendant, (Mr. Jones.) He ordered leeches to the heel. Afterwards the part was bandaged, and a lotion used through the bandage. But she did not lay up at all. About three months after, poulticing was ordered to the heel, as matter was forming on the inner side. This was now let out, and the part has continued open ever since. She had very bad general health, too, about this time: much weakness, and disposition to fainting. As the summer came on, she went to Ramsgate, where her general health got better. The following spring she was taken to Sir B. Brodie, who ordered her a splint, and a repetition of the sea-air and sea-bathing. She wore the splint twelve months; and as the summer came on again, went to the seaside for the third time.

The opening on the inner side of the heel has been accustomed to discharge a good deal; and three or four *very small* bits of bone have come away from it. The part has not been painful,

except on much walking—in which matter she has not restricted herself, (till within the last four months,) nor has she kept herself from dancing; for, even during the time she wore Sir B. Brodie's splint, she managed to get it so that she could both walk and dance.

For some little time before, about four months ago, she had felt some pain on the *outer* side of the heel, when she suddenly found, one morning, a swelling there; while the opening on the inner side had closed in. It was re-established, however, by the probe; and poultices were ordered night and day, together with rest of the foot. About six weeks ago, Mr. Jones called in Mr. Liston. He advised the painting of the swelling on the outer side of the heel with his strong blistering tincture of iodine;* while the poultices were to be continued to the inner side. The painting was repeated in a week, and the swelling greatly subsided.

State on Admission.—There was a bagginess and a slight degree of redness around the opening on the inner side of the heel; but there was not much actual swelling. The opening itself, or papilla, discharged thick matter. There was no pain in the part when at rest. The probe detected naked bone.

She was to have a chop daily, and two ounces of wine, with water-dressing to the heel.

June 8th. *Operation.*—The patient being placed on the operating table, Mr. Liston made an incision obliquely downwards and forwards, just below and behind the malleolus; and from the centre of this another backwards, towards the tip of the heel, directly through the cloaca. He made the incisions down to the full depth at once. He now turned back the two triangular flaps; thus exposing the diseased surface of bone. Next he applied the crown of a small trephine; which, with a turn or two, seemed to burst into a softened part or cavity. On withdrawing the trephine, he turned out, with the scoop end of a common director, that was lying by, and his finger, a piece of dead bone, of the size of a moderate nutmeg. He now well scooped out the cavity with a proper bone scoop; thus removing any remaining softened part of the bone. The cavity being sponged of blood, he, finally, filled it well from the bottom with dry lint. The flaps being now laid down, the patient was taken to bed, where folds of lint squeezed out of cold water, and frequently changed, were kept on the part; but there was scarcely any oozing of blood.

9th.—Had a good deal of aching in the foot and leg last evening; but is pretty comfortable to-day. There is some swelling of the edges of the wound, with some discoloration also of the apices of the two flaps. The house-surgeon, (Mr. Heath,) after cutting away some portions of the lint filling the excavation, applied small folds of lint dipped in warm water, between the edges of the wound; and over all ordered a poultice.

10th.—To have half a pint of porter a day.

12th.—Let her take two grains of the citrate of iron three times a day. The porter to be increased to a pint a day; she still having her wine and chop.

17th.—Mr. Liston himself introduced dry lint down to the bottom of the excavation.

19th.—The surface of the whole wound and excavation is pretty clean, and ready to granulate. Mr. Liston took out a small piece of dead bone, that was projecting from the posterior wall of the cavity, and another smaller piece from another part. He then again introduced dry lint to the bottom of the wound.

24th.—The granulations at the bottom of the excavation looking rather pale. There is a blush, too, on the skin, around the back part of the wound; and she had much pain in the foot during the night, but she kept the foot down a good deal yesterday. She is to leave off her medicine for a day or two, as her tongue and appetite are not so well as they were.

July 1st.—The cavity is looking sloughy, and rather larger. She is to take her medicine again; and Mr. Liston wishes the wound to be dressed with iodine lotion, instead of the simple water-dressing, which has hitherto been employed, (except when he himself has introduced dry lint.) Ordered, tincture of iodine, a drachm; iodide of potassium, ten grains; water, eight ounces. Make a lotion.

4th.—Has not re-commenced her ferruginous medicine till to-day, on account of her menses having been on her. Mr. Liston wishes her to have the iron in larger doses.

8th.—To each draught add three grains more of the citrate of iron. On putting a probe down into the cavity, Mr. Liston finds there is no uncovered bone. Red wash to be used as a dressing, instead of the iodine lotion;* and the tincture of sesquichloride of iron, instead of the citrate, as being a stronger medicine. Let her take fifteen minims of the tincture of sesquichloride of iron three times a day.

13th.—The tincture of the sesquichloride seems not to agree with her; and it did not on one occasion before, when Mr. Jones gave it her. Her appetite is getting bad, and she does not sleep so well.

16th.—Omit the tincture of sesquichloride of iron; and give her, instead, two grains of the iodide of iron, three times a day, in an ounce of water.

17th.—Mr. Liston again introduced the probe; but still found every part covered with granulations. The bandage, which hitherto has been put round just to confine the dressings, is now to be applied with some tightness, so as to bring together, and to bring down as much as practicable the elevated edges.

19th.—The hole is getting much narrower, as well as less deep.

25th.—The hole will now scarcely more than admit a probe; and the superficial surface remaining uncicatrized is not so large as a farthing.

Sept. 1st.—Some little irritation about the part to-day, with something of a sloughy appearance of the unhealed part.

The irritation subsided, and the part continued to heal, though rather slowly. She left the hospital in about a fortnight, only presenting herself once a week. She then went to the sea-side; and continues well. She is now able to walk nicely, &c., only she *occasionally* feels a little pain in the heel.

Remarks.—The foregoing case is an unequivocal example of the powers and advantages of true surgery. In this light it should not only be looked at as saving the patient from losing her whole foot, together with the destruction of health which would necessarily have accompanied the progress of the disease,—for, as Mr. Liston uniformly says, in treating of carious disease of the tarsal and carpal bones, there is no fair reason for supposing the disease would have been spontaneously cured; though, of course, such a result *might* have occurred;)—but it should also be looked at in the light of the vast importance it is, especially to a young person, (an importance proportionate, in a certain point of view, to the station of the individual), of not being the subject of the continuance of an offensive disease, and of the *crippled* condition attending it; whereby the person is not only a burden and humiliation to himself or herself, but a burden to others also. Hence the importance such a case might be of to the practitioner. In regard to *treatment*, the present case presents but two principal points of observation. The first is, the great importance of exciting, on the completion of the operation, a process of suppuration in the cavity, whereby any remaining portions of the bone affected may have an opportunity of being thrown off, and thus granulation eventually take place over a *healthy* surface of bone. Hence the dry lint which Mr. Liston introduced. Then, when granulation has occurred over the bottom of the cavity, it is of importance still to dress from the bottom, in order that a cavity containing air may not be inclosed; whereby, after a time, suppuration would be sure to be excited again, which would reaffect the bone, and eventually, of course, again make its way to the surface. Mr. Liston, more than once, particularly insisted upon this matter in the progress of the present case. The other point of observation is—the necessity of keeping up the state of the patient's formative powers, or system; so that when the time for the granulating process occurs, it may go on healthily and vigorously. Hence the iron &c. in the case now related.

(It is curious, that soon after the operation in the above case, a precisely similar case—the disease occurring in the same heel, and the same side of the heel—came in under Mr. Liston. The subject of it was a little girl, about ten years of age. She was operated on in exactly the same way, and likewise did well, although in opposition to want of care from those to whom she belonged after her leaving the hospital.)

* This is the same as Lugol's *caustic solution* of iodine, only spirit is used instead of distilled water, and two ounces of iodide of potassium instead of one. This fluid Mr. Liston uses very extensively in the University College Hospital, in all scrofulous enlargements, many joint cases, &c.—that is, cases of not very acute effusion into the synovial sacs, moderate cases of housemaid's knee, &c. (In cases where the bursa over the patella is *completely* solidified, he of course dissects out the tumour.) When one blistering is got well, he has the part painted again, and so on.

* The red-wash consists of a weak solution of sulphate of zinc, coloured with a little tincture of lavender.

THE CHESTERFIELD CASE.

To the Editor of THE LANCET.

SIR,—I would ask practitioners in midwifery—in relation to the case of Mr. W. T. Gallimore, reported in this day's LANCET,—Is it most credible that the case was one of Inverted Uterus—unrecognised; or, as reported, one of artificial inversion? If the latter, how did the practitioner get his hold? It appears to me impossible. Perhaps the consulting surgeons could explain more.

A PRACTITIONER IN MIDWIFERY.

Dec. 21.

THE LATE NEWSPAPER PUFF.

To the Editor of THE LANCET.

SIR,—The person who signs himself "Argus," has attacked me undeservedly in THE LANCET of Saturday, the 12th, insinuating that I pay for occasional notices of my skill in the *Weekly Dispatch*. Such is not the fact—and I beg, through your valuable and able journal, to give the most indignant and unqualified contradiction to every word of so unjust an accusation. If "Argus" will refer to that paper, he will find the first physicians and surgeons named there, at various periods, in a similar way; therefore his object in selecting me for remark, amongst the great and the many, I can only attribute to some sinister and selfish view.

The editor of the *Dispatch*, in recommending me, may have done so from the best feelings, as I have attended a part of his family. Finally, if "Argus" wishes for further explanation, he can refer to the *Dispatch*, more especially the last number.

I am, sir, your obedient servant,

A. B. CHISHOLM.

EFFECTS OF PRUSSIC ACID.

To the Editor of THE LANCET.

SIR,—Dr. Letheby's report of the late cases of poisoning by prussic acid, brings to my recollection a circumstance which, although relating to an animal, bears a very remarkable analogy to one of the points connected with the unfortunate young persons who came under his examination.

A young cat having lost its mistress, (deceased,) became very uneasy, crying about the house and garden in a most piteous manner, refusing its ordinary food, declining to sleep in its accustomed place, and at last becoming so excited that it was an act of mercy, as well as of prudence, to put it out of its misery.

Having with difficulty enticed it with some milk, I poured about a drachm of Scheele's acid on its nose and mouth; I watched the results with some interest, attention having been lately so strongly excited on the subject. The poor thing at first appeared stupefied; in about ten or fifteen seconds it staggered, calmly stretched itself at full length, and expired without a struggle, or noise. What I the more particularly wished to observe was the "expiratory shriek," and I was the more astonished, as I had never before seen death take place in animals from the effects of prussic acid, without violent struggling and one or more screams: I think we may infer that no screams were made by the unfortunate couple in the cases above alluded to, as two violent shrieks, either together, or immediately succeeding each other, would have attracted the attention of the inmates of the house.

It is very ticklish ground to draw any analogy between the mental emotions of a cat and the mental emotions of two human beings; yet, may not the state of mental excitement have tended to produce the results noted? In the case of the cat, it was not mere instinctive regard for kindness, but a positive attachment to its mistress, for it refused the same favours from other hands. Disappointed in its attachment, there resulted the mental condition above described. Disappointment in *their* attachment no doubt produced a state of mental excitement which ended so unfortunately to the young couple. A specious hypothesis might easily be drawn up to account for the result.

I would only offer these ideas as a suggestion. But the collection of facts would tend materially to clear up the present mist that hangs over the action of this fearful poison.

I am, sir, your obedient servant,

GEO. L. BLYTH.

Malda Hill, Dec. 20, 1844.

THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—When I have, on various occasions, visited the metropolis, it has been my custom to spend three or four hours in the museum of the Royal College of Surgeons, and until my present visit, I had been invariably accustomed to see a hall porter in attendance.

Is it true, as I have been informed, that his services have been dispensed with, in that capacity, because of the expense of a uniform?

Can this be possible? or is it, that he is elsewhere engaged, in an avocation better suited for a regular practitioner? If so, tell the powers that be, Mr. Editor, that it is a niggardly parsimony, and a very discreditable means of economising the charges of management. I am, sir, yours very respectfully,

A COUNTRY PRACTITIONER.

London, Dec. 24, 1844.

THE GOVERNMENT MEDICAL BILL.

To the Editor of THE LANCET.

SIR,—When I first perused Sir James Graham's Bill, it scarcely seemed credible, that it should have been proposed to the faculty by any statesman, and after carefully examining every clause, astonishment seemed to absorb all other impressions at Sir James Graham's tendering to the medical profession, for their governance, a "Council of Health and Medical Education," without a vestige of the representative principle. It is not improbable, that it would have been found difficult to have induced any other member of the Commons' house to offer so unconditional an insult to any section of society; yet this Bill, if it were enacted into a law, would place the general practitioner in direct competition with empirics.

What arguments can this statesman propose, for placing the profession of medicine under an arbitrary and irresponsible government, and the "Queen's Privy Council" retaining the power to dismiss any member of the "Council of Health and Medical Education," who might prove refractory, and appoint another of a more docile and obsequious temperament. The ordinary reasons, urged by statesmen of arbitrary and exclusive principles, in opposition to the application of the electoral franchise and other civil rights, have been, the defective state of the education and the absence of general information among the people, and therefore their unfitness to exercise so important a trust; but by what plausible sophistry, or propositions, and subtle deductions, he will apply them to the members who compose the faculty of medicine, in the United Kingdom, time can only develop. Sir James assisted in enfranchising the ten-pound householder in our boroughs, and yet, at one "fell swoop," he intends excluding the whole profession from the exercise of the elective franchise, in the formation of the governing power which is to control its interests; thus, in the scale of society degrading them beneath the municipal elector of a borough town; and this affront will equally apply to the medical and surgical officers of our magnificent provincial hospitals, and other public medical institutions; who, in point of talent, education, and surgical and medical ability, are perfectly equal to the rapacious and unscrupulous advisers of the chief secretary for the home department.

In reference to the general practitioner, a severer and a bitterer doom awaits him.

It always appeared to me a principle co-eternal with truth, that a legislative body should exist for the general good; and that the honours and emoluments possessed by the individuals composing it should be the result of the faithful and honest performance of their functions, as instanced by the prosperity and happiness of the governed; but the "Medical Bill" will arm the legislative body with authority and power, calculated to originate in their breasts pride, tyranny, avarice, and other baleful passions, to which, under certain circumstances, the human heart is but too susceptible; whilst, on the other hand, it will introduce into the profession of medicine, a cringing, obsequious, and temporizing spirit; as a substitute for those of independence and liberty.

Certain resolutions, adopted at a recent "extraordinary meeting" of the Royal College of Physicians, Edinburgh, approve the "principles and leading details" of the bill. This might reasonably have been anticipated, because that institution is one of those venerable antiquities which possess all the inherent bad and contaminating influences of the unreformed corporations. The character of our profession is unobtrusive, retiring, and meditative. Yet, upon some future public occasion, Sir James and his party will probably discover there have been at work private influences, which have produced a reaction that has gained for them but little respect or admiration.

It was with sincere pleasure I read Dr. Webster's letter, (President of the British Medical Association,) brought forward at the "special general meeting of the Provincial Medical and Surgical Association, held at Derby, on November 14th, and I fully concur in the views and opinions so justly and forcibly expressed by that gentleman, and it appears palpable, from the disposition and aims of the colleges of Physicians, Edinburgh, and Surgeons, London, and others, that unless the general practitioners consolidate themselves into a corporation or union, or college of medicine and surgery, they will lose "caste," and be seriously deteriorated in the estimation of society.

There was a day when Sir James Graham could not have been induced to have taken the step he has done. His motives are best known to himself. A few years ago he was amongst the most strenuous advocates for the maintenance of the rights and liberties of her majesty's subjects; his present official life is diametrically opposed to his former one; and his chief solicitude seems to be, a persevering determination to exhibit his penitence and this

change which has taken place in his political sentiments to the "Queen's privy council," and their friends and allies, with the intention of being received amongst them on confidential and cordial terms. I am, your obedient servant,

ROBT. HOWARD,
Member of the Provincial Medical and Surgical Association.

Hebden Bridge, Dec. 18th, 1844.

THE LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—At a time when questions involving the interests of the medical community at large are under consideration, I am unwilling to occupy your valuable space with the subject of local grievances. Your journal, however, is the only medium through which certain "hole and corner" proceedings at the London Hospital can obtain the publicity which they merit, and I shall therefore feel obliged by your inserting this communication.

The office of house-surgeon at the hospital just alluded to, has always been filled by a senior-dresser, who, having previously assisted as junior for six months, is well qualified to discharge the various functions which devolve upon him as resident surgical attendant. So effectively, indeed, have these functions been discharged by the "senior-dressers," that it is the concurrent testimony of the surgeons that a serious mishap or mal-praxis has never been known to occur under this régime. The advantage of this system to the students has been, that the responsibility of their position has given them a degree of confidence, an aptitude of decision, and a facility in acting on such decision, which they could not otherwise have acquired, and which has been of infinite service to them in their after career. It is this, in fact, which has been the sole inducement to pupils to enter at this institution, the school, in other respects, presenting no attraction whatever.

Now, sir, the house-committee, vested with despotic power, have determined to do away with a system fraught with so many practical advantages, and, despite the remonstrances of both surgeons and pupils, have acted on such determination. The unfortunate dressers are turned to the right-about, permitted to attend only to such patients as present themselves during the day, at night being excluded from the hospital, and thus prevented from seeing the many important cases which are brought in during that season. In defence of the house-committee's conduct it may be urged, that it is their duty to do what they consider most conducive to the public interest. In answer to this, I would observe, that the future house-surgeonships are not of necessity to be filled by "qualified men," the posts being open, not merely to those who have passed their examinations, but also to pupils, to men, consequently equally liable with their predecessors to the irregularities and propensities of the race. Again, admitting that the house-committee have the right to effect any changes that may seem fit to them, such changes cannot lawfully be made to affect students previously on the list, who have paid for the advantages of the dressership as then constituted, and cannot in justice be defrauded of what to them are "rights." It is true, the surgeons have offered to return their money to those who are dissatisfied, but the liberality of such offer becomes very questionable, when it is considered that the returned money would afford but a sorry compensation for the loss of time.

In making the above remarks, I have been actuated by a sincere attachment to the institution in question, and by a conviction, that the utility of such institutions in general, consists, not merely in affording direct relief to suffering humanity, but in indirectly diffusing such relief far and wide, by sending forth to the world sound practical men.—I have the honour to be, sir, your obedient servant,

REDRESS.

ON THE EMPLOYMENT OF OIL OF TURPENTINE IN YELLOW FEVER.

To the Editor of THE LANCET.

SIR,—THE LANCET being extensively circulated among the medical officers of her Majesty's Navy, I am induced to call your attention to a "most important discovery in medicine," which appears to have escaped your notice. I allude to the alleged cure of yellow fever with oil of turpentine, administered by Dr. King, deputy inspector, late of the Naval Hospital, Bermuda, first proclaimed in his official report, and since so pompously announced in the *Hampshire Telegraph*, as to cause doubts to arise, whether the paragraph is to be regarded as an advertisement, or a piece of irony. The use of oil of turpentine, in the fevers of warm climates, as well as of our own, is well known; and has been strongly recommended by various authors; but it has never ranked very high as a remedy. According to the account of Dr. King, who gave it from the very commencement of the disease, it acted like a charm.

Few, perhaps will be disposed to follow his example, by exhibiting so powerful a stimulant in the high excitement of fever, without some other proof of its utility than bare assertion. "This talented surgeon," however, "had closely studied the causes of the late epidemic at Bermuda, and had successfully applied an approved mode of treatment." It therefore becomes his duty to throw aside his modest diffidence, and give the uninitiated some account of the fever in question—the mode of administration and physiological action of the medicine.

Some intelligent surgeons, who were at Bermuda during the prevalence of the fever, assert that it bore no resemblance to the more severe forms of fever in the West Indies; that it was a simple synochus, which readily yielded to the ordinary antiphlogistic treatment, and that the great mortality among the seamen and soldiers arose from dysentery. Let us therefore hope that Dr. King will also favour the world with some account of the result of his laborious studies in the case of fever, previous to his removal to Hong-Kong, "with increased rank, to complete his investigations in this particular branch of his profession." (Surgery?) Without some such account, he may rest assured that his brother officers, who have treated fever in every clime, will not prove quite so credulous as his friend, Sir G. C., who appears to have selected him as his especial favourite. This, indeed, is so far satisfactory, as it shows that the old gentleman is at last anxious to make some compensation for what some have been so impertinent as to call his invariable "bitter hostility" towards the medical corps. Your obedient servant,

FAIR-PLAY.

London, Nov. 26, 1844.

THE CHARACTER AND CONDUCT OF THE COUNCIL OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—I crave permission again to call the attention of the medical world to the very serious imputations which rest upon the character and conduct of the council of the College of Surgeons—imputations which, I have no hesitation in saying, are as disgraceful to the council as they are dishonouring to the profession.

Between Messrs. Lawrence and Stanley, on the one hand, and the two members of the council whom Mr. Gossett did not name, on the other, there is either a breach of trust, or a lie. Can the council think it unimportant whether or not such a charge remains unrefuted? If the charges be false, let the gross indiscretion, to call it by as light a name as possible, of Mr. Gossett be shewn, or, at least, let him be called upon to name the authority on which he brings such a grave charge as that of a breach of trust, for it is no less, against the council; whereas, if the charge be true, then let the two of the council affected by it be held up to the ridicule and scorn which they merit. But for my part, I have no doubt that the charge is true. Besides the open way in which it was made, Mr. Gossett's character as a man of honour and a gentleman is too well known for us to believe that he would hazard such a charge without the clearest and most indisputable evidence. Then let us know whether it is Messrs. Lawrence and Stanley who have violated a solemn engagement, or whether two of the council have knowingly and meanly asserted that which is false. Above all, let Mr. Gossett come forward and name the two gentlemen who stated that there was such an agreement among the council, and perhaps from them we shall obtain a distinct avowal or disavowal of the charge, so that we may know for certain which are the two of the council who have so utterly disgraced themselves and the profession.

This is not a matter, Sir, in which the personal and individual reputation of the council is alone concerned, neither can it be a personal one between Mr. Gossett and Messrs. Lawrence and Stanley; but it is a matter in which the fellows of the College more especially, and the profession generally, are deeply and individually concerned. It matters not whether Mr. Gossett thinks himself to have been injured by this dirty intrigue; it matters not whether any one, or no one, has been damaged by the paltry manœuvre. It is the character of the profession which is at stake, and which cannot but be materially degraded if some refutation, or explanation at least, be not drawn from these taciturn gentlemen. Surely, Sir, it cannot be that the whole of the council are so lost to all feeling of honour, as to be careless as to the repudiation of so disgraceful a transaction? Has not a Guthrie imbibed enough of the chivalrous feeling in common among the gallant soldiers of whom he was once the companion and is now

the friend, to disown a part in such a dastard affair? Is a Brodie, once "sans tache, sans reproche," so mixed up with the intrigue, as not to dare to clear his reputation from so deep and foul a stain, by a distinct disavowal of any act or part in the transaction?

If I were to charge some of the surgical blunders of the council upon an individual of the same, would he not be quick enough in disavowing it? If I were to charge A with the blunder of B, or C with the want of science of D, would not A quickly explain that he did not tie one of the brachial nerves for the subclavian artery; and C, that he never cut away a piece of healthy intestine in the operation for hernia, but that it was B and D who committed those enormous blunders? Then why, in a case where the honour of each one is so materially concerned, are such charges allowed to remain unanswered? They may think it unimportant; but I tell them that the profession do not think so. Such is a false and superficial view, even for their own interests,

"——————— hæret lateri lethalis arundo,"

and with their lives they will hardly expiate the transaction.

I see that one of the parties implicated—Mr. Stanley—has been lately appointed an examiner. I would ask him—I would ask the council—what value can be attached to a diploma signed by a man labouring under so grievous an imputation? Will the profession, will the public, value such an attestor of merit? Let me then hope, that although neither justice to Mr. Gossett nor to the profession could induce these honourable gentlemen of the council—are they not all, *all honourable* men?—to explain their conduct, that self-interest will lead them to purge themselves from what must otherwise be their "enduring fame."

I am, Sir, yours obediently,

DETUR DIGNIORI.

November, 1844.

NEWS OF THE WEEK.

OBITUARY.—Dr. James Home, late professor of the practice of medicine in the University of Edinburgh, from which he had retired a few years back.—*Provincial Journal.*

TESTIMONIAL TO MR. GUTTERIDGE.—We have learned with much satisfaction, that a number of Mr. Gutteridge's friends, impressed with a sense of his devotedness to the public interest on various occasions, as well as in reference to the long protracted contest at the General Hospital, have commenced a most liberal subscription, for the purpose of partially indemnifying him for the vast outlay to which he has been subjected, particularly in advocating the cause of humanity and justice. We have had the pleasure of knowing Mr. Gutteridge in connexion with the General-Hospital question, and therefore, with the utmost confidence, commend his cause to the public—a cause which interests humanity on the broadest scale, as applying at once to the benefit of the afflicted poor, and, through the influence of medical science, to the mitigation of bodily suffering, alike to all classes. *Birmingham Pilot*, Dec. 14th.

ST. MARYLEBONE INFIRMARY.—As was recently intimated, the board of guardians of the parish of St. Marylebone, after frequent deliberations, have decided on not appointing any person to the vacant office of consulting surgeon to this infirmary. Among the reasons assigned was, "the impropriety of subjecting the sick poor to the treatment of inexperienced surgeons," and making the infirmary a place of education for surgeons, rather than a curative establishment, and last refuge for sick and destitute parishioners. An active canvass has been going on for some time for the gratuitous office, on the part of several candidates, but this has been stopped by the decision of the guardians. Those who have opposed the filling up of the vacancy, consider that whatever extra medical or surgical skill is required on behalf of the sick paupers, the parish of St. Marylebone is rich enough, and in duty bound, to pay for distinctly, at consultations.

ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen were admitted licentiates of the Royal College of Physicians, London, on Monday, December the 23rd:—James Henry Bennet, M.D., London; Robert C. Edwards, London; James Milman Coley, Bridgenorth; Herbert Davies, M.B., Fellow of Queens' College, Cambridge.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Gentlemen admitted members on Friday, December 20th, 1844:—G. J. Wycherley, J. Jolliffe, H. J. Aldham, G. E. Givins, G. Rigden, J. T. Newberry, J. W. Littler, J. Mason, C. Townsend.—Monday, Dec. 23rd.—W. Ross, W. H. Cameron, F. B. Phillipson, R. Bark, G. Jeffreys, J. Godden, J. Bromfield, W. W. James, T. B. Bumstead, S. Burgess, N. Brangwin, J. Pechy, G. F. Fletcher.

CORRESPONDENTS.

PUBLISHING IN PARTS.—*To the Editor.*—I think you will agree with me, that publishing in parts has become a perfect nuisance. Messrs. Bowman and Todd state, in the advertisement to the first part of their "Physiological Anatomy and Physiology of Man," that "the work will be completed in two more parts, which are already in an advanced state, and which will appear in the course of the ensuing twelve months." Date February, 1843. One year and nine months have elapsed since this was declared, and no other part has, as yet, made its appearance. I myself, with many others, obtained this first part, thinking it would be a good text-book, but my pupilage is drawing to a close, and, to such as myself, I think it a great injustice that the other parts have not been sooner published.—R. BIBBY.

St. Thomas's Hospital, 19 Dec. 1844.

Our thanks are due to *A Young General Practitioner* (Clifton), for his account of the late proceedings in his neighbourhood. We trust that the measures which are now being adopted, for carrying into practical effect the sound views and opinions on the subject which have been collected and embodied in the letter of our correspondent, will render it unnecessary to expose any farther the conduct of the parties referred to on the occasion described.

The communication of *Guyensis* was received at a late hour this week.

Oceanus. The owners of the vessels. Our correspondent should apply the Secretary of the Company.

If *Vindicator* challenges the legal qualifications of the practitioner whom he has named, it ought not to be done anonymously.

Mr. Cocker (Ashbourne).—Our correspondent may proceed, with the assurance that the numbers are correct. If he will read Professor Liebig's paper, to which the note is appended, carefully, and compare it with the note, he will see that it contains in itself evidence that the numbers representing the temperature are correct. But we also know that Professor Liebig read that note when in England, with a view to its exact accuracy.

A few words on the proceedings of the Birmingham General Hospital in the next LANCET.

The Stockport resolutions are worthless. Associate for an independent incorporation. The general practitioners must work of themselves, and by themselves, or they will be betrayed.

The questions of *D.* shall be answered next week.

Dr. W. E. Humble.—We are requested to state that Dr. Humble, a copy of whose "handbill" appeared at page 378 of last week's LANCET, and who therein advertised himself as having been "formerly assistant-accoucheur to University College Hospital," never held any such office in the hospital, no such appointment having ever existed at that institution.

Mr. Chisholm.—We are assured, on the authority of a gentleman who is connected with the *Weekly Dispatch* newspaper, that the notices which have appeared in that journal, speaking in highly laudatory terms of Mr. Chisholm, surgeon, of Devonshire-street, were, in every respect, editorial productions. If the editor of the *Dispatch* knew how objectionable such notices appear in the eyes of the profession generally, we cannot believe that they would be repeated.

An *Enquirer*, (Newcastle-on-Tyne.)—The legal advocate of Mr. Craig was wrong. Mr. C. exposed himself to the danger even of a "commitment for contempt," for not attending at the court, in compliance with the summons of the magistrates. If, when in attendance, he had been asked for a professional opinion on the case, and then had declined to give evidence without receiving a previous guarantee for his reasonable expenses, the magistrates, for such a refusal, would not have dared to inflict a fine, or subject him to any *inconvenience or punishment*. But Mr. Craig fell into a serious error when he refused to *attend* at the court, in compliance with the summons he had received from the magistrates.

Anthropos.—It would be a pity to disturb them in their glory; little distinctions are valued by little minds. Let not a great cause suffer from such folly.

The result of the interview between the medical gentlemen of Newark and Mr. GLADSTONE did not appear to us to be sufficiently definite to be useful. The right hon. gentleman evidently feels himself to be at perfect liberty to take any course he may think proper with respect to the Bill. As it is a cabinet measure, we know full well that he would not vote against a single clause of it.

It would be infinitely preferable that *no* meeting should be held at Hatfield, Herts, than that the resolutions which have been forwarded to us should be adopted. Every possible effort should be made to prevent the *re-introduction* of the ruinous Bill into the House of Commons. The meeting had better simply determine on forming an association of GENERAL PRACTITIONERS of the county, and form an immediate union with the other societies, which are endeavouring to obtain for them a distinct incorporation.

In consequence of the publication of the Index, and the extreme length of the exceedingly interesting and valuable lecture of Dr. Houston, numerous communications must remain unnoticed till a future occasion.

Communications have been received from Mr. M. Skirrow—Mr. G. B. Douglas—Dr. Brandreth—Mr. Nossam—Mr. Jerome—Mr. W. F. Barlow (Oxford)—Dr. J. H. Robertson—An Obstetrician—Mr. Thurlow Robinson—Mr. C. Smith (Liverpool)—Dr. Wansbrough—Vindicator—Mr. Gutteridge—Mr. Thos. Segar—Mr. Davis (Hampstead)—Dr. W. Jones (Lutterworth)—Caustic—A Looker-on—Mr. W. H. Bellott (Stockport)—Report—University College—W. R.—A Pupil—The Greenock Advertiser.

INDEX.

A

Abdomen, cephalomatous tumour of, 280
Abercrombie, Dr., death of, 267; weight of brain of, 353
Abortion, causes of, 144
Abscesses of liver in algeria, 68; of the tibia, Mr. Maclure on, 152
Actonian prize, review of, 49
Adams, Mr. J., on the treatment of hydrocele, 154
Adam Smith, Cullen, and Medical Reform, 60
Ague, quinine in, 198
Albuminuria, specific gravity of the urine in, 114; mercury in, 114; in puerperal convulsions, Mr. Ross on, 130; in connexion with puerperal convulsions, Mr. Crisp on, 370
Aldersgate-street school, account of, 9
Algeria, abscesses of the liver in, 68
Allnatt, Dr., on medical reform, 208
Ammonia a decomposition of tincture of opium, 46; oxalate of, Liebig on, 190
Amputation of hip joint, 301
Anatomy Act, the effect of, 288
Aneurism of the aorta, obscure case of, 44; treated by pressure above the tumour, 157; of the heart, M. Forget on, 216; of arch of aorta, 221; false, of, 221; ligature of vessels of neck for, 275
Animalculæ in the blood, 45; size of, 270
Animals, secretion of carbon in, 18
Ano, fistula in, 239
Anonymous on reflex action, 222
Antimony in traumatic tetanus, 327; in chorea,
Anus, artificial, in lumbar region, mode of forming, 34
Aorta, obscure case of aneurism of, 44; aneurism of arch of, 221; false aneurism of, 221
Apothecaries' Company, interview with Marylebone association, 28; and Sir J. Graham's bill, 59; address of, 203; the rights of members of, 302; interview with deputations of Medical Society, 346
Apothecaries' Hall, gentlemen who have passed, 28, 64, 97, 119, 148, 183, 210, 246, 271, 303, 330, 354; London regulations of, 3; of Dublin, 5
Argent, Mr. S., on iron in poisoning by arsenic, 103
Army medical service, regulations of, 6
Army, Navy, and Indian medical service, 246, 354
Arsenic, poisoning by, M. Grimaud on, 63; poisoning by, cured by iron, 103; accidental poisoning by, 154; in peritoneal dropsy, 199
Asparagine, mode of obtaining, 285
Asphyxia, Mr. Erichsen on, 56
Asthma, caroub of Judea in, 214
Astragalus, Mr. Hancock on dislocation of the, 35, 70
Axilla, wounds of the, 361
Ayres, Dr., on the compound nature of carbon, 281

B

Barley haw under tongue, death from impaction of, 341
Bath, meeting at, 234
Bath and Bristol, meeting at, 204
Baths and wash-houses for the poor, meeting respecting, 177
Bean, Mr. R. L., on wood engraving, 337
Bedingfield, Dr., on medical representatives in parliament, 62
Belladonna in facial neuralgia, 257
Bennet, Dr. H., on the Hospital St. Louis, 207
Benzoic acid in bladder disease, 297; effects of on urine, 239; in urinary diseases, 240
Bethlehem Hospital, alterations in, 91
Bile, a test for, 45; functions of the, 57; test for, by Pettenkoffer, 373
Birmingham hospital and college, account of, 13
Birmingham general hospital, abuses in, 21
Birmingham hospital, chorea treated with prussic acid at, 118; letter from Mr. Gutteridge respecting, 146; doings in, 287; amputation of hip joint at, 300
Birmingham School of Medicine and Dr. Tilley, 181
Bladder disease, peculiar symptoms in, 297
Blake, Mr. J., on the action of medicines, 57
Blisters, use of, in acute inflammation, Dr. Turnbull on the, 16; improved mode of managing, by Dr. J. K. Robertson, 41; mode of managing, Dr. Kelso on a, 365; Dr. Pidduck on, 365
Blood, animalculæ in the, 45; state of, in lead colic, 258; fibrin of, in inflammation, 333; new mode of analyzing, 338; Mr. J. B. Harrison on vitiated states of the, 363
Blyth, Mr. G. L., on prussic acid, 414
Bonney, Mr. F. A., on opiates in labour and after-pains, 71
Books for review, 148, 271, 330, 389
Brain, reflex function of the, by Dr. Laycock, 57; gun-shot wound of, 216; disease of, in child, Mr. Dunn on, 239
Bread, adulteration of, 259
Breast, extirpation of, Mr. Liston on, 359
Bree, Mr., on the operation of the quack's bill, 116
Brent, Mr., on the medical meeting at Northampton, 301
Brentford medical association, meeting of, 140
Bristol Medical School, account of, 14
Bristol, meeting at, 111
British Association at York, 56
British Association for the Advancement of Science, 231

British, Indian, and American Medical Journals:—

Elephantiasis scroti, 43
Vesicular polypus of os uteri, treatment of plethora by saline medicines, on enuresis nocturna, or incontinence of urine during sleep, aneurism of the aorta obscure in its diagnosis, on preserving bodies for dissection, 44
The presence of animalculæ in the blood, hocussing as practised in India, 45
The treatment of acute rheumatism by cinchona bark, 75
The radical cure of hydrocele, on the protective influence of vaccination, foreign body accidentally lodged in the larynx of a child, foreign body in the bronchi of an infant, death from compression of the umbilical cord prevented by inflation of the lungs of the undelivered infant, 76
Extraordinary case of vicarious menstruation, Irish names and Irish notions of disease, acute glanders communicated by the bite of a horse labouring under chronic disease, Russian mode of castrating horses, nocturnal incontinence of urine, 77
The treatment of aneurism by pressure on the artery above the tumour, recent researches on the structure of the liver, 157
Statistics of pulmonary consumption in the cities of Boston, New York, and Philadelphia for thirty years, 158
On the method of taking plaster casts, reciprocal influence of the nervous and sanguiferous systems, medical memoranda, 198
The physiological and therapeutical effects of Indian hemp, on the cure of deafness by puncturing the membrana tympani, analysis of the blood in a case of lead colic, the clergyman's sore throat, 258
A new system of cranioscopy on a scientific foundation, the scalp issue in cerebral diseases, the diagnosis of inverted uterus and polypus, 259
Statistics of obstetric practice, 283
On the use of conium, and the means of ascertaining the value of the extract, the diagnosis of œdema glottidis and acute laryngitis, the administration of medicines in a state of fluidity, free trade in physic, 284
On the nature of nervous agency, statistics of obstetric practice, 319
The origin of puerperal fever, on the use of nitric acid as an escharotic in certain hæmorrhoidal affections, a case of difficulty in recognising the sex of an infant, cases of fractured skull, 340
Death from impaction of a portion of barley "haw" under the tongue, 341
Excision of the eyeball in cases of melanosis, medullary carcinoma, and carcinoma, 372
Hour-glass contraction of the womb, symptoms and pathological appearances in a case of spinal meningitis, 383
Singular case of fatal intra-uterine hæmorrhage; treatment of typhus fever, and its complications; tannin a cure for toothache, 406
British Medical Association, meeting of, 297
Brodie, Sir Benjamin, note from, 269

Bronchi, foreign body in the, 76
Bronchocele, Mr. Liston on, 187
Brown, Mr. J. B., practical remarks by, on the treatment of ovarian dropsy, 41
Burgess, Mr. J., on calomel in typhus, 218
Burmester, Mr., on retained placenta and hour-glass contraction, 404
Butter, volatile oils of, 45
Byles, Mr. S., on unqualified practitioners, 196

C

Calcis, os, caries of, 412
Calculi, urinary, in reptiles, 45
Callus, solution of, from low living, from rheumatic fever, 58
Calomel in typhus fever, Mr. J. Burgess on, 218
Campbell, Mr. C. J., on suffocation from foreign body in larynx, 370
Cancrum oris, chlorate of potash in, 114
Carbon, secretion of, in animals, 18; the compounds of, by Professor Liebig, 125; on the compound nature of, 281
Carbonate of lead, poisoning by, 144
Carcinoma of cervix uteri, case of, 255
Caroub of India in asthma, 214
Carpus, backward dislocation of, 59
Castration of horses in Russia, 77
Cava, vena, superior, glands pressing on, 222
Charing-cross hospital and school, account of, 11
Charlotte-st. School of Medicine, account of, 10
Chatham, meeting at, 52; petition of practitioners at, 205
Chelsea, meeting at, 23
Chemical Society, first meeting of session, 205; Dr. Stenhouse on quina bark, 381
Chemist, his opinion on medical reform, 91

CHEMISTRY, PHARMACY, & MATERIA MEDICA:—
A test for bile, the volatile oils of butter, analysis of ergot of rye, urinary calculi in reptiles, 45
Decomposition of tinct. opii by ammonia, preparation of extracts of narcotic plants in small quantities, 46
Magnesia, 225
Origin of fat in the animal body, 226
Discovery of a new organic nitrogenous body in healthy human urine, a new acid in human urine, adulterations, 259
Asparagine, a ready method of obtaining it, remarks on its functions in the economy of vegetables, narcotine, and the products of its oxidation, 285
Adulterations:—scammony, 341
Pettenkoffer's test for bile, honey and sugar adulterated with starch-sugar, on the presence of lime in veratrine, 373
Chemistry, Dr. Fownes' Manual of, review of, 292
Chesterfield case, the, 418
Chester, meeting at, 141
Chichester, meeting at, 235
Children, pneumonia in, 178
Chisholm, Mr., note from, 414
Chlorate of potash in cancrum oris, 114
Chorea treated by prussic acid at the Birmingham hospital, 118; treated by antimony, 327
Chronicle, the Morning, and the profession, 47
Cinchona, treatment of acute rheumatism by, 57
City police, surgeonship of, 353
Civilization and indigestion, 57
Civis on the Edinburgh College of Physicians, 62
Clarkson, Mr. J., on inversio uteri,
Clavicle, fracture of, new apparatus for, 238; necrosis of, 361
Cleft palate, Mr. Fergusson on, 380
Clergyman's sore throat, the, 258
Clinical lectures and hospital practice, a "Medical Student" on, 62
Cloquet, M., case of foreign body in the rectum, by, 35
Club-foot, infirmary for, note from Mr. Grindley respecting, 303
Cluley, Mr. W., on tobacco enema in hernia, 404
Coincidence, a singular, 295
Colchester, meeting at, 167
College of Surgeons, conduct of council in election of councillors, 91; gentlemen who have passed, 92, 183, 210, 271, 354
Conium, extract of, means to determine value of, 284
Consumption hospital, account of, 12
Coolie trade, surgeons in the, 117
Cooper, Sir A., statue of, 28
Cork, meeting at, 325
Correspondents, 28, 64, 92, 119, 148, 183, 210, 246, 271, 303, 330, 354, 389
Cornea, conical, treatment of, by Mr. F. B. Gervis, 128
Corrosive sublimate, absorption of, in cases of poisoning, Dr. Glover on, 75
Costello, Dr., and the Free Hospital, 117; note from, 147
Council of Health, in new medical bill, 226; the constitution of, in reference to public hygiene, 342
Craig, Dr. J., on the action of the ergot of rye during labour, 155
Cranioscopy, new system of, 259
Cranium, cases of fracture of, 240
Creation, medals of, Dr. Mantell on the, review of, 323
Creation, natural history of, review of the, 265
Crisp, Mr., on puerperal convulsions and albuminous urine, 370
Crisp, R. H., on belladonna in facial neuralgia, 257
Curtis, Mr. J., on vaccination, 209
Cutaneous diseases, Mr. Peppercorne on, review of, 21
Cutaneous Infirmary, the, 47, 342
Cyamelide, Liebig on, 305
Cyanate of potass, Professor Liebig on, 247
Cyanides, metallic, Liebig on, 331
Cyanogen and its compounds, Liebig on, 213; chloride of, 274
Cyanuric acid, Liebig on, 273
Cyclopædia of practical surgery, note respecting, 91
Cysts in the anterior chamber of the eye, 46

D

Davies, Mr., note from, 385
Davis, Dr. J. H., on midwifery, 316
Deafness, Mr. Liston on, 187; cure of, by puncturing the tympanum, 258
Death, sudden, Dr. Pinefoy on, 400
Delirium tremens, 179; succinate of ammonia in, 199
Derby conspiracy, the, 268; Dr. Webster on, 294
Devonport, meeting at, 85
Dickinson, Mr., note from, 59
Diet, influence of, in formation of fat in herbivorous animals, 277
Disease, constitutional peculiarity in, by Mr. Harrison, 37; toleration of, 412
Dislocation of the humerus, 17; of femur on to the ischiatic notch, 59; backward of the carpus, 59; of the astragalus, Mr. Hancock on, 35, 70; of the upper head of radius inwards, 257
Dissection, preserving bodies for, 44
Dissections, in public and private, 288
Dorchester, meeting at, 351
Dover, meeting at, 166
Drapers, metropolitan, meeting of, 114
Dropsy of peritonæum, arsenic in, 199
Dunn, Mr., on disease of brain in child, 239
Duodenum, ulceration of, case of, 266
Dyspepsia, discussion on, 89

E

Ear, mode of extracting foreign bodies from, 224
East India Medical Service, regulations of, 7
Eccles, Mr., note from, 117
Eccles, Mr. W., on matico in hæmorrhage from leech bites, 224
Echinococcus hominis, Mr. Wilson on, 267
Editorial Remarks:—Notice of meetings at Exeter Hall respecting government bill, 19; address to students, 20; Birmingham General Hospital, 21; the Times, Chronicle, and the profession, 47; the London Cutaneous Infirmary, 47; Government Medical Bill, 77; British Association for the Advancement of Science, 77; the Birmingham General Hospital, 78; Government Medical Bill, 103; Royal College of Surgeons, 106; Metropolitan Drapers' Association, 107; list of the new fellows of the College of Surgeons, 108; the Government Medical Bill, 130; Birmingham General Hospital, 136; the Government Medical Bill, 151; baths and washhouses for the working classes, 161; the Provincial Medical and Surgical Association, and the Government Medical Bill, 199; the council of health and education, 201; the Government Medical Bill, 226; the council of health and medical education, 226; General Hospital, Birmingham, 231; the science of chemistry, 232; homicidal insanity, 232; the council of health and education, 260; meeting of the Provincial Association at Derby, 264; registration under the Medical Bill, 286; misrepresentation in Ireland and Scotland, 287; General Hospital, Birmingham, 287; dissections in the schools and in private, 288; the Anatomy Act, 288; a specimen of Sir J. Graham's doctors, 289; pleasant prospect for general practitioners, 287; treatment of union medical officers, 287; the registration, 290; illegal practitioners at York, 209; Miss Martineau and Mesmerism, 291; incorporation of general practitioners, 291; the Marylebone and Westminster meeting, 320; the wonderful registration, 322; the new medical incorporation, 342; the inconsistencies of the Council of Health—the skin infirmary, 343; the wish of English to grant equality to Scottish and Irish practitioners, 344; the time for exertion, unconditionally, against the whole government medical government; illustrations of the chaotic nature of the bill which the adulators of Sir James Graham have been be-praising for its "simplicity;" the various registrations, according to age, by means of which the surgeons in general practice are degraded by the bill into the lowest class of the profession; the powers lodged in the Council of Health and Education, which ought to be exercised only by a responsible minister of public instruction, 374; libellous legal error of Baron Gurney, 377; discreditable handbills, 378; advice to the general practitioners respecting the joining of medical associations for immediate parliamentary purposes, 378; the voluntary incorporation, 407; the registration under Sir J. Graham's Bill, 407
Edinburgh College of Physicians, Civis on, 62
Edinburgh, University of, statutes relative to, 4
Elbow, compound fracture of, Mr. Prior on, 365
Elephantiasis scroti in India, 43
Ellis, Mr., on the operation at the Jervis-street Hospital, 146
Ergot of rye, action of, during labour by Dr. Craig, 155; Mr. Hussey on, 385
Erichsen, Mr., on asphyxia, 56
Essex, meeting in, 52
Exeter, "Fairplay" on the medical meeting at, 300
Extra-uterine gestation, case of, by Mr. F. Hemard, 74; Pregnancy, case of, 57
Extracts, mode of preparing, 46
Eye, cysts in the anterior chamber of the, 46
Eye, diseases of the, Mr. Jeaffreson on, 378
Eyeball, excision of, in certain diseases, 372

F

Fat, origin of, in animal body, 226; influence of diet in forming, 277
Fæces, accumulation of, 326
Fellowship of the Colleges, 353
Femoral hernia, Mr. J. S. Wilkinson on, 339
Femur, dislocation of, on to the ischiatic notch, 59
Fergusson, Mr., on encysted hydrocele, 27; on cleft palate, 380
Ferrocyanide of potassium, Liebig on, 357, 391
Finsbury Medical Association, meeting of, 350
Fistula in ano, 239; vesico-vaginal, 299
Forget, M., on aneurism of the heart, 216

FOREIGN DEPARTMENT:—
Pathological endurance in the insane, 33
Cure of acute mania, by pleuro-pneumonia; mode of arresting hæmorrhage from leech bites; formation of artificial anus, 34
Foreign bodies in the rectum; extirpation of the uterus for inversion, 35
Académie de Médecine, Paris.—Abscesses of the liver in Algeria; elimination and expulsion of the entire uterus, by M. Estevenet, (Toulouse,) communicated by M. Velpeau; M. Vidal's new operation for varicocele, 68
M. Virey on the laws of vitalism; the causes, mode of reproduction, and period of incubation of the plague, 69
Académie de Médecine, Paris.—On the influence of traumatic lesions of the spinal cord on the genito-urinary functions, 99
Physiological and pathological researches on tuberculosis, by H. Lebert, M.D., 150
Académie de Médecine, Paris.—On the use of caroub of Judæa in asthmatic affections; on extirpation of the superior cervical ganglions of the sympathetic nerve; researches on the chemical composition of the pulmonary parenchyma and of tubercles, 215
M. Forget on aneurism of the heart; gunshot wound of the anterior cerebral lobes; polypi of the auditory canal; the suspubic operation for lithotomy, 216
Académie des Sciences, Paris.—On the passage of medicinal substances through the human economy; influence of diet on the formation of fat in herbivorous animals; lumbar enterotomy for imperforation of the rectum, 277
Arytenoidean ganglion, 278
ITALY.—Scientific Congress at Milan; Indian corn a cause of pellagra; fibrin of the blood in inflammation; new method for the analysis of the blood; scurvy, 332
Fownes, Dr., chemistry, review of, 49; manual of chemistry, 292
Fracture of the costal cartilages and rupture of vena cava, 127; of both legs, 179; of the tibia and fibula, 180; of clavicle, new apparatus for, 238; of the cranium, cases of, 240; of skull, cases of, 340; compound of elbow joint, 365
Free trade in medicines, 284
Fulminic acid, Liebig on, 247

G

GALLIMORE, trial of, for tearing away the uterus, 383
Garrod, Dr. A. B., on urine, 239
Gay, Mr., note from, 147
Gervis, Mr. F. B., on the treatment of conical cornea, 128
Gervis, Mr. H., on parliamentary influence in medical reform, 209
Girdwood, Mr., on menstruation, 312
Glanders, acute, from bite of horse, 77
Glasgow, University of, regulations of; Faculty of Medicine of, 13
Glasgow, dinner to Liebig at, 171
Glasgow, Medical Association of, report of, on Sir J. Graham's Bill, 236
Glass of commerce, Mr. Warrington on, 381
Glottis, closure of, treated by tracheotomy, 384
Gloucester, meeting at, 84
Glover, Dr. R.M., on absorption of corrosive sublimate, 75
Goodfellow, Dr., on animalculæ in the blood, 45; on animalculæ, 270
Gosset, Mr. M., on bleeding from leech bites, 194
Government Medical Bill, confusion in, 374
Graham, Sir J., laudation of, 243
Graham's, Sir James, Medical Practitioners, a specimen of one of, 289
Grahamized doctors, the, 301
Grantham, Mr., review of facts and observations in medicine, by, 345
Greenhalgh, Mr., on monstrosity, 411
Greenwich, meeting at, 293
Guano, discovery of uric oxide in, 129
Gunshot wound of the brain, 216
Gurney, Baron, error of, respecting inquests, 377
Gutteridge, Mr. T., on the management of the Birmingham Hospital, 146
Guy, Dr. A., on his work on medical jurisprudence, 117
Guy's Hospital and School, account of, 7

H

HÆMORRHOIDS, nitric acid in, 340
Hæmorrhage, intra-uterine, 406
Hall, Dr. J. C., on Sir J. Graham's Bill, 329
Hancock, Mr., on dislocation of the astragalus, 35, 70; new apparatus by, for fracture of the clavicle, 238
Harrison, Mr. J. B., on general pathology, 37, 100, 363
Hastings, meeting at, 25
Heart, diseases of, Mr. Tripe on; functional derangement of, 72; pericarditis, 72; endocarditis, 73; hypertrophy, 102; dilatation, 126; hypertrophy and dilatation combined with the disease, 219; softening of the, 220; aneurism of the arch of the aorta, 221; false aneurism of the aorta, 222; enlarged glands pressing on superior cava, 222
Heart, aneurism of the, M. Forget on, 216; peculiar smallness of, 178
Heming, Dr. G. O., facts and observations in midwifery, by, 195; diseases of cervix uteri, 195; syphilitic ulceration of cervix uteri, 195; carcinoma of cervix uteri, 255; corroding ulcer of os uteri, 337; malignant growths of uterus, 337
Hereford, meeting at, 24
Hernia, tobacco enema in, 404
Hertford, meeting at, 168
Heward, Mr. F., on extra uterine gestation, 56
Hilton, Mr., election of, to assistant surgeon at Guy's, 353
Hip-joint, amputation of, 300
Hippuric acid from urine, mode of obtaining, 129; in urine, 239
Hocken, Dr., on a case of accumulation of fæces, 326
Hocussing in India, 45
Hodge, Mr., on the state of the profession, 378
Hodgkin, Dr., on tape worm, 56
Hodgson, Mr., on Grahamized doctors, 339
Homœopathy in Leeds, 353
Honey, adulterated with starch sugar, 373
Horn growing from the scrotum, case of, 89
Horses, castration of, in Russia, 77
Hospitals in England, list of, recognised, 3

HOSPITAL REPORTS:—
ST. GEORGE'S HOSPITAL.—Report of some cases occurring amongst the out-patients, treated by Henry James Johnson, Esq., senior-assistant surgeon, 89
GUY'S HOSPITAL.—Cases furnished by the Clinical Report Society; idiopathic tetanus; exhibition of extract of Indian hemp; death, 351
THE MIDDLESEX HOSPITAL.—Compound fracture of both legs; delirium tremens; erysipelas, cure; fracture of the tibia and fibula of the left leg, &c., 179
Acute laryngitis, tracheotomy, erysipelas, cure, 205
Foreign body in the vagina, vesico vaginal fistula, extraction of foreign body, recovery, 299
QUEEN'S HOSPITAL, BIRMINGHAM.—Amputation at the hip-joint, 300
ROYAL FREE HOSPITAL.—Traumatic tetanus, amputation of toe, death; treatment by antimony, chorea from fright, treated by the potassio-tartrate of antimony, cure; chorea, death; post-mortem examination, 327
DREADNOUGHT HOSPITAL SHIP, RIVER THAMES.—Case of strumous ulceration of the tongue and throat, attended with a partial closure of the glottis, tracheotomy, recovery, 384
KING'S COLLEGE HOSPITAL.—Cases of encysted hydrocele, 27
LONDON HOSPITAL.—Partial solution of callus from low living, 58; partial solution of callus from rheumatic fever, 58; dislocation of the femur on to the ischiatic notch, 59; backward dislocation of the carpus, 59; rupture of the liver, with hæmorrhage, 115; case of severe fracture of the cranium, 239
UNIVERSITY COLLEGE HOSPITAL.—Caries of Os Calcis, 412.
Houghton, Mr. J. H., on dislocation of the humerus, 17
Hour-glass contraction of uterus, 373; Mr. Burmester on, 404
Houston, Dr., on improvements in surgery, 393
Howard, R. W., on Sir J. Graham's Bill, 414
Hull, meeting at, 168
Humerus, dislocation of, case of, 17; fracture of the greater tuberosity of the, 198
Hunt, Dr., on relaxed rectum, 326
Hussey, Mr., on ergot of rye, 385
Hydrocele, encysted, of the spermatic cord, 27; iodine, injection in, 27; radical cure of, Dr. Porter on, 76; the treatment of, by Mr. Adams, 154
Hydrocyanic acid, Liebig on, 305
Hydrostatic bed, Medicus on the, 46
Hydrostatic test, the, 179

I

INCONTINENCE of urine in children, Mr. A. B. Steele on, 197; during sleep, cure for, 44; during sleep, 77
Incorporation of general practitioners, Dr. Webster on, 241; letter to provincial association on, 241; Mr. Ross on, 318; great meeting in Marylebone, 347
India, hocussing in, 45
Indian hemp, therapeutical effects of, 258; in case of idiopathic tetanus, 351
Indian corn, a cure for pellagra, 333
Indigestion, connexion of, with civilization, 57
Inflammation, acute, use of blister in, 16; fibrin of the blood in, 333
Inman, Dr., tables on the mortality of the operations, 39
Inquests, error of Baron Gurney respecting, 377
Insane, pathological endurance of the, 33
Insanity, homicidal, remarks on, 232; proximate cause of, 401
Intermittent fever, Dr. Pidduck on, 223
Intus-susception, case of, 298
Inversion of uterus, diagnosis of, 259; after labour, 404
Iodine in tumour of lower jaw, 90
Iodine injection in hydrocele, 27
Ipswich, meeting at, 86
Ireland and Scotland, misrepresentations in, 287
Iron, sulphate of, with an alkaline carbonate in poisoning, by prussic acid, 41; an antidote to arsenic, 103; peroxide of, in cases of poisoning by prussic acid, 282
Ischiatic notch, dislocation of femur on to, 59
Islington, meeting at, 53
Isomerism, Liebig on, 305

J

JACKSONIAN Prizes, particulars respecting, 3
Jaw, lower, tumour of, treated by iodine, 90
Jaws, diseases of, Mr. Liston on, 185
Jeaffreson, Mr., on diseases of the eye, review of, 378
Jeffreys, Dr. on the efficacy of matico, review of, 21
Jervis-street Hospital, note respecting a case at, 61
Joints, wounds of, Mr. Prior on, 368
Jones, Mr. Greville, note from, 118
Jordison, Mr. R. B., on presentation of the placenta, 157

K

KELSO, Dr. J. J., on poisoning by arsenic, 154; on management of blisters, 365
Kemp, Dr., on the functions of the bile, 57
Kensington, meeting at, 113
Key, Mr. W. Dundas, on fracture of the humerus, 198
Kidderminster, meeting at, 26
King's College Hospital and school, account of, 9
King's College Hospital, proposed removal of, 28

L

LAMBETH, meeting at, 165
Langier, M., election of, at the Académie de Médecine, 91
Larynx, foreign body in the, 76; suffocation from, 370
Laryngitis, case of acute, in which tracheotomy was performed, 205; acute, diagnosis of, 284
Lawrence, Mr., introductory lecture by, 64
Laycock, Dr., on the reflex function of the brain, 57; note from, 330
Lead, effects of, on the gums, 145; acetate of, doses of the, 145; colic, state of blood in, 258
Lebert, Dr., on tuberculosis, 150

LECTURES:—

LIEBIG, PROFESSOR—COURSE OF, ON ORGANIC CHEMISTRY, DELIVERED AT GIESSEN:
Lect. 8.—On certain compound radicals containing platinum, their analogy with organic bases, 31
Lect. 9.—Certain compounds of carbon; carbon and oxygen; carbonic oxide and its combinations, 125
Lect. 10.—Oxalic acid, 149
Lect. 11.—Oxalate of ammonia, 190
Lect. 12.—Cyanogen, 213
Lect. 13.—Cyanogen and its compounds, *continued*; cyanate of potass; fulminic acid; cyanuric acid, 247
Lect. 14.—Cyanogen and its compounds, *continued*; cyanuric acid; chloride of cyanogen, 273
Lect. 15.—Cyanuric acid; isomerism; cyamelide; hydrocyanic acid, 305
Lect. 16.—Metallic cyanides; paracyanogen, 331
Lect. 17.—Cyanogen and its compounds, *continued*; ferrocyanide of potassium, 357
Lect. 18.—Cyanogen and its compounds, *continued*; ferrocyanide of potassium, 391

LISTON, MR.—ON THE OPERATIONS OF SURGERY, AND ON DISEASES AND ACCIDENTS REQUIRING OPERATIONS:—
Lect. 9.—Diseases of the velum; abscess; enlargement of the tonsils; removal; enlargement of the uvula; ulceration of the tonsils and velum; gum-boils; fungous growth of the gums; epulis, 65
Lect. 10.—Tumours of the upper and lower jaw, 121
Lect. 11.—Other diseases of the jaws; removal of sequestrum; inflammation of the meatus auditorius; deafness from various causes; treatment; diseases of the neck; abscess; tumour; bronchocele, 185
Lect. 12.—Opening of the external jugular vein; tracheotomy; circumstances under which it is required; extraction of foreign bodies from the œsophagus and pharynx; wry-neck, 248
Lect. 13.—Application of ligature to the vessels of the neck; aneurism; diseases of the breast, 275
Lect. 14.—Conclusion of last lecture.
Lect. 15.—Extirpation of the breast; necrosis of the clavicle; removal; wounds in the axilla; aneurism at the bend of the arm; spontaneous aneurism, 359

Leech bites, mode of arresting bleeding from, 24; matico in hæmorrhage, from, 224; bleeding from, Mr. W. W. Saxton on, 194; Mr. Gosset on, 194
Leeds, homœopathy in, 353
Leeds School of Medicine, account of, 15; medical meeting at, observations on, 209
Leicester, sanatory movement in, 210
Letheby, Dr., on poisoning by oxalic acid, 103; on detecting opium after death, 317; on cases of poisoning by prussic acid, 336
Liebig, Professor, lectures by, (*see* Lectures;) dinner to, at Glasgow, 171; and the students of University college, 175
Lime in veratrine, 373
Liquorice powder, adulteration of, 259
Litchfield, Mr. T., on midwives' midwifery, 129
Liver, abscesses of, in Algeria, 68; rupture of the, 115; researches on the structure of the, 157; hobnailed, case of, 412
Liverpool, meeting at, 83
London Hospital and School, account of; meeting of students of, 296; abuses at, 388, 415
Low living, separating callus, 58

M

MACCLESFIELD, meeting at, 350
Maclure, Mr. W., on abscess of the tibia, 152
Malgaigne, M., on artificial anus, 34
Malton, meeting at, 351
Manchester, meeting at, 236
Mania cured by pleuro-pneumonia, 34
Mantell, Dr., on the Medals of Creation, review of, 323
Martineau, Miss, and Mesmerism, 291
Marylebone Infirmary, account of, 12
Marylebone medical and surgical association, meeting of, 164
Marylebone and Westminster meeting, remarks on, 321
Matico, efficacy of, review of Dr. Jeffreys on, 21
Medical titles, 61
Medical reform, opinion of a chemist on, 91; in a nutshell, 208
Medicine, students in, libels on, 210
Medicines, Mr. Blake on the action of, 57; action of on the system, 277
Medicus on the hydrostatic bed, 46
Melanosis, case of, 280
Meningitis of the spine, pathological appearances of, 373
Menstruation, vicarious, case of, 77; Dr. Murphy on, 283
Menstruation, on the theory of, Mr. Girdwood on, 312, 333

MEETINGS RESPECTING GOVERNMENT BILL:—
South-Eastern Branch of the Provincial Medical and Surgical Association, 22; Chelsea, 23; Hereford, 24; Hastings, 25; Kidderminster, 26; Norwich, 27; Surrey, 27; Medical Protection Assembly, 49; Protest of Medical Protection Assembly, 51; British Medical Association, 51; Chatham, 52; Essex, 52; Islington, 53; Rochdale, 54; Rochester and Stroud, 55; Shrewsbury, 55; General Medical Protection Assembly, 81; Newark, 82; Liverpool, 83; Gloucester, 84; Devonport and Stonehouse, 85; Worcester, 86; Ipswich, 86; Salisbury, 89; Medical Protection Assembly, 109; Bradford, 109; Birmingham, 109; Kidderminster, 110; Bristol, 111; Salisbury, 112; Kensington, 113; Woolwich, 113; Brentford, 140; Medical Protection Assembly, 141; Wrexham, 141; Chester, 141, Tower Hamlets, 142; Sheffield, 143; Medical Protection Assembly, 163; Marylebone, 164; Lambeth and Southwark, 165; Dover, 166; Whitby, 166; Colchester, 167; Yorkshire, 167: Hertford, 168; Gravesend, 168; Hull, 168; Wolverhampton, 169; Newcastle-upon-Tyne, 169; Newcastle-under-Lyne, 170; Bath and Bristol, 204; Nottingham, 204; Petition from Chatham, 205; Medical Protection Assembly, 233; Colleges of Physicians and Surgeons, Edinburgh, 233-4; Sheffield, York, Bath, 234; Chichester, 235; Manchester, 236; Glasgow, 236; Medical Protection Assembly, 293; Pimlico, 293; Derby, 294; Medical Protection Assembly, 324; Cork, 325; Welshpool, 325; Society of Apothecaries and the Associations, 346; Westminster and Marylebone, 346; Finsbury, 350; Medical Protection Assembly, 350; Macclesfield, 350; Taunton, 351; Malton, 351; Dorchester, 351
Merchant vessels, surgeons to, 61
Mercury in Bright's disease, 114; action of, in inflammation, 180
Mesmerism and Miss Martineau, 291
Middlesex hospital and school, account of, 10
Midwifery, statistics of, Dr. Murphy on, 283, 319, 340
Midwifery, contributions to, by Dr. J. Hall Davis, 316
Midwives' midwifery, 61; Mr. H. Oliver on, 196; Mr. Litchfield's, 129
Midwives' surgery, 283
Milan, scientific congress at, 332
Montgomery, Dr., on polypus of the os uteri, 44
Montgomery, Mr. A., on tumour of the abdomen, 280; on melanosis, 280
Monstrosity, case of, 411
Morrah, Mr., note from, on the Associated General Practitioners, 265
Mortality table, 92, 119, 183, 264
Murphy, Dr., on statistics of midwifery, 283, 319, 340

N

Naval medical service, the, 302
Naval fund, meeting respecting, 325
Navy, medical service of the, regulations of, 6
Narcotine, and its products by oxidation, 285
Neck, diseases of, Mr. Liston on, 188
Necrosis of clavicle, 361
Neligan, Dr., on extract of conium, 284
Nervous and sanguiniferous systems, reciprocity between the, 198
Nervous agency, the nature of, 319
Neuralgia, treatment of, 198; of the face, belladonna in, 257
Newark, meeting at, 82
Newcastle-upon-Tyne School of Medicine, account of, 15; meeting at, 169
Newcastle-under-Lyme, meeting at, 170
News, 28, 63, 91, 118, 147, 182, 210, 246, 270, 353, 388
Nipple, supernumerary, case of, 255
Nitric acid, adulteration of, 259; use of, in hæmorrhoids, 340
Northampton, the medical meeting, Mr. Brent on, 301
Norwich, meeting at, 27
Nottingham, meeting at, 204
Novellis, Dr., on scurvy, 333

O

OBSTETRIC practice, statistics of, by Dr. Murphy, 283
Œdema of the glottis, diagnosis of, 284
Oliver, Mr. H., on midwives' midwifery, 196
Operations, tables of mortality of the, by Dr. Inman, 39
Ophthalmic Hospital, Westminster, account of, 12
Opiates in labour-pains, by Mr. Bonney, 71
Opium, tincture of, decomposed by ammonia, 46
Opium in stomach, Dr. Letheby on the detection of, 317
Orthopœdic institutions, resignations at, 245
O'Shea, Mr. M., on midwives' surgery, 283
Ovarian dropsy, practical remarks on the treatment of, by Mr. J. B. Brown, 41
Oxalic acid, poisoning by, 103; Liebig on, 149

P

Paracyanogen, Liebig on, 331
Parenchyma of lung, chemical composition of, 215
Parliament, medical representatives in, 62
Pathology, general, essay on, by Mr. J. B. Harrison, 37
Peacock, Dr. B., on obliteration of the vena cava, 266
Pellagra, Indian corn a cure for, 333
Peppercorne, Mr. F., on cutaneous diseases, review of, 21
Perforation of stomach, Mr. H. S. Taylor on, 369
Perthshire, quackery in, 224
Pettenkoffer's test for bile, 373
Phlegmasia dolens, gonorrhœa, and rheumatism, 179
Pidduck, Dr., on remittent and intermittent fever, 223; on management of blisters, 365; treatment of indolent ulcers, 405
Pimlico, meeting at, 293
Pinefoy, Dr., on fracture of the skull and sudden death, 400
Placenta, presentation of the, by Mr. R. B. Jordison, 157; by a surgeon, 157; retention of 404
Plague, causes and progress of, 69
Plaster casts, mode of making, 198
Platinum, compounds containing, Liebig on, 32; Professor Liebig on bodies containing, 32
Pleuro-pneumonia, a cure for mania, 34
Plethora, treatment of by salines, 44
Police, payment of surgeons by commissioners, of, 353

Polypus of the uterus, diagnosis of, 259
Poor Law Unions, treatment of surgeons in, 289
Port, Mr., trial of, for manslaughter, 382
Porter, Dr., on the radical cure of hydrocele, 76
Pregnancy, extra-uterine, case of, 57
Prior, Mr. J., on severe compound fracture of elbow, 366; on wounds of the joints, 368
Procter, Dr., on the sympathetic nerve, review of, 21
Provincial Medical Association, South-Eastern branch of, meeting of, 26; and Sir J. Graham's Bill, 199
Prussia, study of medicine in, 243
Prussic acid, an antidote for poisoning by, 41; chorea, 118; Mr. Underhill in cases of poisoning by, 282; cases of poisoning by, by Dr. Letheby, 336; Mr. G. L. Blyth on, 414
Psoriasis, Mr. Waddington on, 316
Puerperal convulsions, bleeding in, 114; Dr. T. Smith on, 279,309; and albuminous urine, 370
Puff, singular species of, 353
Pulmonary consumption, statistics of, in America, 158
Pyper, Mr. R., on fracture of the costal cartilages, and rupture of the vena cava, 127
Physicians, College of, regulations of, 1; extra licentiates of, 119

Q

Quackery in Perthshire, 224
Queen's Hospital and College, Birmingham, account of, 13
Quina bark, Dr. Stenhouse on, 381
Quinine in ague, 198

R

Radius, dislocation of upper head of, 257
Ranking, Dr., on death from impaction of barley haw under tongue, 341
Rectum, relaxed, Dr. Hunt on, 326; bodies in the, 35
Reflex function of the brain, Dr. Laycock on, 57; action of nervous system, Anonymous, on, 222; Mr. Caleb Rose on, 223
Registration, the wonderful, 32; analysis of clauses relating to, 411
Registrar-General, letter to, on vaccination, by Mr. J. Curtis, 209
Registration, the, under the new Bill, 286; the simple, 289
Remittent fever, Dr. Pidduck on, 223
Reptile, urinary calculi in, 45
Reviews:—Dr. Procter, on the sympathetic nerve, 21; Dr. Jeffreys, on the efficacy of matico, 21; Mr. Peppercorne, on cutaneous diseases, 21; Chemistry, as exemplifying the glory of God, by Dr. G. Fownes, 48; theory and practice of ventilation, by Dr. D. B. Reid, 80; observations on the sanitary arrangements of factories, by R. Ritchie, 81; Dr. J. H. Bennett, on inflammation, 137; Dr. Davies, on the laws of the medical profession, 162; Mr. S. Cooper's introductory address at University College, 162; an address to the Society of Apothecaries, on the provision of Sir J. Graham's Bill, 203; Vestiges of the natural history of Creation, 265; Dr. Fowne's Manual of Chemistry, 297; the Medals of Creation, by Dr. Mantell, 323; facts and observations in medicine, by Mr. Grantham, 345; a practical treatise on diseases of the eye, by William Jeaffreson, 378
Rheumatic fever and callus, 58
Rheumatism, acute, treatment of, by cinchona bark, 57; Dr. A. Wilson, 192, 217, 253, 278
Rigg, Mr. R., on the secretion of carbon in animals, 18
Rising, Mr. T. S., on a case of supernumerary nipple, 255
Robertson, Dr. J. K., on the management of blisters, 41
Robins, Mr. W., on dislocation of upper head of radius inwards, 257
Roberts, Dr. C. J., on ulceration of the duodenum, 266
Robertson, Dr., on secondary syphilis, 401
Rochdale, meeting at, 54
Rochester, meeting at, 55
Rogers, Mr. J., note from, respecting Middlesex Hospital, 245
Romberg, Dr., on incontinence of urine, 44
Romer, Mr. Frank, on musical tones in the voice, 401
Rose, Mr. Caleb, on reflex action, 223
Ross, Mr. G., on albuminuria in puerperal convulsions, 130; on incorporation, 318; on the conference at Apothecaries' Hall, 386
Rugg, Mr. H., on payment of surgeons by commissioners of police, 353
Russia, castration of horses in, 77

S

Salines in the treatment of plethora, 44
Salisbury, meeting at, 89
Saliva, physiology of the, by Dr. Wright, 197
Sanitary movement in Leicester, 210
Saxton, Mr. W. W., on bleeding from leech-bites, 194
Scammony, adulterations of, 341
Scarlatinal dropsy, 298; discussion on, 298
Schools, medical, in England, Ireland, and Scotland, 3
School of Anatomy and Medicine adjoining St. George's Hospital, account of, 12
Scrotum, elephantiasis of, in India, 43; case of horn growing from, 89
Scurvy, Dr. Novellis on, 333
Sex, difficulty of distinguishing in infant, 340
Sheffield Medical Institution, account of, 15
Sheffield, meeting at, 142, 234
Sheppard, Mr. J., on insanity, 401
Shrewsbury, meeting at, 55
Skull, fracture of, cases of, 340; Dr. Pinefoy on, 400.
Smith, J. and J. H., on an antidote for poisoning with prussic acid, 41
Smith, Dr. Tyler, on puerperal convulsions, 309,
Snow, Mr., on poisoning by carbonate of lead, 144

Societies, Medical:—

Medical Society of London.—Connexion of indigestion with civilization, 57; discussion on dyspepsia, 89; bleeding in puerperal convulsions, 114; mercury, in Bright's disease, 114; chlorate of potash in cancrum oris, 114; effects of medicines, 143; causes of abortion, 144; pneumonia in children, 178; remarkable smallness of the heart, 178; preparations of iron, 179; Dr. Garrod on hippuric acid in the urine, 239; effects of benzoic acid on the urine, 239; and on urinary diseases, 240; Sir J. Graham's bill, 240; Dr. Willshire on scarlatinal dropsy, 298; discussion on, 298; tolerance of disease, 412; case of hob-nailed liver, 412; extensive scrofula, 412

Royal Medical and Chirurgical Society.—Case of ulceration of the duodenum, in which the gall-bladder was filled with a colourless aqueous fluid, and contained numerous gall-stones, by C. J. Roberts, M.D., 266; cases in which the vena cava inferior was obliterated, by Dr. Peacock, 266; on the classification, structure, and development of the echinococcus hominis, by Mr. G. Wilson, 267; case of accumulation of fæces, by Dr. Hocken, 326; on relaxed rectum, by Dr. Hunt, 326; Mr. Fergusson, on cleft palate, 380

Westminster Medical Society.—Opening of the session, 144; president's address, *ib.*; fatal cases of poisoning by carbonate of lead, 144; effect of lead on the gums, 60; new apparatus for fracture of the clavicle, 237; fistula in ano, 238; effusion into the ventricles, and purulent deposit in substance of brain of a child, 239; peculiar symptom in bladder disease, 297; benzoic acid in urinary disease, 297; vaccination, points respecting, 297; enlargement of testicles in infant, 297; cases of intus-susception, 298; case of monstrosity, 411

Southwark, meeting in, 165
Spinal cord, influence of lesions of, on the genito-urinary organs, 99
St. Bartholomew's Hospital and School, account of, 9
St. George's Hospital and School, account of, 12
St. Louis, hospital of, Dr. H. Bennet on, 207
St. Thomas's Hospital and School, account of, 6
Staffordshire, the Quacks' Bill in, 117
Staphyloraphy, Mr. Fergusson on, 380
Steele, Mr. A. B., on incontinence of urine in children, 197
Steinau, Dr. J. H., on medical studies in Prussia, 243
Stenhouse, Dr., on quina bark, 381
Stomach, perforation of, Mr. H. J. Taylor, on, 369
Students, address to, 19
Sudden death, Dr. Pinefoy on, 40
Suffocation from foreign body in larynx, 370
Surgeons, College of, regulations of, 1; laws relating to fellowship, 2
Surgeons, College of, in Edinburgh, report respecting Sir J. Graham's Bill, 234
Surgery, midwives', 283; lecture on improvements in, by Dr. Houston, 393
Surrey, meeting in, 27
Syphilis, secondary, Dr. Robertson on, 401
Sympathetic nerve, review of Dr. Procter on, 21; extirpation of superior ganglions of, 214

T

Tables in Chemistry:—
I. Chemical symbols, 93
II. Chemical equivalents of elementary substances, according to Liebig and Turner, 93
III. Chemical equivalents of elementary substances, according to Dumas and Prout, 93
IV. Equivalents of elementary substances, according to Berzelius and Graham, 93
V. Specific gravities of elementary substances, 93
VI. For the conversion of degrees on the centigrade thermometer into degrees of Fahrenheit's scale, 94
VII. Table of the binary compounds of metals and metalloids—their symbols and equivalents, 94
VIII. Composition, symbols, and equivalents of the binary compounds of non-metallic elements or metalloids, 96
IX. Table of the composition of salts, 96
X. Table of acids composed of three or more elements. (Brande,) 98
XI. Table of the discovery of metals, 99
XII. Table of ascertained points in the range of temperature, (Graham,) 99
XIII. Table of the boiling points of liquids determined with precision, (Graham,) 99
Tapeworm, Dr. Hodgkin on, 56
Tannin in toothache, 406
Taunton meeting, 351
Taylor, Mr. H. S., on perforation of the stomach, 369
Teachers, private, list of, 13
Teague, Mr. J., on the prize system at University College, 209
Terry, Mr., on the sex of an infant, 344
Testicle, enlargement of, in infant, 297
Tetanus, case of traumatic, 327; idiopathic, case of, treated by Indian hemp, 351
Thompson, Dr. J., on quackery in Perthshire, 224
Throat, sore, of the clergyman, 258
Thyroid gland, enlargement of, Mr. Liston on, 189
Tibia and fibula, fracture of, 180; abscess of, Mr. Maclure on, 152
Tilley, Dr., and the Birmingham Medical School, 181
Times, the, and the profession, 47
Titles in medicine, 61
Tobacco enema in hernia, 404
Tolerance of disease, 412
Tonsils, enlargement of, Mr. Liston on, 68
Toothache, tannin in, 406
Touchet, the Hon. Mr., remarks on trial of, 232
Tower Hamlets, meeting at, 141
Tracheotomy in acute laryngitis, 205; Mr. Liston on, 248; in closure of glottis, 384
Traumatic tetanus, 329
Tripe, Mr, J. W., on diseases of the heart, (see heart,) 72, 101, 126, 217
Tuberculosis, Dr. Lebert on, 150
Tubercles, chemical composition of, 215

Tumour of abdomen, 280
Tupper, Mr., death of, 354
Turnbull, Dr., on the use of blisters in acute inflammatory disease, 16
Turpentine in yellow fever, 415
Tuson, Mr., on laryngitis and tracheotomy, 205
Tympanum, puncturing the, in deafness, 258
Typhus fever, calomel in, Mr. J. Burgess on, 218; treatment of, 406

U

Ulcer, corroding of os uteri, 337; indolent, Dr. Pidduck on, 405
Umbilical cord, death from pressure on, 76
Underhill, Mr., on hydrodatid peroxide of iron in poisoning by prussic acid, 282
University College Hospital and School, 10
University College, prize system at, 209; the students of, and Liebig, 175; hospital, vicious mode of electing dressers and house surgeons in, 244; inconsistencies of prize system at, 245
University of London, regulations of, 1; names of gentlemen passed, 271
Uric oxide in guano, 129
Urinary diseases, benzoic acid in, 140
Urine, incontinence of, in sleep, 77; specific gravity of, in albuminuria, 114; new body in, healthy, 259; new acid in, 249; Dr. A. B. Garrod on, 239; effects of benzoic acid on the, 239; hippuric acid in, 239
Uteri, os polypi of the, 44; carcinoma of cervix, 255; corroding ulcer of, 337, malignant growths of, 338
Uterus, extirpation of, for inversion, 35; expulsion of, 68; inversion of, diagnosis of, 259; hour-glass contraction of, 375; tearing away of, trial of accoucheur for, 383; hour-glass contraction of, 404; partial inversion of, 404

V

Vaccination, Mr. J. Curtis on, 289; points respecting, 297; the protective power of, 76
Vagina, rupture of the, 196; foreign body in, 299
Varicocele, new treatment of, 68
Vegetables, bitter principles of, 56
Velum, diseases of the, Mr. Liston on, 66
Vena cava, rupture of, 127; obliteration of, by Dr. Peacock, 266
Veratrine, adulterated with lime, 373
"Verax" on the treatment of surgeons to poor-law unions, 289
Vesicular polypus of the os uteri, 44
Vedal, M., on varicocele, 68
Virey, M., on vitalism, 69
Vitalism, M. Virey on the laws of, 69
Voice, musical tones of the, Mr. Frank Romer on, 401

W

Waddington, Mr., on psoriasis, 316
Wansbrough, Dr., on medical reform, 208; on the funds of the associated apothecaries, 245
Warrington, Mr. R., on the glass of commerce, 381
Webster, Dr., on incorporation of general practitioners, 241; letter to provincial associations on incorporation, 242; on the Derby meeting, 294; on the deputation to apothecaries' hall, 329
Welshpool, meeting at, 325
Westminster hospital and school, account of, 11
Westminster hospital, election of dentist at, 63
Whitby, meeting at, 166
Wilkinson, Mr. J. S., on femoral hernia, 539
Willshire, Dr., on scarlatinal dropsy, 298; discussion on, 298
Wilson, Dr. A., on acute rheumatism, 192, 219, 253, 278
Wilson, Mr. E., on the echinococcus hominis, 267
Wiltshire, an inquest in, 269
Wolverhampton meeting at, 169
Wood engraving, a substitute for, G. M. R. L. Bean on, 338
Wood, Mr. J. E., on the inconsistency of the prize system at University College, 245
Woolwich, meeting at 113
Worcester, meeting at, 86
Wounds of joint, Mr. Prior on, 368
Wrexham, meeting at, 141
Wright, Dr. on the physiology of the saliva, 197
Wright, Mr. W., on mode of extracting foreign bodies from the ear, 224
Wry neck, operation for, Mr Liston on, 248

Y

Yellow fever, turpentine in, 415
York School of Medicine and Hospital, account of, 15
York, British Association at, 56; meeting at, 234; illegal practitioners at, 290
Yorkshire, meeting of physicians in, 167

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